KRASNER HYPNOTHERAPY

# Reference Guide

2026

**Ryan Montis**

# Contents


| | |
|---|---|
| Motivation, Procrastination & Focus | 3 |
| Performance: Public Speaking, Sports, Exams & Work | 9 |
| Habit Change: Nail Biting, Hair Pulling & Similar Habits | 14 |
| Fears & Phobias | 19 |
| Sleep & Insomnia | 24 |
| Confidence & Self-Esteem | 29 |
| Anxiety, Stress & Relaxation | 34 |
| Smoking Cessation | 38 |
| Weight Management | 43 |
| Pain Control | 47 |
| Self-Hypnosis | 50 |
| Scope of Practice | 52 |
| Using the Example Forms | 54 |
| Formulating Effective Suggestions | 58 |
| Post-Hypnotic Suggestions | 60 |
| Follow-Up Sessions | 61 |
| Identifying Emotional Benefits | 62 |
| Essential Hypnosis Glossary | 63 |


Numbered references apply within each section. The final sections share a reference list at the end of the guide.

# Motivation, Procrastination & Focus

Use the standard Krasner 8 Steps, with topic-specific work mainly in Step 3 (Interview) and Step 7 (Therapy).

Procrastination is often better understood as a difficulty with self-regulation than a lack of motivation or character. Research links it with task aversion, delay, low self-efficacy, impulsivity, distractibility, and difficulty managing thoughts and feelings about the task. [2] Treatment research also highlights task value, proactive control, task-related emotion, and perseverance as mechanisms of change. [3]

Step 3 identifies what blocks action; Step 7 rehearses starting, focusing and completing.

## Step 3: Identify the pattern

**Ask:**

- What are you putting off?
- What happens when it is time to begin?
- What do you think or feel when you look at the task?
- What do you do instead?
- What part of the task feels difficult, unpleasant, boring, or unclear?
- What are you concerned might happen if you begin?
- When are you already able to focus well?
- What helps you get started?

Look for task aversion, overwhelm, unclear next actions, perfectionism, low confidence, delayed rewards, distraction, and short-term emotional relief from avoiding the task. [2][3]

## Common beliefs and reframes

**“I need to feel motivated before I start.”**

Reframe: Motivation need not come first. Starting can build momentum, confidence, and willingness to continue.

Recent procrastination treatment research found that improvement was associated with greater proactive control, task value, positive task-related feelings, and perseverance. [3]

> *Step 7 reinforcement:*
> *“Imagine reaching the time you planned to begin. You start immediately with the first simple step. Within moments you are involved in the task, making progress, and enjoying the feeling of moving forward.”*

**“The task is too big.”**

Reframe: A large project can begin with a small action. Replace a vague goal with a specific next step.

**Instead of:**

“Work on my report.”

**Use:**

“Open the document and write the first paragraph.”

> *Step 7 reinforcement:*
> *“See yourself looking at the project and immediately knowing the next step. You begin that one step comfortably, complete it, and move naturally into the next.”*

**“I work better under pressure.”**

Reframe: Pressure may increase urgency, but urgency is not the same as better performance. Waiting also reduces the time available to solve unexpected problems or improve the work.

> *Step 7 reinforcement:*
> *“Imagine beginning while you still have plenty of time. You work steadily, think clearly, and enjoy knowing that you are ahead rather than racing a deadline.”*

**“I have to do it perfectly.”**

Reframe: Perfectionism can make starting difficult when the first attempt is expected to be excellent. Separate creating from improving.

> *Step 7 reinforcement:*
> *“See yourself beginning freely, knowing the first version only needs to exist. You get your ideas down easily and improve them later with a clear and relaxed mind.”*

**“I just have poor focus.”**

Reframe: Focus often depends on the situation. If the client concentrates well on some activities, explore what helps them focus there.

**Ask:**

- What captures your attention naturally?
- What is different about your environment?
- How clear is the goal?
- How immediate is the feedback?

- What distractions are absent?
- How could some of those conditions be recreated?

> *Step 7 reinforcement:*
> *“Imagine sitting down with one clear purpose. Everything else becomes less important as your attention settles naturally onto the task in front of you.”*

**“I keep getting distracted.”**

Reframe: Do not rely entirely on resisting distractions after they appear. Decide in advance how to respond.

Implementation intentions are if-then plans that link a specific cue with an action. A 2025 meta-analysis of 642 independent tests found benefits across cognitive, emotional, and behavioral outcomes. Effects were stronger when plans used an explicit if-then format and were rehearsed. [4]

**Examples:**

“If I notice myself reaching for my phone, then I put it down and return to the next line of my work.”

“When I sit at my desk at 9:00, I open the project and begin the first task.”

This fits naturally with post-hypnotic suggestion.

> *Step 7 reinforcement:*
> *“Imagine yourself working comfortably. If your attention begins to wander, you notice it immediately and naturally return to what you are doing. Each return makes focused work feel more familiar.”*

**“I’ll do it when I have more time.”**

Reframe: Vague future intentions are easy to postpone. Give the behavior a clear cue, time, place, and first action.

Planning research shows that linking a situation directly to a response is more effective than simply intending to act. [4]

**Instead of:**

“I’ll exercise tomorrow.”

**Use:**

“When I finish work at 5:30, I change my clothes and begin my walk.”

> *Step 7 reinforcement:*
> *“See yourself reaching that exact moment. The cue occurs and you simply begin, almost as naturally as following any familiar routine.”*

**“Avoiding it makes me feel better.”**

Reframe: It often does, briefly. That immediate relief can reinforce procrastination even when the delay creates greater stress later.

A 2025 meta-analysis of 88 studies involving more than 63,000 people found a moderate association between procrastination and negative emotions such as anxiety, stress, and depression. [5]

Identify what the client wants instead:

relief, confidence, clarity, control, completion, freedom, or pride.

Then associate that benefit with taking action, not avoidance.

> *Step 7 reinforcement:*
> *“Imagine beginning the task and immediately feeling better because it is finally moving. With every step you feel lighter, clearer, and increasingly in control.”*

## Create an action cue

Create a simple action cue:

WHEN [specific cue] → I [specific action].

**Examples:**

“When I finish breakfast, I open my study notes.”

“When I sit at my desk, I begin with the first item on my list.”

“If I catch myself opening social media during work time, I close it and return immediately to the task.”

“When I feel tempted to postpone the task, I do five minutes first.”

Make the cue and response explicit, then rehearse the plan mentally. Both features were associated with stronger effects in the 642-test meta-analysis. [4]

## Complete the Krasner Step 3 interview

After addressing the main barriers, move toward the desired result.

**Ask:**

“How will your life improve when taking action, staying focused, and completing important things becomes natural?”

Get at least three specific future scenes:

- What are you working on?
- What tells you it is time to begin?

- What is the first thing you do?
- How do you handle distractions?
- How do you feel when you finish?

Use the client's own language in Step 7.

## Step 7: Therapy

> *Step 7 focuses on starting, engaging, returning attention, and completing.*

**Use:**

Action cue + immediate start + focused behavior + completion + personal benefit

### Getting started

“Imagine reaching the time you decided to begin. You sit down, open what you need, and immediately take the first simple step. Within moments you are absorbed in making progress.”

### Handling distraction

“Imagine noticing your attention beginning to wander. You recognize it immediately and return naturally to the next step, becoming absorbed again in what you are doing.”

### Finishing

“Imagine completing something that once remained unfinished. You look at what you accomplished and enjoy the relief, freedom, and satisfaction of having followed through.”

## Self-hypnosis

Use brief self-hypnosis to rehearse starting, focused work, returning from distraction, and finishing. Pair future imagery with post-hypnotic if-then suggestions.

## Follow-up

**Ask:**

- What did you begin more easily?
- Where did procrastination still occur?
- What happened immediately before it?
- What cue and response would work better next time?

If the client still gets stuck, identify the missed obstacle and create a more precise cue-response plan.

## Scope

Ordinary motivation, procrastination, organization, and concentration goals fit self-improvement work where permitted. Persistent attention problems can have other causes, so do not diagnose from procrastination or distractibility alone; refer or coordinate when appropriate.

## References

[1] Krasner, A. M. (1990). The Wizard Within: The Krasner Method of Hypnotherapy.

[2] Steel, P. (2007). The nature of procrastination: A meta-analytic and theoretical review of quintessential self-regulatory failure. Psychological Bulletin, 133(1), 65-94.

[3] Pietruch, M., et al. (2026). Processes of change in cognitive-behavioral psychotherapy for procrastination: Moderation and longitudinal mediation analyses of randomized controlled trial data. Behaviour Research and Therapy, 204, 105106.

[4] Sheeran, P., Listrom, O., & Gollwitzer, P. M. (2025). The when and how of planning: Meta-analysis of the scope and components of implementation intentions in 642 tests. European Review of Social Psychology, 36(1), 162-194.

[5] Nie, Y., et al. (2025). The association between procrastination and negative emotions in healthy individuals: A systematic review and meta-analysis. Frontiers in Psychiatry.

# Performance: Public Speaking, Sports, Exams & Work

Use the standard Krasner 8 Steps, with topic-specific work mainly in Step 3 (Interview) and Step 7 (Therapy).

Performance work often involves helping clients use abilities they already have under pressure, evaluation, distraction, or self-consciousness.

Research-informed approaches include vivid mental rehearsal, process goals, preparation routines, realistic confidence, and interpreting arousal as readiness rather than danger. Studies have reported benefits from imagery in sport and from hypnosis in sports performance, test anxiety, and public speaking. [2][3][4][9]

## Step 3: Identify the pattern

**Ask:**

- What do you want to perform better?
- What happens when you perform at your best?
- What changes when pressure increases?
- What are you thinking immediately before the performance?
- What are you afraid might happen?
- Where does your attention go when things start going badly?
- What routine or preparation already helps?

Look for outcome fixation, fear of mistakes, excessive self-monitoring, distracting thoughts, unhelpful interpretations of arousal, and departures from the client's normal successful routine.

## Common beliefs and reframes

**“I need to be completely calm to perform well.”**

Reframe: Performance naturally creates activation. A faster heartbeat, increased energy, and heightened attention do not automatically mean something is going wrong. Research across exams, public performance, and sport shows that interpreting arousal as useful can improve performance. [5]

> *Step 7 reinforcement:*
> *“Imagine yourself feeling that familiar energy as the moment approaches. You recognize it immediately as your body preparing to perform. Your attention becomes sharper, your mind becomes clear, and you are ready.”*

**“Pressure makes me perform badly.”**

Reframe: Pressure does not determine the outcome. What matters is how the person responds to it. Effective performers use routines and task-focused attention to keep doing what works when the situation becomes important. Pre-performance routines have shown meaningful benefits under both ordinary and high-pressure conditions. [6]

> *Step 7 reinforcement:*
> *"See yourself arriving at an important moment and immediately moving into your familiar routine. Everything outside the task becomes less important as your attention settles completely onto what you need to do."*

**"I have to focus on winning, getting the grade, or impressing them."**

Reframe: Outcomes provide direction, but performance happens through actions. Research on sport goal-setting found stronger performance effects for process goals than for outcome goals. [7]

**Ask:**

- What do you actually need to do well?
- What deserves your attention in the moment?
- What would excellent execution look like?

> *Step 7 reinforcement:*
> *"Imagine the performance beginning. Your attention settles completely onto the next action. You do that well, then the next, allowing the result to take care of itself."*

**"If I make one mistake, everything falls apart."**

Reframe: Dwelling on a mistake can disrupt the next action. Rehearse a simple reset: notice, release, refocus.

> *Step 7 reinforcement:*
> *"Imagine something not going exactly as planned. You recognize it instantly, let it go, and return your full attention to the next opportunity. You feel composed and completely back in the performance."*

**"I need to consciously control every detail."**

Reframe: Conscious analysis is important while learning. Once a skill is well practiced, excessive step-by-step monitoring can interfere with automatic execution. Research on choking under pressure has repeatedly found that over-monitoring well-learned skills can disrupt performance. [8]

> *Step 7 reinforcement:*
> *"See yourself trusting the preparation you have already done. Your attention stays on the task and the result you want, while your trained responses happen smoothly and naturally."*

**"I perform well in practice, but not when it counts."**

Reframe: The client may need practice under realistic performance conditions. Include the actual setting, audience, timing, equipment, pressure, sounds, and physical sensations in the mental rehearsal.

Modern imagery research supports detailed performance rehearsal, and combining imagery with other psychological skills appears particularly useful. [2]

> *Step 7 reinforcement:*
> *Recreate the real event as accurately as possible and rehearse the client performing successfully inside it.*

## Build a pre-performance routine

Choose a short routine that signals:

Preparation is finished. Now perform.

It might include:

- one comfortable breath
- a physical setup or posture
- one visual target
- a brief cue word
- one process reminder

**Examples:**

Speaker: Breathe, look at the audience, pause, begin.

Athlete: Set position, see target, breathe, execute.

Student: Sit down, breathe, read carefully, begin with the first question.

Professional: Open notes, straighten posture, breathe, begin with the first point.

## Complete the Krasner Step 3 interview

After addressing the main performance beliefs, move toward the desired result.

**Ask:**

“How will your life improve when you perform at your best when it matters?”

Get at least three specific future scenes:

- What are you doing?
- Where are you?

- What happens just before you begin?
- Where is your attention?
- What does your body feel like?
- How do you respond to an unexpected problem?
- How do you feel when it is finished?

Use the client's actual environment and language in Step 7.

## Step 7: Therapy

> *Step 7 should mentally rehearse the performance itself, including realistic pressure and successful execution.*

**Use:**

Real performance situation + preparation cue + process focus + successful execution + desired result

### Public speaking

“Imagine standing where you will actually speak. You look at the people in front of you, take a comfortable breath, and begin. Your attention moves completely into what you want to communicate. Your words come clearly and naturally as you become increasingly absorbed in your message.”

### Sports

“See yourself approaching the exact moment of performance. You move through your familiar routine, see your target clearly, and trust the countless repetitions that prepared you for this. Your body responds automatically as you execute.”

### Exams

“Imagine sitting down for the exam and feeling alert and ready. You read each question carefully, understand what is being asked, and allow the information you studied to come to mind as you work steadily through the test.”

### Work performance

“See yourself entering the meeting prepared and focused. You listen carefully, speak clearly when you have something to contribute, and keep your attention on the purpose of the conversation. You leave knowing that you represented yourself well.”

## Self-hypnosis

Use self-hypnosis to rehearse preparation, the opening moments, key actions, pressure points, recovery from mistakes, and a successful finish. Rehearse the event itself as well as the outcome.

## Follow-up

**Ask:**

- What improved?
- Which part of the performance still needs work?
- What happened immediately before the difficulty?
- What should happen differently next time?

Use actual performance results to update Step 3, then rehearse the next performance with greater specificity.

## References

[1] Krasner, A. M. (1990). The Wizard Within: The Krasner Method of Hypnotherapy.

[2] Liu, Y., et al. (2025). The effects of imagery practice on athletes' performance: A multilevel meta-analysis with systematic review. Behavioral Sciences, 15(5), 685.

[3] Barker, J., Jones, M., & Greenlees, I. (2010). Assessing the immediate and maintained effects of hypnosis on self-efficacy and soccer wall-volley performance. Journal of Sport & Exercise Psychology, 32(2), 243-252.

[4] Schoenberger, N. E., Kirsch, I., Gearan, P., Montgomery, G., & Pastyrnak, S. L. (1997). Hypnotic enhancement of a cognitive behavioral treatment for public speaking anxiety. Behavior Therapy, 28(1), 127-140.

[5] Bosshard, M., & Gomez, P. (2024). Effectiveness of stress arousal reappraisal and stress-is-enhancing mindset interventions on task performance outcomes: A meta-analysis of randomized controlled trials. Scientific Reports, 14, 7923.

[6] Rupprecht, A. G. O., Tran, U. S., & Gröpel, P. (2024). The effectiveness of pre-performance routines in sports: A meta-analysis. International Review of Sport and Exercise Psychology, 17(1), 39-64.

[7] Williamson, O., et al. (2024). The performance and psychological effects of goal setting in sport: A systematic review and meta-analysis. International Review of Sport and Exercise Psychology, 17(2), 1050-1078.

[8] Beilock, S. L., & Carr, T. H. (2001). On the fragility of skilled performance: What governs choking under pressure? Journal of Experimental Psychology: General, 130(4), 701-725.

[9] Zhang, Y., et al. (2022). Randomized trial estimating effects of hypnosis versus progressive muscle relaxation on medical students' test anxiety and attentional bias. World Journal of Psychiatry, 12(6), 801-813.

# Habit Change: Nail Biting, Hair Pulling & Similar Habits

Use the standard Krasner 8 Steps, with topic-specific work mainly in Step 3 (Interview) and Step 7 (Therapy).

Repetitive habits can involve automatic movements, sensory cues, urges, emotions, thoughts, and particular situations. Hair pulling, skin picking, nail biting, and cheek biting are examples of body-focused repetitive behaviors (BFRBs).

Habit-reversal research offers a useful framework for this work: identify triggers and a replacement response. Hypnosis can then be used to rehearse awareness and the new behavior. [2][3]

Hypnosis has also been used specifically for nail biting and hair pulling, including approaches emphasizing awareness, self-control, imagery, and self-hypnosis. [4][5]

## Step 3: Identify the pattern

**Ask:**

- When does the habit happen most often?
- What are you doing at the time?
- What happens immediately before your hand starts moving?
- Is there a particular feeling, thought, urge, or physical sensation?
- Are you usually aware that you are doing it?
- What does the behavior seem to give you?
- When do you rarely or never do it?
- What would you prefer to do instead?

Use this five-part BFRB checklist:

Sensory: Is there an itch, rough nail, hair texture, bump, or other sensation?

Cognitive: What thoughts or rules appear?

Affective: Is the person bored, tense, frustrated, anxious, or seeking relief?

Motor: Where are the hands? What movement starts the sequence?

Place: Where and during what activities does it usually happen?

The Comprehensive Behavioral, or ComB, model organizes BFRB triggers around these same five areas.

## Automatic and focused habits

Some episodes occur with little awareness; others are deliberate responses to urges, emotions, or perceived sensory imperfections. A person may experience both. Identify the pattern in each situation.

## Common beliefs and reframes

**“I do it without even realizing it.”**

Reframe: For an automatic habit, first help the client notice it earlier. Identify the hand movement, posture, sensation, or situation that precedes the behavior.

Awareness training is a central component of effective habit-reversal approaches.

> *Step 7 reinforcement:*
> *“Imagine yourself relaxing on the sofa, completely absorbed in what you are watching. The moment your hand begins moving toward your mouth, you notice it automatically. You smile, lower your hand comfortably, and continue enjoying yourself.”*

**“Once I get the urge, I have to do it.”**

Reframe: An urge is a signal, not an instruction. The client can notice the urge and respond in another way.

A useful behavioral technique is a competing response, a simple action that makes the old behavior difficult or impossible to perform for a short period. Examples might include gently closing the hands, folding them together, or holding an appropriate object. Competing-response training is one of the best-supported elements of habit reversal.

> *Step 7 reinforcement:*
> *“Notice the urge beginning and immediately recognize that you have a choice. Your hands become comfortably still as you allow that feeling to pass and continue with what you were doing.”*

**“I have to fix that rough nail, hair, or piece of skin.”**

Reframe: For some people, a sensory imperfection becomes the trigger. The goal is to separate noticing the sensation from automatically acting on it.

**Ask:**

- What sensation starts the sequence?
- What are you trying to make feel “right”?
- What safe alternative could take care of the actual problem?

Sensory triggers are an important part of modern BFRB assessment.

> *Step 7 reinforcement:*
> *“Imagine noticing a small imperfection and remaining completely comfortable. You recognize it, decide calmly whether anything actually needs to be done, and your hands remain relaxed and under your control.”*

**“It helps when I’m stressed or bored.”**

Reframe: The relief or stimulation may be real. The habit is one learned way of producing it, not the only way.

Boredom, frustration, impatience, stress, and emotion regulation can all contribute to repetitive behaviors, although they are not the cause of every episode.

Identify the actual benefit the client wants, such as relaxation, stimulation, comfort, concentration, or release, then identify a better response.

> *Step 7 reinforcement:*
> *“Imagine yourself during one of those quiet moments when you once became restless. You naturally find something useful or enjoyable to do, your hands remain comfortably occupied, and you feel relaxed and satisfied.”*

**“I just need more willpower.”**

Reframe: An established habit may begin before conscious awareness. Changing triggers, noticing the sequence earlier, and rehearsing a replacement response can be more useful than relying on willpower alone.

> *Step 7 reinforcement:*
> *“See yourself moving through your day without needing to fight with yourself. You notice what is happening early, make a simple choice, and immediately return your attention to what matters.”*

**“I did it again, so I failed.”**

Reframe: One episode provides information. Find out where it happened, what preceded it, and what response needs more rehearsal.

> *Step 7 reinforcement:*
> *“Imagine noticing that the old behavior started for a moment. You stop comfortably, recognize what triggered it, and immediately return to your preferred response. Each time you notice sooner and respond more easily.”*

## Choose a competing response

Choose a simple response that is physically incompatible with the unwanted movement.

A good competing response should be:

- easy to perform

- socially unobtrusive
- available in the situations where the habit occurs
- physically incompatible with the unwanted behavior

Traditional Habit Reversal Training often uses the response for about one minute after an urge or warning sign appears. Research with chronic nail biting has found benefit from competing responses and awareness training.

This gives Step 7 something concrete to rehearse.

## Complete the Krasner Step 3 interview

After identifying the triggers and preferred responses, move toward the desired result.

**Ask:**

“How will your life improve when this habit is completely behind you?”

Get at least three specific future scenes:

- What are you doing?
- What are your hands doing?
- What situations used to trigger the habit?
- How do you respond now?
- What are you pleased to notice about yourself?

Use the client’s own words in Step 7.

## Step 7: Therapy

> *Step 7 focuses on the new behavior and desired result, not repeatedly describing the unwanted habit.*

**Use:**

Former trigger + early awareness + preferred response + desired benefit

**Nail biting**

“Imagine yourself concentrating on something important. Your hands rest comfortably and naturally. You notice how healthy and attractive your nails look, and you feel pleased with how easily you take care of them.”

**Hair pulling**

“See yourself reading or watching television, completely comfortable. Your hands remain relaxed and occupied naturally while you enjoy what you are doing. You feel calm, comfortable, and completely in charge of your movements.”

**Skin picking**

“Imagine looking in the mirror and simply seeing your skin as it is. You notice how naturally your hands remain away from your face, allowing your skin to heal and look healthier every day.”

## Self-hypnosis

Use brief self-hypnosis to rehearse noticing the trigger early, becoming aware of the movement or urge, using the preferred response, and continuing comfortably.

## Follow-up

**Ask:**

- Where has the habit decreased?
- Where does it still happen?
- What sensation, thought, feeling, movement, or situation came first?
- What should happen differently next time?

Treat lapses as information. Update Step 3, then rehearse that exact situation in Step 7.

## Scope

Occasional nail biting and similar habits may be straightforward habit-change work. Hair pulling or skin picking that causes hair loss, wounds, infection, scarring, significant distress, or major loss of control may require clinical assessment or coordinated care.

## References

[1] Krasner, A. M. (1990). The Wizard Within: The Krasner Method of Hypnotherapy.

[2] Rahman, S. M., Jafferany, M., & Barkauskaite, R. (2023). Habit-reversal training: a psychotherapeutic approach in treating body-focused repetitive behaviour disorders. Clinical and Experimental Dermatology, 48(12), 1310-1316.

[3] Carlson, E. J., et al. (2021). Comprehensive Behavioral (ComB) Treatment of Trichotillomania: A randomized clinical trial. Behavior Therapy, 52(6), 1543-1557.

[4] Bornstein, P. H., et al. (1980). Hypnobehavioral treatment of chronic nailbiting: A multiple baseline analysis. International Journal of Clinical and Experimental Hypnosis, 28(3), 208-217.

[5] Kohen, D. P. (1996). Hypnotherapeutic management of pediatric and adolescent trichotillomania. Journal of Developmental & Behavioral Pediatrics, 17(5), 328-334.

# Fears & Phobias

Use the standard Krasner 8 Steps, with topic-specific work mainly in Step 3 (Interview) and Step 7 (Therapy).

Fear can develop through learned associations and expectations. A person may predict danger, panic, embarrassment, or loss of control in a particular situation. Avoidance can maintain that prediction by limiting opportunities to discover that the situation is manageable.

Step 3 identifies the feared prediction and avoidance pattern. Step 7 rehearses approaching a safe situation and responding capably. Studies have examined hypnosis for flying and dental fears. [2][3]

## Step 3: Identify the pattern

**Ask:**

- What exactly are you afraid of?
- In what situations does the fear appear?
- What do you imagine might happen?
- What is the worst part of that possibility?
- What do you notice in your body?
- What do you normally do when the fear appears?
- What situations do you avoid because of it?
- When is the fear weaker or absent?

Look for the feared prediction, trigger, avoidance, safety behaviors, physical response, and desired alternative.

Do not assume that discovering the historical origin of the fear is necessary. The most useful information is often what maintains the fear now.

## Common beliefs and reframes

**“If I feel afraid, I must be in danger.”**

Reframe: Fear is an alarm response. Its intensity does not always match the actual level of danger. A learned alarm can activate strongly in a situation that the person can safely handle.

> *Step 7 reinforcement:*
> *“Imagine yourself entering that situation and immediately noticing how differently you respond. You remain alert, steady, and aware of what is actually happening around you. You feel capable and in control of what you do next.”*

**“Avoiding it keeps me safe.”**

Reframe: Avoidance brings short-term relief but can strengthen the urge to avoid again. It also limits opportunities to learn that a safe situation is manageable. Exposure research supports safe contact with feared situations as part of changing the fear response. [4]

> *Step 7 reinforcement:*
> *“See yourself remaining in the situation long enough to discover how capable you really are. You stay present, notice what is actually happening, and feel increasingly comfortable continuing.”*

**“I have to stop feeling afraid before I can face it.”**

Reframe: Perfect calm is not required. Confidence often grows from discovering that some nervousness can be present and the person can still function successfully.

> *Step 7 reinforcement:*
> *“Imagine noticing a little activation in your body and recognizing that you can handle it easily. You continue with what you are doing, and the feeling becomes less important as your confidence grows.”*

**“If I panic, I’ll lose control.”**

Reframe: Fear can create intense physical sensations, but sensations are not the same as losing behavioral control. Help the client focus on what they will actually do if strong feelings appear.

**Ask:**

- Where will you put your attention?
- What will you do first?
- What would coping successfully look like?

> *Step 7 reinforcement:*
> *“See yourself noticing the first signs of nervousness and responding immediately. You breathe comfortably, stay oriented to what is happening around you, and continue making clear, deliberate choices.”*

**“Something bad happened before, so it will happen again.”**

Reframe: A past event can teach the mind to expect repetition. That expectation is not proof that the same outcome will occur next time. Work with what is realistically true in the present situation.

> *Step 7 reinforcement:*
> *“Imagine yourself in that situation now, noticing what is different. You respond to what is actually happening in the present and recognize how much more capable and prepared you are today.”*

**“I need to know why I developed this fear before I can change it.”**

Reframe: Understanding the origin can sometimes be useful, but it is not required. A fear can change by altering the expectations, associations, and responses maintaining it now.

This is especially important in hypnosis. Do not use age regression or hypnotic recall as though it can reliably establish the historical cause of a fear.

> *Step 7 reinforcement:*
> *"See yourself responding differently now. The old explanation becomes less important as this new response feels increasingly familiar and natural."*

## Complete the Krasner Step 3 interview

After identifying the important beliefs and patterns, move toward the desired result.

**Ask:**

"How will your life improve when you can handle this situation comfortably and confidently?"

Get at least three specific future scenes:

- Where are you?
- What are you doing?
- How close are you to the previously feared situation?
- How is your body responding?
- What can you now do that you previously avoided?

Use the client's own words in Step 7.

## Step 7: Therapy

Include the actual safe situation in Step 7. Have the client rehearse encountering the trigger and responding successfully, rather than only imagining comfort somewhere else.

**Use:**

Safe feared situation + desired behavior + manageable physical response + successful outcome

Imagery-based interventions can reduce conditioned fear, and future-oriented imagery can change expectations about feared situations. [5]

### Flying

"Imagine yourself comfortably seated on the airplane. You hear the ordinary sounds around you and feel the movement of the aircraft. You remain steady and relaxed, enjoying the realization that you can simply sit back and allow the flight to carry you safely toward your destination."

### Animals

“Imagine yourself seeing the animal from an appropriate distance. You remain aware and comfortable, noticing its actual behavior rather than automatically expecting danger. You stay as long as you choose and recognize how much easier this has become.”

### Dental treatment

“See yourself sitting comfortably in the dental chair. You hear the ordinary sounds around you, communicate easily with the dental team, and remain steady and cooperative while the work is completed.”

## Real-world practice

When appropriate, encourage the client to practice the desired response in safe real situations between sessions.

Start with a safe situation the client can reasonably approach, then build gradually. Aim for manageable practice that develops confidence, not an overwhelming experience.

Hypnosis can prepare for this by rehearsing the experience first:

Imagine successfully → experience successfully → reinforce the success

## Self-hypnosis

Use self-hypnosis to rehearse the next safe real-world situation: approaching it, staying present, responding effectively, and allowing sensations to settle. The goal is confidence in coping, not perfect calm.

## Follow-up

### Ask:

- What situations did you handle differently?
- Where did the fear still become strong?
- What did you predict would happen?
- What actually happened?
- What would you like to do differently next time?

Use successful real-world experiences as evidence and reinforce them during hypnosis.

If a particular situation remains difficult, return to Step 3, identify the remaining expectation or avoidance pattern, and build a more specific Step 7 scene.

## Special note: blood, needles, and fainting

Blood-injection-injury fears can be different from many other fears because some people experience a drop in blood pressure and faint.

If the client has a history of fainting around blood, needles, or medical procedures, do not assume that deeper relaxation is the appropriate response. Applied muscle tension is specifically used to help reduce fainting and has supporting evidence in people with high needle fear. [6]

This may require additional training or coordination with an appropriate healthcare professional.

## Scope

Ordinary fears may fit self-improvement work where permitted. Diagnosed phobias, severe avoidance, recurrent panic, trauma-related fear, fainting, or fear that blocks necessary medical care may require referral or coordinated treatment. Always distinguish exaggerated fear from realistic danger.

## References

[1] Krasner, A. M. (1990). The Wizard Within: The Krasner Method of Hypnotherapy.

[2] Spiegel, D., Maruffi, B., Frischholz, E. J., & Spiegel, H. (2015). Hypnotic responsivity and the treatment of flying phobia. American Journal of Clinical Hypnosis, 57(2), 156-164.

[3] Wolf, T. G., Schläppi, S., Benz, C. I., & Campus, G. (2022). Efficacy of hypnosis on dental anxiety and phobia: A systematic review and meta-analysis. Brain Sciences, 12(5), 521.

[4] Odgers, K., Kershaw, K. A., Li, S. H., & Graham, B. M. (2022). The relative efficacy and efficiency of single- and multi-session exposure therapies for specific phobia: A meta-analysis. Behaviour Research and Therapy, 159, 104203.

[5] Mitra, S., & Asthana, M. K. (2024). Attenuating conditioned fear using imagery-based interventions: An overview. Neuroscience & Biobehavioral Reviews, 163, 105751.

[6] McMurtry, C. M., et al. (2015). Interventions for individuals with high levels of needle fear: Systematic review of randomized and quasi-randomized controlled trials. Clinical Journal of Pain.

# Sleep & Insomnia

Use the standard Krasner 8 Steps, with topic-specific work mainly in Step 3 (Interview) and Step 7 (Therapy).

Some sleep difficulties involve learned associations, arousal, expectations, tension, and attempts to force sleep. Step 3 identifies these patterns. Step 7 rehearses settling comfortably, allowing sleep, returning to sleep after waking, and feeling rested.

Research on hypnosis for sleep has reported improvements in subjective sleep quality and, in some studies, measurable changes in slow-wave sleep. [2][3][5][6]

## Step 3: Identify the pattern

**Ask:**

- What is the main problem: falling asleep, staying asleep, waking too early, or feeling unrested?
- What happens as bedtime approaches?
- What goes through your mind when you cannot sleep?
- What do you do when sleep does not happen quickly?
- What are you afraid will happen if you do not sleep well?
- When do you sleep better?
- What is different on those nights?

Look for sleep-related worry, excessive effort, clock watching, frustration, conditioned wakefulness, unrealistic expectations, and general stress or arousal.

## Common beliefs and reframes

**“I have to make myself fall asleep.”**

Reframe: Sleep is not normally produced by conscious effort. Trying harder can turn bedtime into a performance test and increase arousal. Research on paradoxical intention supports the broader idea that reducing the effort and anxiety surrounding sleep can improve insomnia symptoms. [4]

> *Step 7 reinforcement:*
> *“Imagine settling comfortably into bed. There is nothing you have to accomplish now. Your body knows how to rest, and you simply allow comfort to develop in its own time.”*

**“If I don’t sleep soon, tomorrow will be terrible.”**

Reframe: Worry about tomorrow can add to the difficulty sleeping. Examine catastrophic predictions and return attention to present comfort rather than calculating the consequences of each waking

minute.

> *Step 7 reinforcement:*
> *“See yourself noticing the time and remaining completely unconcerned. You return your attention to comfort, knowing that your only job right now is to rest and allow sleep to come naturally.”*

**“My mind won’t switch off.”**

Reframe: Trying to forcibly stop thoughts often creates another struggle. The goal can be to let thoughts become less important while attention settles onto breathing, bodily comfort, imagery, or another neutral experience.

> *Step 7 reinforcement:*
> *“Thoughts can come and go without needing your attention. They become less important as your breathing stays comfortable and your awareness settles more deeply into the feeling of rest.”*

**“I need perfect conditions to sleep.”**

Reframe: Helpful sleep preferences can become rigid rules that increase anxiety. Distinguish conditions that support sleep from those the client believes must always be perfect.

> *Step 7 reinforcement:*
> *“Imagine settling into bed and noticing how easily your attention turns inward. Ordinary sounds and sensations simply become part of the background as you become increasingly comfortable.”*

**“I have to get exactly eight hours.”**

Reframe: Sleep needs vary. Treating a nightly target as a test can add pressure. Focus on allowing adequate time for sleep and reducing the effort to force it.

> *Step 7 reinforcement:*
> *“Your body takes the rest it needs. You allow sleep to unfold naturally and wake ready to begin your day.”*

**“I’ve always been a bad sleeper.”**

Reframe: A long-standing pattern is still a pattern, not an identity. Sleep responses can be influenced by learned associations, expectations, behavior, and arousal.

> *Step 7 reinforcement:*
> *“Each evening becomes another opportunity for your body and mind to remember how natural resting and sleeping can feel.”*

## Complete the Krasner Step 3 interview

After addressing the main beliefs and patterns, focus on the desired sleep experience.

**Ask:**

“How will your life improve when sleeping comfortably and naturally becomes your normal experience?”

Get at least three specific future scenes:

- What is bedtime like?
- How do you respond if you wake during the night?
- What is different the next morning?
- What are you doing during the day because you feel better rested?

Use the client’s own words in Step 7.

## Step 7: Therapy

> *Step 7 should concentrate on rest, comfort, natural sleep, and the benefits of waking refreshed, rather than repeatedly mentioning insomnia.*

**Use:**

Bedtime situation + letting go + comfortable bodily response + desired outcome

### Settling at bedtime

“Imagine getting comfortably into bed at the end of the day. You feel the support beneath you, your muscles soften, and there is absolutely nothing you need to accomplish. You simply allow yourself to rest.”

### Waking during the night

“Imagine briefly becoming aware during the night. You remain completely comfortable, knowing there is nothing to solve and nowhere you need to go. You settle again and allow sleep to return in its own time.”

### Morning

“See yourself waking in the morning, noticing the light and becoming comfortably alert. You stretch, get up, and begin your day feeling restored and ready to move forward.”

Sleep-specific hypnotic suggestions have also increased slow-wave sleep in laboratory studies, particularly among highly hypnotizable participants. [5][6]

## Self-hypnosis

A brief bedtime self-hypnosis recording can reinforce physical comfort, letting go of effort, allowing thoughts to drift, positive expectations, and waking refreshed. Keep recordings optional so confidence rests in the client's own ability to sleep.

## Follow-up

**Ask:**

- What changed?
- Is falling asleep, staying asleep, or returning to sleep easier?
- What is different on those nights?
- What belief or expectation becomes active there?

If a specific pattern remains, return to Step 3 and create a more targeted future scene.

## Scope

Occasional sleep difficulty and relaxation work are different from treating chronic insomnia or another sleep disorder.

Refer or coordinate appropriately when there are signs of:

- persistent chronic insomnia
- loud snoring, gasping, or witnessed breathing pauses
- significant daytime sleepiness
- unusual nighttime movements or behaviors
- restless or uncomfortable legs that interfere with sleep
- sudden sleep attacks
- a possible medical, medication-related, psychiatric, or substance-related cause

## References

[1] Krasner, A. M. (1990). The Wizard Within: The Krasner Method of Hypnotherapy.

[2] Wofford, N., Snyder, M., Corlett, C. E., & Elkins, G. R. (2023). Systematic review of hypnotherapy for sleep and sleep disturbance. International Journal of Clinical and Experimental Hypnosis, 71(3), 176–215.

[3] Chamine, I., Atchley, R., & Oken, B. S. (2018). Hypnosis intervention effects on sleep outcomes: A systematic review. Journal of Clinical Sleep Medicine, 14(2), 271–283.

[4] Jansson-Fröjmark, M., Alfonsson, S., Bohman, B., Rozental, A., & Norell-Clarke, A. (2022). Paradoxical intention for insomnia: A systematic review and meta-analysis. Journal of Sleep Research, 31(2), e13464.

[5] Cordi, M. J., Schlarb, A. A., & Rasch, B. (2014). Deepening sleep by hypnotic suggestion. Sleep, 37(6), 1143–1152.

[6] Cordi, M. J., Rossier, L., & Rasch, B. (2020). Hypnotic suggestions given before nighttime sleep extend slow-wave sleep compared with a control text in highly hypnotizable subjects. International Journal of Clinical and Experimental Hypnosis, 68(1).

# Confidence & Self-Esteem

Use the standard Krasner 8 Steps, with topic-specific work mainly in Step 3 (Interview) and Step 7 (Therapy).

Self-efficacy is confidence in handling a specific task or situation. Self-esteem is a broader evaluation of yourself. Work with concrete situations whenever possible, rather than a vague goal of feeling better about yourself. [2]

Step 3 identifies the beliefs and situations that undermine confidence; Step 7 rehearses capable behavior in those same situations.

Studies have reported improvements in task-specific self-efficacy and in self-esteem within particular hypnosis or self-hypnosis programs. [3][4]

## Step 3: Identify the pattern

**Ask:**

- Where would you like to feel more confident?
- What happens in those situations now?
- What do you expect might go wrong?
- What do you tell yourself about yourself?
- What do you believe you need to do perfectly?
- When do you already feel confident or capable?

Look for negative expectations, harsh self-evaluation, perfectionism, dependence on approval, avoidance, and situations where the client already demonstrates competence.

## Common beliefs and reframes

**“I need to feel confident before I can do it.”**

Reframe: Confidence often develops from experience. Successful attempts, including imperfect ones, give people evidence that they can cope. Mastery experiences are one of the strongest sources of self-efficacy.

> *Step 7 reinforcement:*
> *“Imagine yourself beginning comfortably, even before everything feels perfect. As you become involved, you notice yourself handling it well. Each step makes the next one easier, and you enjoy recognizing how capable you are.”*

**“If I make a mistake, people will think less of me.”**

Reframe: Competence does not require flawless performance. Mistakes provide information, and most ordinary mistakes can be corrected, learned from, or simply left behind.

> *Step 7 reinforcement:*
> *“See yourself noticing a small mistake and responding calmly. You correct what needs correcting, continue comfortably, and remain completely focused on what you want to accomplish.”*

**“I have to be perfect to feel good about myself.”**

Reframe: When self-worth depends heavily on meeting demanding standards, ordinary setbacks can have an exaggerated effect on self-esteem. Research finds a moderate association between perfectionistic concerns and lower self-esteem.

> *Step 7 reinforcement:*
> *“Imagine doing something important and giving it your full attention. You enjoy doing it well while remaining comfortable with being human, learning, improving, and moving forward.”*

**“I’m just not a confident person.”**

Reframe: Confidence varies by task and context. Someone may feel capable in one area and uncertain in another.

**Ask:**

- Where are you already confident?
- What do you do differently there?
- What do you believe about yourself in that situation?
- Which of those qualities could you bring into this situation?

> *Step 7 reinforcement:*
> *“Remember how naturally capable you feel when you are doing something you know well. Now imagine bringing that same steadiness and confidence into this new situation.”*

**“I need other people to approve of me.”**

Reframe: Feedback can help, but self-worth becomes unstable when it depends entirely on others' reactions. Help the client evaluate their actions against their own values, effort, and results.

> *Step 7 reinforcement:*
> *“See yourself interacting comfortably with other people. You listen, respond naturally, and express yourself clearly. You feel good knowing that you can be yourself while allowing other people to have their own opinions.”*

**“If I fail, it proves I’m not good enough.”**

Reframe: One result provides information about one attempt. It does not define the whole person. Separate performance from identity.

> *Step 7 reinforcement:*
> *"Imagine something not working the way you expected. You remain steady and curious. You notice what you can learn, adjust what needs adjusting, and move forward feeling capable and resourceful."*

## Avoid exaggerated affirmations

Statements such as "I am amazing at everything" may conflict sharply with what a client believes. Very positive global self-statements can make some people with low self-esteem feel worse. [5]

Prefer credible, experiential suggestions:

**Instead of:**

"I am completely confident all the time."

**Use:**

"See yourself speaking clearly, looking at the person in front of you, and noticing how comfortable it feels to express what you think."

Use a credible imagined experience rather than an affirmation the client cannot accept.

## Complete the Krasner Step 3 interview

After addressing the important beliefs, move toward the desired result.

**Ask:**

"How will your life improve when you feel comfortable and confident in these situations?"

Get at least three specific future scenes:

- What are you doing?
- Who is there?
- How are you carrying yourself?
- What are you saying or doing differently?
- How will you know that confidence has become natural?

Also identify examples of real competence from the client's past. These can make Step 7 imagery more believable and personally meaningful.

## Step 7: Therapy

> *Step 7 focuses on capable behavior and successful experience, not repeatedly telling the client that they lack confidence.*

**Use:**

Future situation + capable behavior + desired feeling + personal benefit

### Speaking up

“Imagine yourself in a conversation where you have something important to say. You breathe comfortably, look at the person in front of you, and express yourself clearly and naturally. You enjoy being able to say what you mean.”

### Meeting new people

“See yourself walking into the room comfortably. You notice the people around you, begin talking naturally, and become increasingly absorbed in the conversation. You feel relaxed, interested, and completely comfortable being yourself.”

### Trying something difficult

“Imagine beginning something that once seemed challenging. You focus on the next step, use what you know, and adjust as you go. You feel increasingly capable as you recognize how much you can handle.”

A randomized trial found that hypnosis with ego-strengthening suggestions improved task-specific self-efficacy and performance, with gains maintained four weeks later. [3]

## Self-hypnosis

Use self-hypnosis to rehearse one or two specific confidence situations: beginning comfortably, acting clearly, handling ordinary mistakes, completing the situation, and noticing evidence of competence.

## Follow-up

**Ask:**

- Where have you noticed greater confidence?
- Which situations are still difficult?
- What are you predicting in those situations?
- What would confident behavior look like there?

Help the client recognize what they did well in real situations. Build confidence from that evidence as well as from hypnotic suggestions.

If a situation remains difficult, return to Step 3, identify the remaining belief or expectation, and create a more specific future scene.

## Scope

Ordinary confidence and self-esteem goals fit self-improvement work where permitted. Severe or persistent worthlessness, or symptoms tied to a mental-health condition, should be referred or coordinated as appropriate.

## References

[1] Krasner, A. M. (1990). The Wizard Within: The Krasner Method of Hypnotherapy.

[2] American Psychological Association. APA Dictionary of Psychology: Self-esteem and self-efficacy.

[3] Barker, J., Jones, M., & Greenlees, I. (2010). Assessing the immediate and maintained effects of hypnosis on self-efficacy and soccer wall-volley performance. Journal of Sport & Exercise Psychology, 32(2), 243-252.

[4] Grégoire, C., et al. (2021). Randomized controlled trial of a group intervention combining self-hypnosis and self-care: Secondary results on self-esteem, emotional distress and regulation, and mindfulness in post-treatment cancer patients. Quality of Life Research, 30, 425-436.

[5] Wood, J. V., Perunovic, W. Q. E., & Lee, J. W. (2009). Positive self-statements: Power for some, peril for others. Psychological Science, 20(7), 860-866.

# Anxiety, Stress & Relaxation

Use the standard Krasner 8 Steps, with topic-specific work mainly in Step 3 (Interview) and Step 7 (Therapy).

This section addresses everyday stress, situational anxiety, tension, and more effective coping. The goal is to respond flexibly and confidently, not to eliminate every anxious feeling.

Step 3 identifies the situations, thoughts and reactions connected with stress; Step 7 rehearses the desired response through vivid future imagery.

Controlled studies and a meta-analysis have reported benefits from hypnosis for anxiety and stress responses. [2][3]

## Step 3: Identify the pattern

**Ask:**

- What situations create the most stress or anxiety for you?
- What usually happens immediately beforehand?
- What do you notice first in your body?
- What goes through your mind?
- What are you expecting might happen?
- What do you normally do when you begin feeling stressed?

Look for recurring situations, expectations, internal dialogue, physical tension, and coping habits.

## Common beliefs and reframes

**“I need to get rid of all my anxiety.”**

Reframe: Some activation is normal and useful. The goal is to remain clear, capable, and able to respond effectively rather than needing to feel perfectly calm.

> *Step 7 reinforcement:*
> *“Imagine yourself in the middle of a demanding situation. You feel alert, steady, and capable. Your breathing is comfortable, your mind is clear, and you handle what is in front of you one step at a time.”*

**“Once I start feeling anxious, it just keeps building.”**

Reframe: Stress responses change from moment to moment. Learning to notice the early signs gives the client an opportunity to respond differently. Slow breathing and muscle relaxation have evidence for reducing stress and anxiety. [4][5]

> *Step 7 reinforcement:*
> *“Notice yourself recognizing the first signs of tension. You take a comfortable breath, allow your shoulders to soften, and feel yourself settling as your attention returns to what matters.”*

**“I can’t control my stress.”**

Reframe: The client may not control the situation or each automatic sensation, but can influence their response. Explore breathing, muscle tension, attention, interpretation, and behavior.

> *Step 7 reinforcement:*
> *“Imagine something unexpected happening during your day. You pause naturally, remain steady, and begin deciding what needs to happen next.”*

**“Worrying keeps me prepared.”**

Reframe: Preparation produces decisions and actions. Repetitive worry can feel productive without solving anything.

**Ask:**

- What can you actually do about this?
- What action would help?
- If nothing useful can be done right now, where would you rather place your attention?

> *Step 7 reinforcement:*
> *“See yourself thinking clearly about something important. You decide what needs to be done, take the appropriate action, and then comfortably return your attention to the rest of your day.”*

**“I have to calm down before I can handle this.”**

Reframe: The client does not need perfect relaxation before acting effectively. They can function well while their body settles naturally.

> *Step 7 reinforcement:*
> *“Imagine yourself beginning even though the situation matters to you. As you become involved in what you are doing, your mind becomes clearer and you feel increasingly comfortable and capable.”*

**“I only relax when everything is finished.”**

Reframe: Relaxation can be practiced as a skill rather than saved for exhaustion. Brief breathing, muscle relaxation, or self-hypnosis can become part of an ordinary day. [4][5]

> *Step 7 reinforcement:*
> *“During a busy day, you naturally take brief moments to reset. You breathe comfortably, release unnecessary tension, and return feeling clear and refreshed.”*

## Complete the Krasner Step 3 interview

After addressing the main patterns, move away from stress and toward the desired result.

**Ask:**

“How will your life improve when you respond to everyday stress calmly and effectively?”

Get at least three specific future scenes:

- What are you doing?
- Where are you?
- How are you responding differently?
- How will you know this has become natural?

Use the client’s own words in Step 7.

## Step 7: Therapy

> *Step 7 focuses on successful responding, not repeated descriptions of anxiety.*

**Use:**

Future situation + desired response + desired feeling + personal benefit

**Busy day**

“Imagine yourself moving through a particularly busy day. You remain clear and organized, handling one thing at a time. Your breathing is comfortable, your body feels steady, and you enjoy how capable and effective you are.”

**Unexpected problem**

“See yourself discovering that something has not gone according to plan. You pause comfortably, think clearly, and decide what needs to happen next.”

**Letting go after work**

“Imagine reaching the end of your day and naturally shifting into your own time. Your shoulders soften, your breathing becomes easy, and your mind becomes quiet and comfortable.”

Personalize these scenes with the client’s real work, family, people, places, and situations.

## Self-hypnosis

Use the brief self-hypnosis method already taught. Rehearse one or two end-result scenes and pair them with a simple cue such as a comfortable breath and releasing unnecessary tension.

## Follow-up

**Ask:**

- What has changed?
- Where does the old response still appear?
- What happens immediately beforehand?
- What would you prefer to experience instead?

If a situation remains difficult, revisit Step 3, identify what was missed, and rehearse a more specific desired response through the Krasner process.

## Scope

Everyday stress management and relaxation are common self-improvement goals. Persistent or severe anxiety, recurrent panic, major avoidance, trauma-related symptoms, suicidal thoughts, significant impairment, or possible medical causes should be handled within scope and referred or coordinated appropriately.

## References

[1] Krasner, A. M. (1990). The Wizard Within: The Krasner Method of Hypnotherapy.

[2] Valentine, K. E., Milling, L. S., Clark, L. J., & Moriarty, C. L. (2019). The efficacy of hypnosis as a treatment for anxiety: A meta-analysis. International Journal of Clinical and Experimental Hypnosis, 67(3), 336–363.

[3] Queirolo, L., et al. (2026). Hypnosis reshapes multilevel stress response and enhances executive performance in stressed medical students. Scientific Reports, 16, 8844.

[4] Fincham, G. W., Strauss, C., Montero-Marin, J., & Cavanagh, K. (2023). Effect of breathwork on stress and mental health: A meta-analysis of randomized controlled trials. Scientific Reports, 13, 432.

[5] Muhammad Khir, S., et al. (2024). Efficacy of progressive muscle relaxation in adults for stress, anxiety, and depression: A systematic review. Psychology Research and Behavior Management, 17, 345–365.

# Smoking Cessation

Use the standard Krasner 8 Steps. Smoking-specific work is added mainly to Step 3: Interview and Step 7: Therapy.

Use the client's own words, people, places, and situations to create vivid imagery of the desired result. Keep suggestions positive, specific, realistic, and focused on successful behavior. Describe a future scene as though it is happening now. [1]

Allen Carr's Easyway approach offers a useful interview focus: explore what the client believes smoking provides, then examine those beliefs conversationally. The program addresses perceived benefits such as pleasure and support. [2] Contemporary smoking hypnotherapy also uses reframing, metaphor, positive imagery, new routines, and post-hypnotic suggestions. [3]

Hypnosis may support a quit attempt, but evidence has not established that it is more effective than other cessation support. [6] Encourage clients to discuss established quit supports with an appropriate healthcare professional or quitline.

## Step 3: Discover and reframe limiting beliefs

Before asking the normal Krasner question, "How would your life improve when you become a nonsmoker?", find out what still makes cigarettes seem useful or valuable.

**Ask:**

- What do you like about smoking?
- What does smoking do for you?
- Which cigarettes seem most important?
- When do you most want one?
- What would be hardest about becoming a nonsmoker?
- What concerns you about quitting?

Keep asking until you have the client's main reasons.

For each belief, acknowledge the experience, separate the desired benefit from smoking, and explore a different association. Use questions, examples, and metaphors without turning the conversation into an argument.

### "Smoking relaxes me or helps with stress."

Reframe: Relief from smoking can feel real. Nicotine withdrawal can cause tension, irritability, and anxiety; another cigarette temporarily eases those symptoms. This can make smoking seem to solve discomfort partly caused by dependence. Research associates quitting with lower stress and anxiety over time, although experiences vary. [4][5]

> *Step 7 reinforcement:*
> *"Imagine yourself in the middle of a demanding day. You pause for a moment, take a slow comfortable breath, and feel your shoulders settle. Your mind becomes clear and calm as you handle one thing at a time."*

**"Smoking helps me concentrate."**

Reframe: Difficulty concentrating is a common nicotine withdrawal symptom. A cigarette can temporarily relieve that symptom, creating the impression that smoking produces concentration rather than temporarily restoring it. [4]

> *Step 7 reinforcement:*
> *"See yourself sitting down to work. Your attention settles naturally on the task in front of you. Your thoughts are clear, organized and focused, and you enjoy getting things done."*

**"I enjoy the taste or pleasure."**

Reframe: There is no need to argue about whether the client has enjoyed parts of smoking. Enjoyment and dependence are different things. Something can contain an enjoyable sensation without needing to become an automatic response throughout the day. Taste and smell commonly improve after quitting. [4]

> *Step 7 reinforcement:*
> *"Imagine enjoying your favorite meal. The flavors seem rich and distinct, the aromas are clear, and you finish feeling comfortable, satisfied and complete."*

**"Smoking gives me a break."**

Reframe: The break is real. The cigarette does not create the break. Stepping away, pausing, breathing, changing surroundings and taking a few minutes for yourself are what make it a break.

> *Step 7 reinforcement:*
> *"During a busy day, you naturally pause when you need a break. You step away, stretch, breathe comfortably and enjoy a few quiet minutes before returning refreshed."*

**"I need something to do with my hands or mouth."**

Reframe: Repeated movements such as reaching, lighting, and holding can become familiar rituals. Explore alternatives that fit the same situations. Daily activities and routines are common smoking triggers. [4]

> *Step 7 reinforcement:*
> *"Your hands feel comfortable and natural throughout the day, easily occupied with whatever you are doing. You feel relaxed, settled and completely at ease."*

**"Coffee, driving, meals or alcohol make me want to smoke."**

Reframe: These are classic conditioned cues. Coffee, meals, driving, alcohol and particular places can become linked with smoking through repetition. The trigger is evidence of an association that was learned, and learned associations can change. [4]

> *Step 7 reinforcement:*
> *Use the client's actual trigger:*

"Imagine yourself tomorrow morning enjoying your coffee. You notice the warmth of the cup, the aroma and the taste. You sit comfortably, enjoying a peaceful start to your day."

"See yourself driving home, comfortable behind the wheel, alert and relaxed, breathing easily as you enjoy the drive."

### "Smoking helps me socially."

Reframe: Smoking may be associated with particular people, conversations, and breaks. Separate the value of social connection from the cigarette.

> *Step 7 reinforcement:*
> *"See yourself out with friends, laughing, talking and completely involved in the conversation. You feel comfortable, confident and connected with the people around you."*

### "I'm addicted, so quitting will be miserable."

Reframe: Nicotine dependence is real, but dependence does not mean permanent discomfort. Withdrawal symptoms are temporary and generally become weaker with time. Cravings are experiences that rise and pass rather than instructions that must be acted upon. [4]

> *Step 7 reinforcement:*
> *"Notice how comfortable you feel as each day passes. Your body feels cleaner, your breathing feels easier, and being a nonsmoker feels increasingly familiar and natural."*

### "I'll gain weight."

Reframe: Appetite may increase after quitting, and some people gain weight. Taste and smell may also improve. Help the client plan for these changes without assuming that weight gain is inevitable or reflects a lack of control. [4]

> *Step 7 reinforcement:*
> *"Imagine yourself naturally choosing the amount of food that feels right for your body. You finish meals comfortably satisfied and enjoy feeling healthy, energetic and in control."*

### "Smoking is part of who I am."

Reframe: Smoking is something the person has practiced repeatedly. Length of practice does not make a behavior an identity. The client already has many situations every day in which they live comfortably without smoking.

> *Step 7 reinforcement:*
> *"See yourself moving through an ordinary day as a nonsmoker. It feels familiar and completely natural. You go about your work, meals, driving and time with friends feeling comfortable, confident and free."*

**"Quitting means giving something up."**

Reframe: If cigarettes still seem to provide pleasure, comfort, or support, quitting can feel like deprivation. Allen Carr's Easyway program explores those expectations before its final cessation exercise. Help the client consider how to obtain the benefits they want without smoking. [2]

> *Step 7 reinforcement:*
> *"Notice how good it feels to move through your day with a growing sense of freedom. Your time belongs to you. You feel comfortable, independent and pleased with the choices you make."*

## Complete the Krasner Step 3 interview

Once the limiting beliefs have been addressed, move away from smoking and toward the desired end result.

**Ask:**

"How will your life improve when you are a nonsmoker?"

Then get several specific examples:

- What will you be doing?
- Where will you be?
- Who will be there?
- What will you see, hear and feel?
- How will you know this change has happened?
- What are you looking forward to most?

Get at least three vivid future scenes and write down the client's exact language.

Turn the client's personal motivations into imagery. Use the names, places, activities, and outcomes identified during the interview. [1]

## Step 7: Therapy

The Step 3 conversation deals with the old beliefs. Step 7 concentrates on the desired future.

Avoid repeating the problem, the old belief or the unwanted behavior. Instead, show the client experiencing situations in which the new response is already happening.

**Use:**

Future situation + desired behavior + desired feeling + personal benefit

For example:

"Imagine yourself at the office on a particularly demanding afternoon. You pause, take a comfortable breath and feel calm and centered. Your mind is clear. You smile and continue with your work, handling each task confidently and easily."

Build several scenes from the client's Step 3 answers. Repeat the same themes in different ways.

Personalizing imagery from the interview follows Krasner's emphasis on the desired result. [1] Positive imagery, reframing, routines, metaphors, and post-hypnotic suggestions also appear in contemporary smoking hypnotherapy. [3]

## Follow-up

If the client smokes again, find the trigger or belief that remained active:

- What was happening immediately beforehand?
- What were you feeling?
- What did you expect the cigarette to give you?

Reframe that belief, obtain a better desired end-result scene, and reinforce that scene through the normal Krasner process.

## References

[1] Krasner, A. M. (1990). The Wizard Within: The Krasner Method of Hypnotherapy. See pp. 84-89, 102 and 132-133.

[2] Frings, D., et al. (2020). Comparison of Allen Carr's Easyway programme with a specialist behavioural and pharmacological smoking cessation support service: a randomized controlled trial. Addiction, 115, 977-985.

[3] Batra, A., et al. (2024). Hypnotherapy compared to cognitive-behavioral therapy for smoking cessation in a randomized controlled trial. Frontiers in Psychology, 15, 1330362.

[4] National Cancer Institute. Tips for Coping with Nicotine Withdrawal and Triggers.

[5] NHS. The truth about smoking, stress and mental health.

[6] Barnes, J., et al. (2019). Hypnotherapy for smoking cessation. Cochrane Database of Systematic Reviews, 6, CD001008. https://pubmed.ncbi.nlm.nih.gov/31198991/

# Weight Management

Use the standard Krasner 8 Steps. Identify the beliefs, habits, emotional triggers, and environmental patterns that interfere with the client's own healthy eating and activity plan. Rehearse the desired behavior through vivid end-result imagery.

Krasner specifically recommends asking when, what, how much and where the client eats, then asking how life will improve after the change. Those answers become the client's personalized hypnotic imagery.

Trials have found improvements in eating disinhibition, satiety and self-regulation, especially when hypnosis is paired with self-hypnosis practice (Bo et al., 2018; Delestre et al., 2022).

## Four-session format

Session 1: Beliefs, emotional eating, motivation and desired future
Session 2: Eating behavior, hunger/satiety, portions, energy density and food cues
Session 3: Movement, energy, enjoyment and consistency
Session 4: Identity, maintenance, setbacks and future pacing

Each session uses the standard Krasner 8 Steps.

## Step 3: Interview

Explore the beliefs and patterns that make the current behavior feel necessary, hard to change, or emotionally useful.

**Ask:**

- What usually causes you to eat when you are not physically hungry?
- What does food seem to do for you emotionally?
- When is eating hardest to regulate?
- What do you believe you would have to give up to reach your healthy weight?
- What concerns you about eating differently?
- What do you believe about exercise?
- What happens after you feel you have "blown" your plan?
- What will life be like when these changes feel natural?

Reframe limiting beliefs conversationally as they appear.

### "I don't have enough willpower."

Reframe: Eating behavior is influenced by habits, cues, emotions, environment, and biology. Help the client rehearse workable responses rather than relying on repeated struggles with willpower.

### "I have to be hungry to lose weight."

Reframe: Sustainable weight management does not require constant hunger. Food choices differ greatly in how much volume, protein, fiber and water they provide for the same amount of energy.

### "I eat until I'm comfortably full, so I shouldn't gain weight."

Reframe: Fullness and calorie intake are not the same thing. Highly energy-dense foods can provide many calories in a relatively small amount of food. Lower-energy-density choices can provide satisfying portions for fewer calories.

### Ask:

- Which foods you regularly eat contain a lot of calories in a small amount?
- Which foods allow you to eat a satisfying amount for fewer calories?
- What substitutions already make sense to you?

### "Food helps me with stress, boredom or emotion."

Reframe: The desired emotional change is real. Food is simply one learned way of creating it. The same emotional need can be met through other behaviors.

Identify the client's exact desired feeling, such as comfort, relaxation, reward, connection or stimulation.

### "I have to finish what's on my plate."

Reframe: The purpose of eating is to satisfy the body's needs, not to empty a container. The client can learn to recognize comfortable satisfaction as the natural stopping point.

### "Healthy eating means giving up foods I enjoy."

Reframe: Sustainable eating is something the client can live with long term. It can include enjoyment, flexibility and satisfying food while supporting the person's goals.

### "Exercise is miserable."

Reframe: Movement does not have to mean punishing workouts. Find forms of activity the client can realistically enjoy and repeat.

### "I ruined today, so I'll start again Monday."

Reframe: One choice does not determine the next one. The next meal, activity or decision is another opportunity to act according to the client's desired lifestyle.

### "I've always been overweight. That's just who I am."

Reframe: Weight history describes the past. It does not define identity. Behaviors, routines and responses can change through repetition.

## Complete the normal Krasner interview

After addressing the beliefs, focus on the desired result.

**Ask:**

"How will your life improve as you reach and maintain your healthy weight?"

Get at least three specific future scenes:

- What are you doing?
- Where are you?
- Who is there?
- What are you eating?
- How are you moving?
- What do you see, hear and feel?
- How do you know this way of living has become normal?

Use the client's exact words in Step 7.

## Step 7: Therapy

> *Step 7 focuses on the future, not the old problem.*

Krasner recommends positive mental pictures of the desired behavior rather than repeatedly mentioning what the client wants to eliminate.

Build scenes from Step 3.

### Eating and satisfaction

"Imagine sitting down to a meal you genuinely enjoy. You eat slowly, enjoying the flavors and textures, and notice that comfortable feeling of satisfaction developing naturally. You finish feeling pleasantly satisfied, energized and completely comfortable."

### Energy density and food choices

"See yourself preparing a meal that looks generous, colorful and satisfying. You naturally choose foods that allow you to enjoy a satisfying amount while supporting the body and lifestyle you want."

### Emotional eating

"Imagine arriving home after a demanding day. You pause, breathe deeply and feel yourself settling. You know exactly what helps you feel comfortable and restored, and you naturally choose the response that serves you best."

### Movement

"See yourself getting ready to move your body in a way you enjoy. As you begin, you feel your energy increasing, your body waking up, and you enjoy the feeling of becoming stronger and more capable."

### Setbacks

"Imagine noticing that one choice did not go exactly as planned. You feel calm and completely in control of what happens next. Your very next decision reflects the healthy person you are becoming."

### Identity and maintenance

"See yourself months from now living this way naturally. The foods you choose, the amounts you eat, the way you move and the way you care for yourself all feel familiar and normal."

## Self-hypnosis

Teach a brief daily self-hypnosis practice using the client's current end-result imagery.

Weight-management trials commonly included self-hypnosis, with greater practice associated with better outcomes (Bo et al., 2018; Delestre et al., 2022).

## Follow-up

If progress stalls, return to Step 3:

- What situation is still difficult?
- What belief is active there?
- What emotional benefit is the old behavior providing?
- What would the preferred response look like instead?

Then build a new future scene and reinforce it through the normal Krasner process.

Recognize possible binge-eating or other eating-disorder symptoms and refer appropriately. Do not treat them simply as ordinary weight-management concerns.

## References

Krasner, A. M. (1990). The Wizard Within: The Krasner Method of Hypnotherapy.

Bo, S., et al. (2018). Effects of self-conditioning techniques (self-hypnosis) in promoting weight loss in patients with severe obesity: A randomized controlled trial. Obesity, 26(9), 1422-1429.

Delestre, F., et al. (2022). Hypnosis reduces food impulsivity in patients with obesity and high levels of disinhibition: HYPNODIET randomized controlled clinical trial. The American Journal of Clinical Nutrition, 115(6), 1637-1645.

Obesity Canada. Adult obesity clinical practice guidelines: behavioural interventions and mental health.

NICE. Overweight and obesity management. Guidance on individualized, sustainable dietary, activity and behavioral approaches.

# Pain Control

Use hypnosis for pain or physical discomfort only after medical evaluation has established that it is appropriate. Follow the regulations that apply where you practice.

Hypnosis can be useful for altering the experience of pain and other sensations. Appropriate uses may include:

- A client with medically evaluated chronic back pain who wants greater comfort while walking, working or sleeping.
- A dental or medical patient using hypnosis for added comfort alongside normal clinical care.
- A client with a diagnosed chronic pain condition learning self-hypnosis for greater comfort during flare-ups.

Pain involves sensory and emotional experience and is influenced by biological, psychological, and social factors. [1] Experimental research supports hypnotic analgesia. [3] A clinical review found small additional benefits when hypnosis accompanied other care, but rated the evidence as very low certainty. [2]

New, unexplained, worsening, or medically significant pain requires medical evaluation before hypnosis is used to reduce the sensation.

## Analgesia and anesthesia

Analgesia: pain is reduced while other sensation remains.

Anesthesia: sensation itself is greatly reduced or absent.

Hypnotic suggestions can alter the experience of pain and sensation. Experimental studies support direct suggestions for comfort or analgesia. [3]

## Glove analgesia/anesthesia

This is the primary pain-control technique of the Krasner Method.

After the normal induction and convincers:

- Direct attention to one hand.
- Suggest a change such as coolness, tingling, heaviness, comfort or numbness.
- Build the sensation gradually through imagery.
- Gently test for a change in sensation.
- When appropriate, invite the client to imagine that comfortable or altered sensation moving to another part of the body.

**Example:**

"Imagine your hand becoming pleasantly cool and comfortable, almost as though it were resting in cool water. Notice that comfortable sensation spreading through the fingers, across the palm and throughout the hand. Each moment, the hand becomes increasingly comfortable."

Do not use painful testing. The purpose is to demonstrate a change in subjective sensation, not to prove how much discomfort the client can tolerate.

## Step 3: Interview

Use the Krasner interview to identify the comfort the client wants and the activities that comfort would support.

**Ask:**

- What would greater comfort allow you to do?
- What activities would become easier?
- How would you move, work, sleep or relax differently?
- When do you already feel most comfortable?
- What sensations or images represent comfort for you?

Obtain several vivid examples of the desired result in the client's own words.

## Step 7: Therapy

> *Step 7 remains focused on positive, future-oriented end-result imagery.*

Rather than repeatedly describing pain, have the client experience themselves functioning comfortably.

"Imagine yourself getting out of bed tomorrow morning. You stand easily, stretch comfortably and move into your day feeling relaxed and capable."

"See yourself taking that walk you described. Your body feels comfortable, your breathing is easy, and you enjoy moving at exactly the pace that feels right for you."

"Imagine settling into bed at night. Your body becomes quiet and comfortable, your breathing settles into an easy rhythm, and you drift naturally into restful sleep."

Suggestions may also reinforce relaxation, confidence, comfortable movement, sleep, coping and the client's sense of control.

## Self-hypnosis

Teach the client to recreate the comfortable sensation and their end-result imagery through brief self-hypnosis.

For chronic pain, treat hypnosis as a practiced skill rather than a single procedure. A review of musculoskeletal and neuropathic pain studies found better outcomes in studies using more sessions.

[4]

## Important principle

The goal is not always to make every sensation disappear.

For chronic pain especially, useful outcomes may include:

- Greater comfort
- Less interference from pain
- Better sleep
- Easier movement
- More confidence
- Returning to valued activities

If a client's needs exceed basic comfort, sensory modulation and self-hypnosis, refer them for appropriate medical care or advanced pain-management work.

## References

[1] International Association for the Study of Pain. Revised Definition of Pain.

[2] Jones, H. G., et al. (2024). Adjunctive use of hypnosis for clinical pain: a systematic review and meta-analysis. Pain Reports, 9(5), e1185.

[3] Thompson, T., et al. (2019). The effectiveness of hypnosis for pain relief: A systematic review and meta-analysis of 85 controlled experimental trials.

[4] Langlois, P., et al. (2022). Hypnosis to manage musculoskeletal and neuropathic chronic pain: A systematic review and meta-analysis. Neuroscience & Biobehavioral Reviews, 135, 104591.

# Self-Hypnosis

Hypnosis involves the client's participation. Self-hypnosis makes the process self-directed.

Work on one goal at a time. Use vivid imagery to rehearse the thoughts, feelings, and behavior you want, as Krasner recommends.

## The process

### 1. Choose one intention

Decide what you want to accomplish.

**Ask:**

- What do I want instead?
- How will my life improve when I have it?
- What will I see, hear, feel and do?

Create one or two short scenes that show the desired result. Krasner describes this as a mental movie in which you are the star.

### 2. Enter self-hypnosis

Get comfortable.

Take a slow breath. As you exhale, close your eyes and relax the muscles around them. Allow that same comfortable relaxation to spread through your body.

While learning, you may gently test the eyelid relaxation. Relax the eyelids so completely that they remain closed until you choose to release the relaxation. This provides a simple convincer that your body can respond to your own suggestions, consistent with the Elman approach taught by Tad James.

As the process becomes familiar, the eyelid test may be unnecessary. Breathing and closing your eyes can become cues for self-hypnosis.

Relaxation is useful, but deep relaxation is not required for hypnosis. Modern definitions emphasize focused attention and responsiveness to suggestion. [1]

### 3. Experience the desired future

Run your future scene vividly.

See what you will see.
Hear what you will hear.
Feel what you will feel.
Experience yourself behaving exactly as you want to behave.

Keep suggestions:

- Positive
- Simple
- Specific
- Focused on the desired result

**Instead of:**

"I won't be nervous during my presentation."

**Use:**

"I see myself standing in front of the room, breathing comfortably. My thoughts are clear, my voice is steady, and I enjoy speaking confidently."

Repeat the scene two or three times.

### 4. Awaken

Count from 1 to 5, becoming progressively more alert.

At 5, open your eyes feeling refreshed, clear and ready to continue your day.

## Practice

While learning, try 5 to 10 minutes of daily practice. A familiar routine may take 2 to 5 minutes. These are practice suggestions, not fixed requirements; longer recordings can also support specific goals. [2][3]

## Remember

ONE GOAL → BREATHE & CLOSE YOUR EYES → RELAX → REHEARSE THE RESULT → COUNT 1 TO 5

Krasner's original self-hypnosis process follows the same basic sequence: relaxation, deepening, therapeutic suggestions and awakening.

## References

[1] American Psychological Association. Current definition and overview of hypnosis as focused attention with increased responsiveness to suggestion.

[2] Martínez-Tendero, J., Capafons, A., Weber, V., & Cardeña, E. (2001). Rapid Self-Hypnosis: A new self-hypnosis method and its comparison with the Hypnotic Induction Profile. American Journal of Clinical Hypnosis, 44(1), 3-11.

[3] Elkins, G., et al. (2025). Self-Administered Hypnosis vs Sham Hypnosis for Hot Flashes: A Randomized Clinical Trial. JAMA Network Open.

# Scope of Practice

Your American Board of Hypnotherapy (ABH) certification confirms training in hypnosis. It does not create a universal legal scope of practice.

Laws, registration requirements, protected titles, and permitted services vary by jurisdiction. Know the rules where you practice and, for remote work, where the client is located.

ABH ethics require members to work within their competence, represent qualifications accurately, comply with applicable laws, and seek referral or outside support when appropriate. ABH Code of Ethics

## Practical scope guide

| Common self-improvement work | Check scope and context first | Healthcare / advanced scope |
|---|---|---|
| Relaxation and stress management | Smoking cessation | Diagnosed mental-health disorders |
| Confidence and self-esteem | Weight Management | Diagnosed medical conditions |
| Motivation and procrastination | Sleep difficulties | Eating disorders |
| Study and exam performance | Persistent pain | Substance-use disorders |
| Public speaking | Significant fears or phobias | Trauma / PTSD treatment |
| Sports and performance | Regression work | New or unexplained physical symptoms |
| Memory and concentration | Work related to an existing diagnosis | Severe psychological distress or crisis |
| Creativity and productivity | Minors | Requests to alter medical treatment |
| General habit change | Remote work across jurisdictions | Cases beyond your training |
| Self-hypnosi s | | |

These are examples, not universal legal classifications.

## Before accepting a client

Ask three questions:

1. Am I legally permitted to do this here?
Check local laws, registration requirements, protected titles and healthcare restrictions.

2. Am I trained and competent to do this?
Something may be legal while still being outside your training or experience.

3. Is this primarily self-improvement, or does it require healthcare involvement?
When appropriate, refer or work alongside a qualified healthcare professional.

## Important principles

- Do not diagnose medical or mental-health conditions unless separately licensed to do so.
- Describe the client's stated goal rather than assigning a diagnosis.
- A professional referral does not automatically expand your legal scope. Local law still applies.
- Never imply that ABH certification is a medical, psychological or other healthcare license.
- Maintain clear client agreements, confidentiality practices and referral procedures.
- Continue developing competence through education and supervised experience.

ABH specifically notes that some hypnosis applications may fall outside the scope of an unlicensed hypnotherapist unless appropriate licensed-professional involvement is present. ABH Resources

## Simple rule

If you are unsure whether a case is legal, appropriate or within your competence, check before proceeding.

# Using the Example Forms

These example forms support the Krasner Method, professional recordkeeping, and American Board of Hypnotherapy (ABH) ethical principles.

They are starting points, not universal legal forms. Adapt them to local laws and the needs of your practice.

The forms serve three different purposes:

- Client Intake Form
  Collects relevant client information and begins the Step 3 interview with the goal, desired improvement, and the client's current understanding of hypnosis.
- Client Agreement and Informed Consent
  Covers hypnosis, scope, confidentiality, fees, records, and the client's right to stop. Review it before beginning services.
- Professional Referral / Coordination Form
  Supports limited communication with a healthcare professional when appropriate. A referral does not expand the hypnotist's legal scope.

Keep forms and records secure, and collect only information you have a legitimate reason to keep.

Keep the forms clear, relevant, and appropriate to the work you perform.

# Example Client Intake Form

Educational template — adapt to local law and practice needs.

FULL NAME _____ PREFERRED NAME _____

DATE OF BIRTH _____ PHONE _____

EMAIL _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____ POSTAL CODE _____

What would you like to accomplish through hypnosis?

_____

_____

How will your life improve when you achieve this?

_____

_____

What do you know about hypnosis?

_____

_____

Have you experienced hypnosis before? ☐ Yes ☐ No
If yes, please explain:

_____

What have you already tried to address this issue?

_____

_____

Are you currently under the care of a physician, psychologist, counsellor, or other healthcare professional? ☐ Yes ☐ No
If yes, please provide relevant details:

_____

Is there anything about your health, medications, current treatment, or circumstances that could affect this work or that I should know for your comfort or safety?

_____

_____

How did you hear about this practice?

_____

Additional notes:

_____

_____

**Confidentiality note:** Your information will be kept confidential and handled according to applicable law and the confidentiality limits explained in the Client Agreement.

CLIENT SIGNATURE _____ DATE _____

# Example Client Agreement & Informed Consent

Educational template — adapt to local law and practice needs.

CLIENT NAME _____ DATE _____

PRACTITIONER _____

**Please read and initial each item:**

____ **Nature of services.** Hypnosis is used here for self-improvement, skill-building, and other services within the practitioner's training and legal scope.

____ **Participation.** Hypnosis is cooperative; you may stop at any time.

____ **Results.** No specific outcome can be guaranteed.

____ **Scope.** The practitioner does not diagnose medical or mental health conditions and does not prescribe, alter, or replace medical or psychological treatment unless separately licensed to do so.

____ **Healthcare involvement.** You agree to inform the practitioner of relevant medical, psychological, or other healthcare treatment. Referral or coordination with another professional may be recommended when appropriate.

____ **Confidentiality.** Your information will be kept confidential and handled according to applicable law.

____ **Limits of confidentiality.** Confidentiality may be limited by legal requirements or safety concerns, including risk of serious harm, abuse reporting obligations, or court order.

____ **Fees and cancellations.** Fees, payment terms, and cancellation policies have been explained to me.

____ **Records and recordings.** Client records will be maintained and protected according to applicable law. Sessions will not be recorded without permission.

____ **Questions.** I have had the opportunity to ask questions and understand the nature of these services.

**Consent:**

I voluntarily consent to receive hypnosis services from the practitioner named above.

CLIENT SIGNATURE _____ DATE _____

PRACTITIONER SIGNATURE _____ DATE _____

# Example Professional Referral / Coordination Form

Educational template — adapt to local law and practice needs.

CLIENT NAME _____ DATE OF BIRTH _____

PRACTITIONER _____ PHONE _____

EMAIL _____

PROVIDER / PRACTICE _____ PHONE _____

EMAIL / FAX _____

The above client has requested hypnosis in support of the following stated goal:

_____

_____

My role is limited to hypnosis within my training and legal scope. I do not diagnose medical or mental-health conditions or alter prescribed treatment unless separately licensed to do so.

**Client authorization for limited information exchange:**
I authorize limited communication between the practitioner and the provider named above regarding the stated goal shown on this form. This authorization may be revoked by me in writing, subject to applicable law.

CLIENT SIGNATURE _____ DATE _____

**Provider response** (please check one):

- ☐ No known concern with hypnosis being used as an adjunct in support of this stated goal.
- ☐ Please contact me before proceeding.
- ☐ I do not recommend proceeding at this time.
- ☐ Recommendations / restrictions:

_____

_____

_____

Additional comments:

_____

_____

PROVIDER NAME / TITLE _____

PROVIDER SIGNATURE _____ DATE _____

PRACTITIONER SIGNATURE _____ DATE _____

# Formulating Effective Suggestions

Suggestions give the client a clear experience of the response you want to strengthen.

Personalize suggestions with the client's people, places, activities, motives, and desired results from the interview.

## Practical rules

State the desired result.
Describe what you want the client to think, feel or do.

**Instead of:**

"Don't feel nervous."

**Use:**

"Imagine yourself calm, comfortable and confident."

Positive wording usually gives the client a clearer target and keeps attention on the desired experience.

Make it specific and behavioral.

**Instead of:**

"You become more successful."

**Use:**

"See yourself sitting at your desk tomorrow morning, focused and organized, beginning easily with the first important task."

Use the client's language.
Use the words and outcomes the client supplied during Step 3 whenever possible.

Create vivid end-result imagery.
Let the client mentally experience successful situations before they happen. Mental simulation can improve later behavior, especially when rehearsing desirable outcomes and performances. [2]

Keep suggestions simple.
Use one clear idea at a time rather than packing several instructions into a sentence.

Make suggestions believable.
Choose wording the client can engage with rather than argue against.

Repeat important themes naturally.
Repetition can reinforce a suggestion, but there is no special scientific requirement to repeat every

suggestion exactly three times.

## Direct or indirect?

Direct suggestions are appropriate in the Krasner Method:

"You feel increasingly calm and confident."

A more permissive version might be:

"You may begin to notice how naturally that confidence develops."

Research has not established that indirect suggestions are generally superior to direct suggestions. Use the style that fits the client and situation. [3]

# Post-Hypnotic Suggestions

A post-hypnotic suggestion is intended to influence experience or behavior after the session ends.

The simplest format is:

WHEN [cue or situation] → [desired response].

**Example:**

"When you sit down at your desk tomorrow morning, you take a comfortable breath, feel focused, and begin easily with the first important task."

## Guidelines

Use a clear cue that naturally occurs in the client's life.

Describe a specific desired response.

Make the context clear when it matters. Post-hypnotic responding is stronger when the later context matches the original suggestion. [4]

Keep the response consistent with the client's goals and values.

Temporary or experimental suggestions should have a clear ending or cancellation condition. [5]

Post-hypnotic suggestions do not require deep trance or amnesia. Post-hypnotic amnesia is a separate phenomenon. [6]

# Follow-Up Sessions

Structure follow-up around four questions.

## 1. What changed?

Ask for specific evidence:

"What is different?"

"Give me an example."

"What have you noticed yourself doing differently?"

Reinforce successful changes and allow the client to recognize their own progress.

## 2. Where is the old pattern still showing up?

If the client had difficulty, find the context:

"Where were you?"

"What was happening?"

"What were you thinking or feeling?"

"What happened immediately before the old response?"

A lapse provides information about situations that need more work.

## 3. What should happen instead?

Return briefly to the Step 3 process.

Identify the desired response in that specific situation, then use the normal Krasner 8 Steps and vivid end-result imagery to rehearse it.

## 4. What happens next?

The client may need no further work, a reinforcement session, work on another target, or referral to another professional.

Choose follow-up frequency according to the client's results and needs; there is no universal number of sessions.

If little changes, review the goal, expectations, missed triggers, suitability of the approach, and scope. Avoid labeling the client resistant. Rapport and motivation also matter. [7]

# Identifying Emotional Benefits

An unwanted behavior may continue because the person expects a useful benefit from it.

Examples might include:

relaxation, comfort, confidence, reward, stimulation, connection, control, escape or relief.

The behavior may be unwanted while the benefit it seems to provide is still wanted.

Do not assume every problem has a hidden emotional benefit. Ask and listen.

## How to identify the benefit

A useful question is:

"What did you expect that behavior to give you?"

If needed, continue:

"What were you feeling just before?"

"What feeling were you trying to get?"

"What would having that have done for you?"

Listen for the client's language.

If the client says:

"It made me feel confident."

Stay with the client's meaning of confidence rather than substituting relaxation, security, or another benefit.

Then clarify:

"If you could have that same feeling in a better way, would you still need the old behavior?"

Identify an appropriate alternative that can provide the desired benefit. Rehearse it in the situations where the old behavior occurred.

Once the basic Krasner interview is familiar, explore perceived emotional benefits during Step 3 when relevant.

# Essential Hypnosis Glossary

Hypnosis: A state involving focused attention, reduced peripheral awareness and an increased capacity to respond to suggestion. [1]

Induction: A process used to guide someone into hypnosis.

Suggestion: An idea or instruction intended to influence experience, perception or behavior.

Direct Suggestion: A suggestion stated plainly and explicitly.

Indirect Suggestion: A suggestion delivered through permissive wording, implication, metaphor or other less-direct language.

Post-Hypnotic Suggestion: A suggestion intended to influence experience or behavior after the formal hypnosis session.

Self-Hypnosis: Deliberately guiding oneself into hypnosis and using suggestion or imagery toward a chosen goal.

Trance: A commonly used term for the focused state associated with hypnosis.

Deepening: Suggestions intended to increase absorption, relaxation or responsiveness during hypnosis.

Convincer: An experience that helps demonstrate to the client that they are responding to hypnosis.

Rapport: A cooperative relationship in which the client feels comfortable working with the hypnotist.

Catalepsy: A suggested temporary rigidity or immobility of a muscle or limb.

Ideomotor Response: A small movement that occurs in association with an idea, expectation or suggestion.

Dissociation: Experiencing some aspect of thought, sensation or awareness as separate or distant from normal conscious experience.

Fractionation: Repeatedly moving into and out of hypnosis, often to increase responsiveness or depth.

Analgesia: Reduction or absence of pain while other sensation may remain.

Anesthesia: Substantial reduction or absence of sensation.

Amnesia: Reduced conscious recall of information or events.

Positive Hallucination: Experiencing something suggested that is not physically present.

Negative Hallucination: Failing to consciously experience something that is physically present.

Utilization: Incorporating the client's responses, experiences or surroundings into the hypnotic process.

Metaphor: A story, comparison or symbolic representation used to communicate an idea indirectly.

End-Result Imagery: Vividly imagining the desired outcome as though it is happening.

Future Pacing: Mentally rehearsing desired responses in future situations.

Unconscious Mind: In this training, a model for mental processes outside conscious awareness, not a separate anatomical brain structure.

Hypnotizability: The degree to which a person responds to standardized hypnotic suggestions. Responsiveness varies between people and between different suggestions.

Age Regression: A suggested experience of returning to an earlier age or period. It can feel vivid, but should not be treated as reliable proof that recalled details are historically accurate. [6]

## Shared References: Suggestions, Follow-Up & Glossary

[1] American Psychological Association. Hypnosis.

[2] Cole, S. N., et al. (2021). Synthesizing the effects of mental simulation on behavior change. Psychonomic Bulletin & Review, 28(5).

[3] Lynn, S. J., et al. (1993). Direct versus indirect suggestions: A conceptual and methodological review. International Journal of Clinical and Experimental Hypnosis, 41(2).

[4] Barnier, A. J., & McConkey, K. M. (2001). Posthypnotic responding: The relevance of suggestion and test congruence. International Journal of Clinical and Experimental Hypnosis, 49(3).

[5] Barnier, A. J., & McConkey, K. M. (1998). Posthypnotic responding: Knowing when to stop helps to keep it going. International Journal of Clinical and Experimental Hypnosis, 46(2).

[6] Kihlstrom, J. F. (1997). Hypnosis, memory and amnesia. Philosophical Transactions of the Royal Society B, 352.

[7] Palsson, O. S., et al. (2023). Current practices, experiences, and views in clinical hypnosis. International Journal of Clinical and Experimental Hypnosis, 71(2).