



PRESIDENT'S SUGGESTION

Shep Myers, PhD, LP

The Paradox of Control - Part II

In the last issue of Images I discussed the prominence that concepts of control have in life and in hypnosis, that control is often a paradox in which the more we try to control, the less control we seem to have. I argued that this paradox may occur when we attempt to directly control components of ourselves which we neurologically cannot control such as our emotions or impulses. Then there is the ultimate limitation: that we can influence but cannot directly control others. Hypnosis can be a way to direct attention to imagery or emotional states that can be controlled and toward developing acceptance of that which cannot be controlled. For example, in pain management, hypnosis is used to create emotional and cognitive states which support healing, and to create imaginal devices or direct suggestion to tell one's brain that certain pain signals are no longer needed. It is impossible to directly control pain.

In this issue I will discuss another culprit in the paradox of control: a negative relationship with the part or parts of ourselves that we desire to change. I will look at this dilemma from the perspective of ego states.

The more that we have an adversarial relationship or negative reaction to a part of ourselves that we want to change, the more the pattern may become entrenched. Men are often taught that sadness is a sign of weakness, therefore they resist grief that is often necessary for healing. An individual with insomnia or pain who reacts to these symptoms with anxiety or frustration will often become caught in a vicious cycle that exacerbates their condition. An addicted individual who is anxious about the impulse to use drugs may relapse in a desperate attempt to relieve this distress. If you try too hard to control a non-compliant patient, you may be locking horns with a ram. When we feel out-of-control, common responses are anxiety, frustration, and self-criticism. Unfortunately, although

IMAGES

these reactions are understandable, change is virtually impossible from these emotional states. I identify this reaction using the metaphor of the perfectionist's dilemma. Perfectionists get frustrated that they can't rid themselves of perfectionism perfectly. There is a similar cycle for most patterns. Unfortunately, the cycle results in glue that locks in the pattern one desires to change.

To help ourselves gain real control, we can learn to develop an accepting, eventually even a compassionate, relationship with the parts of ourselves that produce unhealthy patterns. We can then learn to enact a constructive and healing response. This is one reason why mindfulness has become so popular, since it is an approach that teaches an accepting and non-judgmental reaction to our suffering, illness, and vulnerabilities. I often discuss acceptance as a process that can be scaled from tolerance, to acceptance, to compassion. We need patience and compassion in the process of learning patience and compassion.

It also may be important, possibly essential, to have an appreciation for the motive for these unhealthy patterns. When someone is not compliant with our prescriptions and recommendations, it is first important that we understand why they are resistant. When a dark side of the self emerges, it is important to understand the purpose of this side, which is typically some form of protection gone astray. Perfectionism is often a method of trying to maintain positive self-worth. Shame's mission is to protect us from humiliation. Of course, the opposite result occurs: perfectionists find only fleeting self-worth in their accomplishments, since they are perceived as "never good enough," and shame-based isolation and perceptions of defectiveness produce humiliation.

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Shep Myers, PhD, LP

Hypnosis can be used to understand the motive or function of the patterns that the client wants to change, to produce a more accepting response, and then to explore healthy replacements. I often use regression techniques to help individuals find the source and motive of a pattern they are attempting to change. For example, overeating and other addictions usually function as a way to seek comfort or fulfillment. I often have patients explore situations where they have acceptance, such as about someone else's problem pattern, then have them apply this state to themselves, and address the resistance that may occur to self-compassion. When this phase has been successfully completed (i.e., they have developed a healthier reaction to the negative pattern, the underlying conflict can be understood and accepted, and a choice has been made about how to react from a more wise perspective), a healthier pattern and resources to implement the

needed change can be explored. When individuals truly feel that that we understand and accept why they are resisting, a collaborative relationship develops. When we have understanding and compassion for the longing of our unhealthy states, the states begin to soften, and change becomes possible, breaking the paradox of control.

Speaking of "paradocs" [paradox] this year's annual workshop will feature a singularly novel doc, Elvira Lang, MD. Dr. Lang is an intervention radiologist who will present her research and her broad approach called "Comfort Talk," developed to help patients tolerate and benefit from medical procedures. It has been proven to improve patient satisfaction ratings, management of anxiety, outcomes, compliance, and costs. The workshop will be very applicable to professionals who do not work in a medical setting, since a state of comfort is so helpful in effectively

addressing psychological issues. She will demonstrate a masterful method of using hypnosis.

Dr. Lang will also present a public lecture on Thursday night, June 6th, entitled, "Improving Patient Satisfaction and Outcomes Through Good Communication." Everyone is invited who has an interest in this area. I encourage you to invite friends and colleagues to attend. Information on her lecture and the Annual Workshop can be found at www.med.umn.edu.

Please also be aware that this year there will not be brochures sent out regarding the Annual Workshop. Postcards have been sent. I know many of you like the feel of the brochure in your hands, like the feel of reading from a physical book versus on an e-reader. Your board hopes you will understand our desire to save trees and expenses.

Shep Myers

NEWS OF NOTE

- We encourage you to submit a nomination for the **David Wark Outstanding Teacher Award** and/or **Daniel Kohen Outstanding Practitioner Award**. See page 3 for further information. We would love to honor more of our talented members. **Please note that nominations must be submitted to Shep Myers by April 30, 2013.** shepmyers1@gmail.com
- The registration date for our next continuing education opportunity has been extended: **You may now register as late as Monday, May 29**, for the workshop on Management of Chronic Pain in Rochester, MN. See page 7 for details. Last year a number of folks from the Twin Cities traveled down for it and were glad they did!
- Please note a **new location** for the Annual Workshops, June 6-8, 2013. They will be held at the **Oak Ridge Hotel and Conference Center** in Chaska, MN. As you may recall, our outgrowing the facilities of the Plymouth location for the Introductory Course necessitated the change. Much consideration went into deciding to make the move to Chaska. To check out the new location go to oakridgeminneapolis.com
- Newly published: **Trust Your Gut: Get Lasting Healing from IBS and Other Chronic Digestive Problems Without Drugs** by Greg Plotnikoff MD and Mark Weisberg PhD. This book, co-authored by one of our members, **Mark Weisberg**, is written for the consumer and provides an accessible understanding of mind-body interaction and very practical, skill-based approaches that are embedded in a context of day-to-day balanced living.

MSCH members, please let me know if you have an article or book published and would like others to know. – Carol Rogers-Tanner, Editor carolrt@q.com

David M. Wark PhD Outstanding Teacher Award and Daniel P. Kohen MD Outstanding Clinician Award

N O M I N A T I O N S



Each year, MSCH may honor two active members who have made outstanding commitments to our organization.

The David M. Wark, Ph.D. Outstanding Teacher Award recognizes active MSCH Members who have excelled in the area of teaching, advising, program innovation and development, and/or educational leadership.

The Daniel P. Kohen, M.D. Outstanding Clinician Award recognizes outstanding leadership in the clinical practice, teaching, and utilization of therapeutic hypnosis.

Qualifications

- The recipient must be a current member of MSCH.
- The recipient demonstrates a strong commitment to the service of our organization.
- The recipient actively participates in MSCH activities.
- **Current Board members are NOT eligible.**

Nomination Process

- Any MSCH member with knowledge of an Outstanding Teacher or Clinician can make a nomination by completing the form or writing a brief letter and submitting it to the President of our organization by **April 30, 2013**.

Presentation

- The David M. Wark, Ph.D. Outstanding Teacher Award and the Daniel P. Kohen, M.D. Outstanding Clinician Award will be presented on Saturday June 8, 2013, during lunch at our annual spring workshop.

Name of Nominee (Please Print) _____

- ☐ David M. Wark, Ph.D. Outstanding Teacher Award
- ☐ Daniel P. Kohen, M.D. Outstanding Clinician Award

Please describe the person you are nominating and why they should receive this award.
(Use additional pages, if necessary.)

Nominations are due on or before **April 30, 2013**.

Please send them to:

Shep Myers, Ph.D., Fairview Pain Center, 606 24th Ave S, STE 600, Minneapolis MN 55454
Or Email: Shepmyers1@gmail.com

Nominations for New Board Members

We are excited to let you know that we have nominated two members for open positions on the MSCH board.

Psychologist at Large:

Nancy Arikian, PhD, LP, is in private practice and works with adults experiencing a variety of issues including anxiety, depression, and physical health challenges.

Nurse at Large:

Susan Heitzman, RN, MS, PMHCNS-BC, (Clinical Nurse Specialist in child/adolescent psychiatric & mental health), works at the U of M's Amplatz Children's Hospital providing consultation on a variety of issues as well as working individually with patients.

Voting will take place at our annual membership meeting during the June workshop. The meeting will take place on Saturday, June 8 at 8:00 AM, one-half hour before the Saturday Advanced Workshop begins.

Review of the January Workshop Resistance: Creating A Force For Good For A Change

By Jan Weber

As MSCH members have come to expect an experiential element to the presentations, we were satisfied, and then gratified by the depth of the experiences with our own resistance. The audience was invited by Shep Myers and David Alter to express how we view resistance in clients, then to recognize the neuropsychology of resistance. This includes defense mechanisms that lend a sense of control as well as the awareness of energy conservation and pattern recognition that are inherent in the experience.

An opportunity to become curious about our own precious struggles led to a shift in my relationship to that struggle. An approach with acceptance and gratitude created some needed distance to my hold on this problem and a layer of empathy to replace the frustration we often feel with

resistant clients. We heard some fascinating stories from David (The Excommunicated Leg and Red Beard) and illustrations of a number of concepts embracing the cellular level of resistance; what to keep out and keep in, and the dynamics of left and right hemispheres (know what to do in response to NO-ing) for instance how the left brain wants a story for why something is happening. We discovered various forms of resistance, including grief, underlying emotions, and resistance as a relationship problem.

Shep described ways to join that resistance, with examples such as Porges' statement that *empathy relaxes resistance*, and utilization strategies of *giving power and choice to the patient*. A phrase that has stayed with me since this workshop when I am expending too much energy persuading a client is, **"If you find yourself 'selling' you've probably got someone who is not 'buying.'"** This is an example of education having limited influence on opposition.

Finally, we discussed medical metaphors to engage the unconscious mind to understand what is fueling resistance such as a patient expressing a conflict with an organ, or a person whose "head is exploding" from a migraine and who is filled with anger. We were given instances of ways to access resistance such as, "Tell me about the part of you that doesn't want to change" from ego state therapy, accessing negative views and feelings about treatment, and asking simple questions to understand lack of compliance.

The experiential and academic parts of this workshop were so inspiring and meaningful, giving us new tools for understanding and working with resistance.

Jan Weber LICSW is with Therapy Place Services where she works with adolescents and adults in Bloomington, MN.



Our presenters, David Alter and Shep Myers at the January workshop.
Shep enjoys one of David's quips.

Review of the February Workshop

Utilization with Children and Adolescents:

How Do Experienced Clinicians Design and Implement Individualized Interventions?

By Mary Grove

The intrepid attendees at the February 7th workshop by Andrew Barnes, MD, M.P.H., Kate Pfaffinger, Ph.D., and Dan Kohen, MD, were well rewarded for their efforts that snowy night. This joint presentation offered us demonstrations of skillful clinical observations, clear case conceptualizations, and deceptively powerful therapeutic interventions through video and discussion of three cases. Dan Kohen began the presentation with reminders that utilization is about using what the child gives us. Getting history "from the child," establishing rapport "with the child", and paying attention with sincere interest and respectful silence. His video demonstration communicated more than words can convey about establishing oneself as a safe and comforting felt presence through body posture and openness to the patient's experience. We could observe the multi-sensory experience Dan created through imagery, voice and touchable presence. It was easy to imagine how the child would internalize a sense of safety as he responded to Dan's reassuring and engaging rehearsal of how it would be in his next surgery.

Andy Barnes followed with a fascinating case presentation of a 12-yr-old boy whom Andy had previously treated for encopresis with constipation years earlier. This young man had clearly learned a great deal from previous

work with Andy – and Andy trusted the child's ability to draw on his own understanding of mind-body communication for mastering this potentially embarrassing problem. Andy observed the child's interest in building complex structures with Legos and invited him to make a video that would help other children know what he knows about how the mind and body work together to get the poop out. The boy was immediately engaged in the creative act of demonstrating his competence and spontaneously shared with his imaginary audience (and us) through his use of simple diagrams of the body and mechanistic language how the mind and anus communicate back and forth. It was hypnotic for the boy and for those watching.

I have never heard anyone present a case with more kindness and respect for the patient than did Kate Pfaffinger that evening. She described the challenging presentation of a 14-year-old girl with Asperger's/PDD-NOS and childhood bipolar disorder who had a severe phobia of needles and biting insects. The mere sight of a decorative lady bug broche triggered her powerful fight/flight response, and 4 adults were needed to subdue her every time she had her monthly blood draws for monitoring lithium levels. Kate shared the child's behavioral presentation offering us insights as to how she identified the key to utilizing the fixed behavioral

pattern of avoidance to open the door to more adaptive behavior. Kate offered suggestions for the girl to observe emotionally neutral aspects of her environment and planned a rehearsal for practicing this skill, but the child surprised her by noticing the interesting tiles in the ceiling of the clinic and she remained calm and in control of herself without Kate's assistance.

For the sake of all of you who missed this learning opportunity, I hope that our esteemed colleagues will offer this workshop another time.

Mary Grove is working as a psychologist with adults, couples, and children in an Allina Health family practice medical clinic in West St. Paul. She has many opportunities for using hypnosis to facilitate healing, resilience, and growth with patients in her practice.



Our presenters, Kate Pfaffinger, Andrew Barnes, and Dan Kohen

Review of March 9 Workshop

Working with Suffering: Integrating Hypnosis and Mindfulness

by Natalie Levin

The workshop fell on a grey and rainy Saturday morning, and driving to St. Paul on slippery roads to spend half of Saturday on Working with Suffering was not a very exciting perspective. Surprisingly for me it turned out to be a beautiful, almost spiritual experience.

The workshop was presented by Peggy Trezona, MS, RN, CS, and Kate Pfaffinger, PhD. The presenters helped to integrate theoretical and personal understanding of what suffering is, using scientific definitions, poetry, and participants' sharing of their experiences. The workshop started with the analysis of the ways suffering is experienced. The use of poetry and quotes from literature attested to suffering being a universal feeling and drew us in on an emotional level.

I found the balance between didactic and experiential approaches in the presentation to be also extremely helpful in

understanding (and experiencing) the differences and similarities between guided mindfulness meditation (GMM) and hypnosis, which were taught to be used in clinical situations with suffering. By using case studies and experiential exercises the presenters skillfully demonstrated the structural similarities between GMM and hypnosis, and the differences between them on the content level and in goal orientation. (While GMM is based on non-goal-oriented acceptance/awareness and disidentification, hypnosis is goal driven and offers absorption in an alternative experience and new possibilities).

I will definitely use in my work an acronym I learned in the workshop: RAIN, which stands for "recognize, allow/accept, investigate, non-identification". It seems to weave it all together and the use of it in clinical situations was beautifully demonstrated in a case study and later in an hypnotic induction.

Incorporation of experiential work, poetry and storytelling made the workshop feel more like a retreat, and I feel very grateful to the presenters for this experience. The educational value of the workshop was also enhanced by the extensive syllabus that was given to participants after the workshop with the

clear goal of not deflecting from the experiential work through which we were so skillfully guided.

I left the workshop carrying in my mind the metaphor Peggy and Kate used to conclude their presentation. It is the metaphor of two wolves fighting within our heart: one is vengeful and angry, the other is the loving, compassionate one. And we all need to be reminded that the wolf that wins in the end is the one we feed.

Thank you, Peggy and Kate, for an inspiring learning experience and for helping us feed the compassionate, accepting part of ourselves.

Natalie Levin, MA, LP, works in private practice (Natalie Levin and Associates) in Minneapolis. She has been in practice for 16 years, providing individual and couples therapy. Areas of interest are anxiety, depression, dealing with loss, and relationship issues.

www.natalielevin.com



Our presenters, Peggy Trezona and Kate Pfaffinger

U P C O M I N G W O R K S H O P S

Registration for the May Workshop has been extended to April 29, 2013. Register Online with PayPal by clicking [HERE](#)

Topics in Mind-Body Medicine: Management of Chronic Pain

Sponsored by:
Minnesota Society of Clinical Hypnosis

A Special Workshop
OPEN to NON-MEMBER LICENSED PROFESSIONALS

Saturday, May 4th, 2013

9:00 AM — 4:30 PM

Assisi Heights Spirituality Center

Walters Conference Room

1001 14th Street NW | Rochester, MN 55901

Cost: \$60.00— Lunch Included

REGISTRATION DEADLINE - APRIL 26, 2013

CEU certificate at end of workshop (6 hours)

Local Coordinator

A. W. (Buddy) Atkinson, MD (aatkinson@bluestemcenter.com) or 507.282.1009 (office)

What you can expect:

Dr. Candell will be presenting on how mind-body dysregulation due to trauma affects chronic pain. Management of sleep problems in patients with complex chronic pain will be addressed by Dr. Myers, and Dr. Clavel will explore understanding and managing enigmatic aspects of chronic abdominal pain. The morning will be primarily didactic and include a case presentation of chronic abdominal pain of intermediate complexity. The afternoon will be experiential, and will include time to practice techniques and discuss their utilization in patients with various types of chronic pain.

Agenda:

9:00 – 9:15 Registration and Refreshments

9:15 – 9:20 Introductions – A. W. (Buddy) Atkinson, MD

9:20 – 10:10 Suzanne Candell, Ph.D.

Treating the Complex Pain Patient: Addressing the Lingering Effects of Psychological Trauma

Goals/Learning Objectives:

- Understand the relationship between psychophysiologic dysregulation secondary to trauma and chronic pain.
- Describe mind/body principles that are especially useful when treating chronic pain patients who have trauma histories.
- Describe and demonstrate two mindfulness techniques for modulation of psychophysiologic dysregulation in pain patients with trauma histories.

10:10 – 11:00 Shep Myers, Ph.D.

Addressing Sleep Disorders as a Contributing Factor in Chronic Pain.

Goals/Learning Objectives:

- Describe the association between sleep and pain disorders.
- Understand several essential components and methods of a comprehensive approach to address sleep problems with co-morbid pain.
- Demonstrate 2 hypnotic methods for addressing psychophysiologic components of chronic pain.

11:00 – 11:50 Al Clavel, MD

The Enigma of Chronic Abdominal Pain—Putting the Pieces Together

Goals/Learning Objectives:

- Understand peripheral and central mechanisms of visceral pain.
- Create novel hypnotic strategies to promote mind-body communication and flow of information.
- Construct new, useful hypnotic interventions for treating patients engaging multiple neuronal systems, facilitating neuroplasticity, and healing.
- Demonstrate techniques described in morning session.

11:50 – 12:50 Lunch With the Speakers

12:50 – 2:45 Discussion, Case Presentation and Therapeutic Demonstrations

2:45 – 3:00 Refreshment Break

3:00 – 4:30 Discussion, Therapeutic Demonstrations and Q & A

Workshop Presenters:

Suzanne Candell, PhD, LP is a Clinical Health Psychologist providing psychotherapy to patients and their families, and consultation to other professionals. She is in private practice in Minneapolis and a member of the clinical staff at the Minnesota Head and Neck Pain Clinic. She integrates psychophysiological, object relations/attachment and depth psychological approaches to healing in her work with patients. She specializes in addressing the unique needs of individuals with health problems who are survivors of childhood trauma. She is a Certified Consultant in Clinical Hypnosis through the American Society of Clinical Hypnosis.

Shep Myers, PhD, LP is a Psychologist with Fairview Pain Clinic and Fairview Sleep Center, University of Minnesota Medical Center; Adjunct Professor with the American School of Professional Psychology; and current President of the Minnesota Society of Clinical Hypnosis. He is a frequent presenter in the areas of health psychology, behavioral sleep medicine, and treatment of depression and anxiety disorders.

Alfred L. Clavel Jr, MD is a neurologist at the Minnesota Head and Neck Pain Clinic, St Paul, Minnesota, and the Fairview Pain Management Center at the University of Minnesota Medical Center, Minneapolis, MN. He is Past-President of MSCH, and served as Medical Director of the Hennepin County Medical Center Pain Program. Dr. Clavel teaches and trains health professionals nationally on topics related to psychoneuroimmunology, headaches, chronic pain, and the integration of hypnosis and mind-body medicine with traditional medical care.

Workshop Location & Directions:

1001 14th St. NW, Rochester, MN 55901

Enter gate off 14th Street, as you come to the top of the hill, look for signs for the Main Entrance to the left and please enter building there.

If you would like a map or additional directions email Buddy at

aatkinson@bluestemcenter.com

If you need assistance on the day of the workshop, call Buddy at 507-202-5408

Registration Form:

Topics in Mind-Body Medicine: Management of Chronic Pain Saturday, May 4th, 2013 – 9:00 – 4:30 PM

Assisi Heights Spirituality Center

1001 14th Street NW | Rochester, MN 55901

If you would like a map/directions, please email aatkinson@bluestemcenter.com

Registration Deadline: April 26, 2013, Limited to 40 participants

Open to Licensed Medical & Mental Health Professionals

\$60.00, Includes Lunch with Speakers

Complete & Mail* OR Register online using PayPal at MSCH Website www.msch.us

Name	Degree		
Affiliation	Dept./Service/Section		
Address	City	State	Zip
Phone contact number	E-Mail	Specialty	

If we need to contact you, which method do you prefer: ☐ E-Mail or ☐ Phone
I need ☐ vegetarian ☐ gluten-free lunch (lunch will be a buffet in the vicinity of the lecture room)

*Mail To: MSCH | Att: Deb Schrobilgen | PO Box 755 | Prior Lake, MN 55372

University of Minnesota CONTINUING MEDICAL EDUCATION

THE 42ND ANNUAL

Workshops in Clinical Hypnosis

Introductory and Intermediate/Advanced Sections

June 6 – 8, 2013

Oak Ridge Hotel & Conference Center
1 Oak Ridge Drive
Chaska, MN

Presented by

Developmental Behavioral Pediatrics Program
Division of Academic General Pediatrics
Department of Pediatrics
University of Minnesota

In collaboration with

Minnesota Society of Clinical Hypnosis



REGISTRATION

Register by May 9, 2013, to receive the Early Registration Discount! Due to meeting space limitations, registrations will be limited. On-site registrations may not be accepted.

To view Annual Workshop Brochure, Click [HERE](#)

Link to register for Introductory Workshop is [HERE](#)

Link to register for Intermediate/Advanced Workshop [HERE](#)

Intermediate/Advanced Workshop



Guest Faculty, Elvira Lang, MD

Author, Patient Sedation Without Medication;
Founder and President, Hypnalgics, LLC;
former Associate Professor of Radiology, Harvard University and University of Iowa

Elvira Lang, MD is an award-winning radiologist known for her research in the clinical effectiveness and the cost savings of pre and intra-procedural hypnotic interventions. She held faculty positions at the University of Heidelberg, Stanford University, the University of Iowa, and Harvard Medical School. With the help of a substantive federally-funded research program, she proved that using hypnosis on the procedure table reduces pain, anxiety, complications, and the need for sedation. Her three large-scale prospective randomized studies with more than 700 patients provided much of the evidence-based foundation for widespread acceptance of procedure hypnosis. Dr. Lang also developed and rigorously tested training in these methods for busy healthcare professionals who have a limited amount of spare time. This experience culminated in the creation of Comfort Talk™. To enable dissemination of such validated

patient-supportive approaches she founded, and now dedicates much of her time to her company, Hypnalgics, LLC. With the support of a Small Business Innovation in Research grant from the NIH, she is currently overseeing a 3-center trial on the training of MRI teams in the Comfort Talk™ method.

For complete bio go to <http://cme.umn.edu>

Interview with Dan Kohen, MD

November 4, 2012

Part II

By Carol Rogers-Tanner

Images editor

This is a continuation of my conversation with Dan Kohen. Part I was in the last edition of Images, published Dec. 31, 2012.

CR-T: What would you recommend for someone who wants to increase his or her competence in hypnosis? Such as books, articles, workshops?

[Dan had previously discussed his early experiences with clinical hypnosis. In the first sentence below he is referring to the time of his first job in Minnesota at Children's Hospital after being hired by Karen Olness.]

We did a lot of things that I have tried over the years to re-invent without a lot of success because in some ways those were different times. I think that one of the best ways to increase competency is being part of a small group, whether it's a consultation group with a leader whom people pay or a group of 5-6 colleagues who get together every so often.

We used to have a hypnosis group like that, which Karen [Olness] started before I got there, without a leader once a week in the basement of Children's Hospital. The group met every Tuesday afternoon from 4:30 to 5:30. We welcomed anybody who would come and, believe it or not, people from the community, like Stan Rosenthal from Stillwater, would come every week. We had a stalwart group of maybe 8 people and we would take turns signing up to run the group that week. That meant you would present something or decide how the group would run that week. Sometimes the leader reported on a meeting they went to, a book they read, or reported on a case they had that was a problem or that was a great success. Typically after doing that for 30 or 40 minutes, you ended the session with 20 or 30 minutes of a group experience, which we lovingly called Pass

the Trance. Whoever was leading would start it off and whenever they stopped talking someone else would start talking, and whenever they stopped talking another person would start talking. It wasn't scripted. We just did what felt right. Everyone went home feeling great on Tuesday. We did that for ten years. Then people moved or had other changes and it stopped.

In the early 90's after I moved over to the University, I tried to re-create something like that but it didn't fly. I think the reason was because everybody was too busy and there were all these demands on people's time and the need to make money.

I think that the biggest dilemma people have in doing this work is feeling isolated. One of the great things in sort of a new version of being part of a group is listserves. We have enjoyed great success with the NPHTI [National Pediatric Hypnosis Training Institute] listserve because we've been purposely insular about it. We've said you can't be a member of the NPHTI listserve unless you've had specific pediatric hypnosis workshop training either with us or with some comparable training that we know and sanction. Now there are about 300 people on the list serve and it is very active, sometimes with several posts a day. Somebody writes a case report, "I'm really having trouble with this," and they get answers from all over the world within 12 hours. It's incredible. The ASCH list serve is very different. First of all it's open to almost anybody. And secondly, in spite of the fact that Carol Low and George Glaser are really good at monitoring, for me there are still too many problems on there such as repetitive stuff or people sending things to everybody when they meant to use back channels. I personally would not send a case dilemma to the ASCH listserve because my cases are pediatric. I can get more input and guidance from my colleagues in NPHTI. Also there's so much to sift through it. I just look at the heading and if it starts with, "I have this 92 year old woman," I just delete.

Come to think of it I don't know if MSCH has ever thought about that. It's something we might wonder about. I wouldn't want to manage it, but someone handy with the Web could do it, and you do it with rules, like "Google groups" or others, and people apply to join.

All those other things you mentioned are ways to get good and to get competent but they don't make it happen. Reading an article is not nearly as much fun as writing one and not as useful. I think that when you write an article for publication, even if you write a case study for the MSCH newsletter for example, or the ASCH newsletter which is all online, even that forces you to think, "Well, what really happened in that clinical encounter?" Even if you're going to write an article about "look how great I am" or "look what a great cure this was," it's a whole different ball game writing it down in a way that's precise and clarified, that really explains to the reader what it is that you thought you did, and why it might be useful to do this.

CR-T: What is still challenging for you in your clinical work?

DK: Oh my goodness, what is still challenging is to remember and to remind myself that everybody's different from everybody else, and what worked 150 times with the previous 150 patients has no guarantee to work with the 151st. So at one level it doesn't really matter how experienced you are. The joy of this work is that everybody's different so the joy and the challenge is to be creative and focused and to be in the moment and present with the patient. That's true whether you're doing hypnosis or not, of course. I think it's the biggest challenge because we are not always on our game. I tell patients, "I do this self-hypnosis stuff for myself and one of the ways I do it is in between patients to clear my mind and focus so that when I talk with you I'm done with the person before you."

Continued Page 9

INTERVIEW WITH DAN KOHEN, MD CONTINUED FROM PAGE 8

The person before may be really important and had lots of stuff, so I made notes and put those ideas away so that I can have a clear mind to focus on you the best I can to help you help yourself." That's really what it's about is remembering that my job is not to have power but to empower. I think it's easy to forget that.

CR-T: What is your favorite kind of problem or case to treat, if you have one?

DK: Oh gosh, I don't know. Helping people get rid of things that really bother them and be surprised how easy that turns out to be. Typically migraine headaches can be very problematic for young people. Children, teens, and their parents are often very surprised at how fast learning self-hypnosis can really make a dent in this problem. So much so that our clinical and research experiences have shown that kids really get can get rid of this and it really changes their lives substantially. So that's one and it represents maybe 10% of my practice, maybe more. The whole issue of anxiety is huge and also easy to solve. When that manifests as trouble going to sleep as it is in sort of young and sort of middle-aged kids, say from 4 to 12, they are often surprised how learning self hypnosis can really put a dent in this problem if not really make it completely go away. That is assuming you have taken a good history at first and identified what the triggers are for the anxiety. I don't presume that if the anxiety is due to the mess of divorce or domestic violence going on in their house that self-hypnosis is going to

solve that. It may make it easier for them to fall asleep but in that context they will also need counseling to manage whatever the source of the problem may be. As an adjunct to that counseling, teaching self-hypnosis is very gratifying. I don't know that I have a favorite. I could probably answer that a different way later today or tomorrow. Things that are interfering with daily life and are amenable to hypnosis are very gratifying and fun to work with. Kids who have tic behaviors, for example, or even full-blown Tourette syndrome generally can have a dramatic benefit from hypnosis. They are surprised about that particularly because it works better than medication does and the same is true for other things that are obvious like headaches and abdominal pain.

CR-T: Do you believe you use a combination of hypnosis and cognitive behavioral therapy, bringing CBT in to what you do?

DK: Depending on who you ask, "cognitive behavioral therapy" is not one thing but a bazillion things. There's no doubt in my mind that hypnosis is a form of cognitive behavioral therapy. CBT is part and parcel of hypnosis and hypnosis is part of everything I do. I pay careful attention to language, to my language and the patient's language, and I work to find hypnotic behavior within the context of the encounter. People are in and out of hypnosis all day long. I often point out so-called unconscious or subconscious behavior to people for the purpose of helping them see that they are competent and that their mind and body

are working together all the time even though they never knew it. There are obvious opportunities for that in every encounter because people nod their heads. After they nod I often stop, I interrupt and say, "How'd you DO that?" They often say, "Do what?" because it's out of conscious awareness. Sometimes they'll show me how they nodded their head and I'll say, "No, no, HOW did you nod your head? Cause I didn't hear you say, 'OK, I heard the question, I agree with it, I want to tell him yes, but I don't want to say that so I'm gonna use a signal that means yes, and that's nodding my head, so it goes up and down.' Did you say that? 'No.' Did you think that? 'No.' Well how did you DO that?" Often kids will say "Well, my brain just did that without even thinking it." "That's interesting," I say. So then off you go with a discussion about mind and body communication without anything formal called talking about hypnosis or induction or any of that jazz. Just a beginning conversation. Of course it's not "just," ...right?

Right, Dr. Kohen.

Our interview ended here. Thanks so much for the great conversation, Dan!

Editor's Note: A couple of years ago Mark Jensen, Ph.D., interviewed Dan as part of a series of interviews he was doing with experienced hypnosis clinicians. If you are interested in reading more of Dan's reflections, here is the reference.

"An Interview with Daniel P. Kohen" Kohen, D.P. and Jensen, M.P. Contemporary Hypnosis and Integrative Therapy 29(4):363-385 (2012)



The **MSCH Social Group** offers opportunities for fun through dining activities and cycling outings. The Social Group recently designed a MSCH shirt that MSCH members can proudly wear. We welcome your presence at future events which will be announced to all members via email. Questions? CONTACT Cheryl Bemel at cheryl.bemel@allina.com.

MSCH Social Group - Shirts Orders Open to All Members.

Clothing can be ordered at the upcoming Annual MSCH workshop.

Cheryl Bemel shows off a MSCH polo shirt (held up) and MSCH biking jacket (worn).

2012-2013 Program in Continuing Hypnosis Education
THEME: BACK TO BASICS - UTILIZATION
Tailoring and Attunement to Create Individualized Interventions

Date/Location	Focus/Title	Speaker
Saturday, May 4, 2013 9 AM to 4:30 PM Assisi Heights Spirituality Center Walters Conference Room 1001 14 th St NW Rochester, MN 55901	Topics in Mind-Body Medicine: Management of Chronic Pain Open to Non-Member Licensed Professionals	Faculty: Suzanne Candell, PhD Shep Myers, PhD Al Clavel, MD
Thursday, June 6 – Saturday, June 8, 2013 Thurs eve, all day Fri/Sat Oak Ridge Hotel & Conference Center 1 Oak Ridge Drive Chaska, MN 55318	42nd Annual MSCH/U of MN Introductory and Advanced Workshops in Clinical Hypnosis	Guest Faculty: Elvira Lang, M.D. Harvard Medical School



CONTINUING EDUCATION CALENDAR
for 2013-2014 – WORK IN PROGRESS
DETAILS will follow by email and at the
June Workshop



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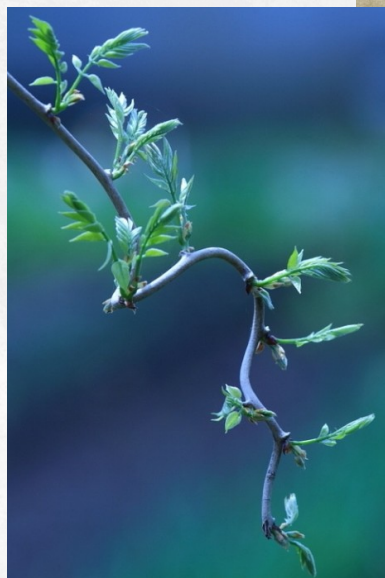
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