

“PRESCRIPTIVE DIALOGUE - CONVERSATIONS THAT HEAL, WHO”

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Certification in Transformational Ericksonian Conversations

The certification consists of 60 hours of both didactic and experiential classroom experience:

- 48 hours in class
- plus 6 additional hours of coaching online to embody the use of Ericksonian Transformational Conversations.
- In addition, 6 hours of support videos will be provided.

Practice makes it possible.

It is open to anyone working in the healing arts. This includes doctors, psychiatrists, psychologists, social workers, nurses, physical therapists, speech therapists, and anybody working within a hospital setting, interfacing with patients in ongoing medical treatment.

To be covered:

1. Training in the Power of Relational Communication.

a. **Relational conversations** Engagement-rapport-connection.

b. Pacing

Pacing involves **matching** the person's reality, physiology, emotions, or thoughts before gradually leading them toward a desired state. This creates a sense of comfort and agreement, making suggestions easier to accept.

c. Leading

Leading is the process of indirectly guiding a person toward considering other possibilities of experiencing their healing challenges, thus opening them up to different ways of addressing their health issues.

- 2. Key Aspects of Deep Listening:** Deep listening is an intentional and active practice of fully focusing on, understanding, and empathizing with the speaker. It goes beyond simply hearing words—it's about being present, suspending judgment, and creating a space for meaningful connection.
- a. Giving the speaker your undivided attention, free from distractions.
 - b. **Open-Mindedness** – Avoiding assumptions or premature conclusions.
 - c. **Empathy** – Seeking to understand the speaker's emotions and perspective.
 - d. **Nonverbal Cues** – Attention to body language, tone, and facial expressions.
 - e. **Reflective Responses** – Summarizing or paraphrasing to confirm understanding.
 - f. **Silence & Patience** – Allowing pauses without rushing to fill them.
 - g. **Avoiding Interruptions** – Letting the speaker express themselves fully before responding.

Benefits of Deep Listening:

- Strengthens relationships
- Builds trust and mutual understanding
- Reduces misunderstandings and conflicts
- Encourages open and meaningful dialogue
- Helps uncover deeper insights in conversations
- Reduces anxiety

3. Reducing Patients' Anxieties around Medical interventions.

Patients are often anxious about planned medical interventions, and those patients' experiencing anxiety are less likely to have the confidence to collaborate with healthcare professionals on their plan of care and make decisions about consent. They may also find it challenging to follow rehabilitation guidelines, which can affect their long-term recovery. It is helpful to be able to recognize when people are anxious or in distress and respond compassionately, and while acquiring valid consent for any planned medical intervention requires doctors or nurses to explain any risks, to be able to reassure patients. The anxiety that precedes a planned medical intervention has been described as state anxiety; this refers to feelings of discomfort and uncertainty that accompany a situation such as an operation or a diagnostic procedure.

Techniques and exercises to share with patients in a format that is both effective and takes a minimum of time via written material and videos that reduce their anxieties be experienced and discussed.

4. How to use the Polyvagal System to Connect to your Client

The Polyvagal System, described by Dr. Stephen Porges, explains how the autonomic nervous system (ANS) regulates our responses to safety, danger, and life-threatening situations. It focuses on the **vagus nerve** and its role in emotional regulation, social connection, and stress responses.

Key Components:

a. Ventral Vagal System (Social Engagement) – SAFE Mode

- Promotes calmness, connection, and well-being.
- Supports relaxation, digestion, and positive social interactions.

b. Sympathetic System (Fight or Flight) – DANGER Mode

- Activates when we perceive a threat.
- Prepares the body to fight or flee (increased heart rate, energy surge).

c. Dorsal Vagal System (Shutdown) – LIFE-THREAT Mode

- Engages when a threat feels overwhelming.
- Leads to freeze, dissociation, or collapse responses.

Why It Matters:

- It helps both the medical team and the patient understand trauma, anxiety, and stress responses.
- Supports simple interventions for emotional regulation and healing.
- Explains why safety and connection are essential for well-being.

5. Healing language: strategies, promoting well-being

- **Seeding** Indirectly planting a positive word or phrase several times during a conversation activates the listener's nonconscious to promote the best possible attitudes to healing or well-being.
- **Reframing** To enhance healing, you need to be aware of the impact of what you say and change how you frame it, opening up the prospect of more favorable possibilities in listeners to the content you are expressing. Reframing allows the listener to move from a perception to a perspective.
- **Use of Yes and No set** the object is to create an nonconscious positive momentum. The nonconscious mind is saying yes, yes, yes to each of the first three statements practioners makes and is more likely to say yes or agree to the four statements. The patient is than... slipping into to fourth statement that promotes a positive frame of reference within the listener.
- Specific use of words, phrases, and scenarios that promote healing and physical and psychological well-being.
- Preparing patience, doctor and surgical staff to come together as an "US". Formation of team partnership pre and post operative with the patient Building a positive working partnership.

6. Guidelines for breaking Bad News

Scenarios for several possible ways of communicating the diagnosis, prognosis, bad news, or some combination of these things. General examples will be given of different kinds of questions and empathic and healing responses that are related to the patients' questions.

Ground rules for effective communication.

Types of responses

- Factual,
- hostile,
- judgmental,
- reassuring,
- false,
- reassuring,
- empathic,
- transformative.

7. COPING WITH MORAL INJURY IN DOCTORS AND/OR PATIENTS.

In traumatic or unusually stressful circumstances, people may perpetrate, fail to prevent, or witness events contradicting deeply held moral beliefs and expectations

When someone does something that goes against their beliefs, this is often referred to as an act of commission, and when they fail to do something in line with their beliefs, that is often referred to as an act of omission. Individuals may also experience betrayal from leadership, others in positions of power, or peers, which can result in adverse outcomes

Moral injury is the distressing psychological, behavioral, social, and sometimes spiritual aftermath of exposure to such events

A moral injury can occur in response to performing or witnessing behaviors that go against an individual's values and moral beliefs.

For moral injury to occur, the individual must feel like a transgression occurred and that they or someone else crossed a line with respect to their moral beliefs. Guilt, shame, disgust and anger are some of the hallmark reactions of moral injury.

Guilt involves feeling distress and remorse regarding the morally injurious event (e.g., "I did something bad."). Shame is when the belief about the event generalizes to the whole self (e.g., "I am bad because of what I did.")

Disgust may occur as a response to memories of an act of perpetration, and anger may occur in response to a loss or feeling betrayed

Another hallmark reaction to moral injury is an inability to forgive oneself, and consequently engaging in self-sabotaging behaviors (e.g., feeling like you don't deserve to succeed at work or relationships). Moral injury is often misdiagnosed and “Burn out”.

There is a great deal of overlap between moral injury and post-traumatic stress disorder (PTSD).

Moral injury occurs when someone experiences psychological distress after acting (or failing to act) in a way that conflicts with their moral beliefs or ethical values. It often arises when individuals feel they have betrayed their own sense of right and wrong due to external pressures, orders, or circumstances beyond their control.

Common Causes of Moral Injury

- **Military, Firemen, Policemen & Combat Situations** – Soldiers may witness or participate in actions that violate their moral code (e.g., harming civilians, following controversial orders).
- **Healthcare & Emergency Services** – Medical professionals may have to make difficult decisions, such as denying care due to resource limitations or being forced to act against their ethical beliefs.

Effects of Moral Injury

Moral injury can lead to:

- Guilt and shame
- Depression and anxiety
- Post-traumatic stress disorder (PTSD)-like symptoms
- Loss of trust in institutions or authority
- Feelings of worthlessness or betrayal

Coping & Recovery

- **Acknowledgment & Self-Compassion** – Recognizing moral injury as a legitimate struggle is the first step.

Moral injury can significantly impact patients undergoing treatment for a disease, particularly when they face complex medical decisions, feel betrayed by the healthcare system, or experience a loss of personal agency. Here's how it can affect them:

a. Emotional and Psychological Impact

- **Guilt and Shame** – Patients may feel guilty for being a "burden" to their families or ashamed of their condition, especially if they believe they could have prevented it.
- **Anxiety and Depression** – Moral injury can lead to emotional distress and worsening mental health conditions.
- **Loss of Trust** – If patients feel let down by the healthcare system (e.g., misdiagnosis, delayed treatment, or financial barriers), they may lose trust in medical professionals.
- **Post-Traumatic Symptoms** – Patients who have undergone distressing treatments (e.g., chemotherapy, surgeries, or long hospital stays) may develop PTSD-like symptoms.

a. Physical Health Consequences

- **Lower Treatment Adherence** – If a patient feels morally conflicted about a treatment (e.g., aggressive interventions that prolong life but reduce quality), they might refuse or delay care.
- **Weakened Immune Response** – Chronic stress and guilt can negatively affect immune function, slowing recovery.
- **Increased Pain Perception** – Emotional distress can heighten the experience of pain and discomfort.

c. Spiritual and Existential Crisis

- **Questioning Life's Purpose** – Patients facing terminal illness may struggle with existential concerns, leading to despair.
- **Moral Dilemmas about Treatment Choices** – Some patients might feel conflicted about pursuing aggressive treatments versus palliative care.
- **Religious or Ethical Conflict** – Patients may struggle if their treatment options contradict their personal or religious beliefs (e.g., refusing blood transfusions or end-of-life care decisions).

d. Social and Relational Effects

- **Strained Relationships** – Patients may withdraw from loved ones due to feelings of guilt or shame.
- **Feeling Like a Burden** – Many chronically ill patients express distress over the perceived burden they place on caregivers.
- **Anger and Resentment** – Patients may feel anger toward doctors, family members, or society for their suffering.

Ways to Support Patients Experiencing Moral Injury

- **Open Communication** – Encourage honest discussions about their concerns and emotions.
- **Therapeutic Interventions** – Counseling, peer support groups, and trauma-informed therapy can help.
- **Ethical and Spiritual Counseling** – Chaplains, ethicists, or therapists can provide guidance for moral and existential struggles.
- **Patient-Centered Care** – Empowering patients to make informed choices about their treatment can help restore a sense of control.

9. Death on O.R or E.R. or end of life, and including:

- Aggressive treatment-chemotherapy etc.
- Pain control
- Loss of body parts
- Palliative care
- Brain death

10. Understanding the Experience of a Dying Patient.

Simply understanding the inner experiences of a dying patient is helping a patient to die well—often referred to as providing a "good death"—involves physical, emotional, psychological, and spiritual care. This “understanding” supports the goal to ensure dignity, comfort, and peace in their final moments. Here are some key aspects:

a. Physical Comfort (Palliative Care)

- **Pain Management:** Ensure effective pain relief through medications like opioids if necessary.
- **Symptom Control:** Address symptoms such as breathlessness, nausea, or restlessness.
- **Positioning & Hygiene:** Help maintain cleanliness and adjust positioning for comfort.
- **Hydration & Nutrition:** Provide small sips of water or moistening of lips as needed, while respecting the patient’s wishes.

b. Emotional & Psychological Support

- **Presence & Reassurance:** Simply being present and offering gentle reassurance can bring comfort.
- **Active Listening:** Allow the patient to express fears, regrets, or final wishes.
- **Validation of Feelings:** Acknowledge their emotions without judgment.

- **Avoiding Unnecessary Medical Interventions:** Focus on comfort rather than prolonging suffering.

c. Spiritual & Existential Care

- **Respect for Beliefs:** Offer access to chaplains, spiritual leaders, or rituals that are meaningful to them.
- **Life Review & Legacy Work:** Help them reflect on their life, achievements, and legacy.
- **Forgiveness & Closure:** Encourage meaningful conversations with loved ones.

d. Family & Loved Ones Support

- **Guidance & Education:** Help families understand the dying process and what to expect.
- **Encouraging Goodbye Conversations:** Facilitate moments for closure and saying final words.
- **Providing Bereavement Support:** Offer resources for grief counseling and emotional support after the patient passes.

e. Honoring Their Wishes

- **Advance Directives:** Ensure their wishes for end-of-life care are followed.
- **Dignified Environment:** Create a peaceful atmosphere—soft lighting, music, or familiar surroundings.
- **Choice of Place of Death:** Allow them to die at home if that is their preference.

A "good death" minimizes suffering and maximizes peace, love, and dignity.

11. Care for Caregivers, Nurses, and Physicians

Caring for caregivers, hospital staff nurses, and physicians is essential to ensure they can continue providing quality care to others while maintaining their own well-being. Here are some key areas to focus on:

a. Emotional and Mental Health Support

- **Debriefing Groups/ Peer Groups or Counseling:** Providing access to therapy, mental health hotlines, and peer support can help caregivers manage stress and burnout.
- **Mindfulness and Stress Reduction:** Encouraging meditation, deep breathing, or yoga to help manage emotional fatigue.
- **Resilience Training:** Programs that help build coping mechanisms for dealing with difficult situations.
- **Work-Life Balance and Rest**

- **Adequate Breaks and Time Off:** Ensuring they get proper rest and avoid excessive overtime.
- **Flexible Scheduling:** Allowing for adaptable shifts to accommodate personal needs.
- **Sleep Hygiene Support:** Educating about the importance of sleep and providing spaces for short rest breaks.

b. Physical Health and Safety

- **Health Screenings and Preventive Care:** Regular check-ups, flu shots, and other wellness initiatives.
- **Access to Healthy Food Options:** Providing nutritious meals and hydration stations
- **Workplace Environment and Culture** Encouraging teamwork at all levels enables everyone to feel like a US. Not I, me, we, or them.
- **Respectful and Supportive Leadership:** Managers should foster a culture of appreciation and open communication.
- **Recognition Programs:** Celebrating achievements and contributions.

c. Important strategies'

- **Time management**
- **Setting boundaries**
- **Emotional Resilience**
- **Additional professional development**
- **Scheduled breaks and vacations**

PRESCRIPTIVE DIALOGUE: CONSERVATIONS THAT HEAL.

"My humanity is bound up in yours, for we can only be human together."

Desmond Tutu