



President's Suggestion

Shep Myers, PhD, LP

Hypnosis for the Winter Blues

In this time year, in the midst of cold and wintry days and long dark nights, most individuals who struggle with depression experience greater sadness and despair. Even those who are not clinically depressed experience a milder form of this phenomenon. It may be referred to as Seasonal Affective Disorder (SAD), though most do not experience a severe depression only in winter, but a deepening of their depression, or unexpected sadness and lethargy.

Common explanations for the winter blues focus on how less light and changes in circadian rhythms affect brain chemistry. Common treatments include light therapy (use of a light box, spending more time outside, or my favorite - taking a vacation in a warm climate), increasing exercise, and introducing or increasing the dose of antidepressants. As an advocate for a comprehensive approach, I always discuss these options. However, I am most fond of another approach, in which hypnosis can play an important role.

The winter blues can be viewed as a natural process in which our mood is attuned to the seasons. As spring can be viewed as a time for

I M A G E S

creating and preparing, planting new potentials, summer as a season for activity and physical development, autumn for reaping what we developed and planted, so winter can be viewed as a time for rest and introspection. This is a time for spiritual growth and to "face our (metaphorical) demons," to explore what we fear, to heal from our personal trauma wounds. Winter is often a time to resolve grief.

To accomplish this, the first step is to shift from the pathological model, to stop viewing seasonal depression as simply a chemical imbalance, and begin to have a broader perspective, to see the potential for healing and growth. The second step is utilization, to create a plan for growth and healing. This is a very personal process, which may involve spiritual and personal goals such as yoga/ meditation, going back to church, joining a gym, or going skiing. Exposure to light, physical activity and social engagement may be especially important in this process.

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President's Suggestion - Continued

Shep Myers, PhD, LP

In psychotherapy seasonal depression can be used to process and heal from old wounds and trauma. Hypnosis is extremely valuable for discovering what needs to be faced, and for experiencing and resolving underlying emotions. Regression may be used to quickly and directly access the contributing issues, which is especially helpful if someone has minimal understanding of the underlying causes. After deepening and creating safety, it is often effective to suggest that someone go to the source of his or her depression, perhaps using ideomotor signaling. Hypnosis can be used to process the experience, especially to stay with and integrate emotions, to control the optimal level of exposure (not too much, not too

little affect), and to reinterpret the meaning of the events so they enhance ego strength, non-blame, and resilience.

In addition, never forget the old standards of using hypnosis to send someone to the beach, soaking in the heat of the sun, and using the warmth to melt the depression. Alternatively, one can progress forward to spring, knowing that the winter blues is a phase, which, like winter, will pass.

Another way to warm your soul is to attend our upcoming workshops. We are thrilled to have Noel Larson, Ph.D., an internationally recognized leader in field of trauma, present on The Other Trance: Dissociation, on Saturday, January 25, 2014.

This workshop is open to non-MSCH members, so I encourage you to invite colleagues. On February 15, Lynda Richtsmeier-Cyr, Ph.D. and Kevin Harrington, Ph.D. will present on Strengthening Mastery: Helping Children to Develop Mindfulness and Self-Hypnosis Skills and to Teach their Parents, which will be helpful if you work with children or are a parent. On March 15, Ewa Peczalska, Ph.D. will present on Sleep: The Ignored Symptom, which will provide a fresh and novel view on treating, sleep disorders.

Shep Myers, PhD, LP

News of Note

- The 2014 Annual Workshops in Clinical Hypnosis will be held back at our former site in Plymouth. The Crowne Plaza Hotel will be able to provide a larger space to accommodate our introductory (and other) workshop needs. We received much feedback regarding a preference for the Plymouth location.
- The MSCH Board surprised our President, Shep Myers, with a MSCH biking jersey in thanks for his accepting a second term as President. The job is very big and we greatly appreciate Shep's willingness to carry it forward.
- Reminder regarding MSCH Membership year: membership runs from July 1 to June 30. We encourage members to renew in the summer. Some renew in the spring to get the discount for the annual workshops. The savings do outweigh the cost of membership but one then has lost the other annual benefits of membership such as the significant value of our other educational offerings and receiving Images.

Review of June 2013 Introductory Workshop

By Beatrice “Bean” E. Robinson, Ph.D

Editor’s note: As Bean and I discussed her review, she liked the idea of having specific questions to which to respond. Thus the format developed as follows.

What led you to sign up for the workshop?

Several stars aligned to push me to attend the clinical hypnosis workshop after so many years away, most importantly, wanting to compete with younger colleagues all fired up about the newer mind-body approaches such as mindfulness, EMDR, and sensori-motor therapies.

I attended this workshop 15-20 years ago and always remembered it fondly. Most notably, I remember getting the image of a ticking metronome to help me be consistent when playing tennis. “Just like a metronome I am very consistent and always get the ball back.” To this very day, I sometimes use this metronomic image. I also did occasionally use some hypnotic techniques with my clients.

How has the introductory workshop changed/improved since you first attended one?

It was a long time ago and I can’t say I remember that early workshop very well but the two most notable changes (which I do think were improvements) were: (1) increased small group practice sessions for workshop participants and (2) more specific instruction on formal hypnotic techniques and the labelling of those techniques (e.g., induction, deepening, hypnotic suggestions, re-alerting, susceptibility and TART scales, etc.).

What did you find most helpful, interesting, and/or surprising in the workshop?

The most helpful parts of the workshop for me were the combination of the faculty hypnosis demonstrations and the small group practice sessions where we had to practice actual hypnosis techniques on a partner. As

uncomfortable as it made me feel and as humbling as the experience was, the practice sessions forced me to try to put into operation what I was learning. It also helped simulate the “on-the-spot” feeling you might have in a therapy session with a patient when you might be struggling to articulate hypnotic interventions. Being “practiced on” gave me a good idea of how my clients might be feeling, especially if I didn’t get their relaxing place and feelings quite “right.” It was also helpful to watch other novices struggle with the same issues.

Perhaps the most surprising thing was the lecture on the long history of hypnosis starting back with Asclepius in 500 BCE! This history was impressive and gave more credibility to the hypnotic techniques and theories discussed.

Have you used some of what you learned in your practice? (Yes.) What did you learn from this or what else would you want to say about trying out hypnosis clinically?

Yes! I have used some of what I learned in my practice. I try to use hypnosis at least 1x a week with clients so I continue to integrate it into my practice. Two induction techniques (church & steeple, focus on a point on the wall) have been really helpful. Clients, for the most part, had positive reactions to the idea of hypnosis and wanted to try being hypnotized, although a few were nervous and scared and put it off for several weeks. I have one client who goes into trance very easily, loves it, and finds it very helpful when he is feeling depressed or anxious. In terms of my own skill development, I think my next step is to deal more directly with client’s negative reactions during the hypnotic trance.

Anything you would recommend that we consider changing for next year’s introductory workshop?

I have a couple of suggestions for workshop developers to consider.

(1) I do like and see the benefit of being in

the same small practice group over the course of the workshop; it facilitated comfort as I practiced new techniques. On the other hand, I would have also found it helpful to try working with a different set of people. This could have been especially helpful if there were any personality conflicts in one's group. Perhaps instead of four small practice groups with the same people, two and two?

- (2) Easing into the practice sessions by getting a chance to practice in dyads before performing before the entire small group or ending by practicing in dyads.
- (3) I would have liked to have seen some of the hypnotic susceptibility scales and gotten copies of a few of them (e.g. Stanford Hypnotic Susceptibility Scale, Hypnotic Induction Profile, Stanford Hypnotic Clinical Scale). But then I'm a researcher-clinician and love scales and questionnaires more than many people.

Beatrice "Bean" E. Robinson, M.A., Ph.D. is an Associate Professor and Medical/Clinical Director at the Program in Human Sexuality, Department of Family Medicine and Community



Health, University of Minnesota Medical School – Twin Cities where she has worked since 1991. She holds dual licensure as a MN Licensed Psychologist and MN Marriage and Family Therapist and is a State Approved MFT Supervisor. Clinically, Bean sees individuals and couples with sexual dysfunctions, with low desire and sexual pain topping the list of dysfunctions, and works with sexual offenders. She conducts HIV/AIDS prevention research in ethnic (African American, Hmong, African-born) and sexual (lesbian, gay, bisexual and transgender) minority communities. She is an avid tennis player and if she is not careful can watch re-runs of Law & Order all day.

Review of the September Workshop

Clinical Hypnosis for Affect Regulation

Reviewed by Lisa Kastenbauer



Presenter, Wendy Lemke, MS

I attended the workshop by Wendy Lemke on Clinical Hypnosis and Affect Regulation. This workshop was at the Carondelet Center in St. Paul on September 21, 2013. Ms. Lemke is the vice president of the American Society of Clinical Hypnosis. She presented our group with much to think about in terms of working with trauma and ego state therapy. Ms. Lemke refers to the book 'Affect Regulation Toolbox' by Carolyn Daitch in much the same way we use the 'red book' of clinical hypnosis.

Affect Regulation refers to our effort to maximize our positive moods and minimize our negative feeling states of mind. We all have compartmentalized our different states of being to some extent. Ms. Lemke led us through a hypnosis exercise that can help calm the self-protective states of mind by utilizing the calm and comfortable part of ourselves and integrating the two.

The over reactive client has significant struggles with affect regulation. Ms. Lemke suggests we focus on internal self-regulation skills for our clients rather than having them rely on external sources of regulation (such as calling us between sessions). She sees Borderline Personality Disorder

as a dissociative disorder. Children can't fight or flee so they 'float' and this becomes their predominant reaction to stress. She educates her clients that dissociation is a normal and adaptive defense system that we need to develop in order to survive.

DBT skills are helpful but many clients are unable to learn them as they are in frequent states of hyper or hypo arousal. Clients need to be in their optimal arousal zone, or window of tolerance, before learning can take place. That is why hypnosis is an important element in healing trauma. Talk therapy is not sufficient because it doesn't provide for this state of relaxation and clients often avoid talking about trauma experiences. The stress response must be defused before a change of interpretation of an event or a reaction is possible.

Ms. Lemke cautioned us that traumatized clients need to take therapy slowly. Letting go of anxiety often increases anxiety in clients. Allowing some anxiety to remain present is helpful, again, as it has served some protective function for the client.

She offered guidance for working with these clients. For example, who doesn't want to go on a mental vacation? She includes messages of ego strengthening and self-soothing in her hypnosis with her clients to help give them more confidence.

The content of this presentation was very helpful as "affect dysregulation problems are an underlying factor in all psychiatric disorders." Much information and theory was provided as well as many tools we can utilize in our practices. Thank you to Wendy Lemke for this wonderful conference!

A little bit about me:

I'm a Licensed Marriage and Family Therapist, part time, at Family Visions in Fridley. I also work full time as a school psychologist in the

St. Francis school district. I've been married 24 years and have three grown sons. Rick and I have 4 dogs, 3 cats, chickens and fish. My boys say that when we retire we will either open a kennel or a library. (I'm thinking both.)



Our reviewer, Lisa Kastenbauer,
at the workshop

Review of 2013 National Pediatric Hypnosis Training Institute (NPHTI) Intermediate Workshop

By Robin Shannon, MS, RN, CPNP

This fall I had the pleasure of participating in my second Intermediate NPHTI training workshop. Once again, I can honestly say it was transformative both personally and professionally.

There were thirty-two participants in the Intermediate group, including people who were taking it for the first, second and third times. Casual discussions with fellow participants revealed common impressions about the course. First, there was a sense of comfort in realizing that hypnosis is not an abstract or cumbersome process. Second, it was expressed that no matter how long we practice hypnosis or learn more about it, we will continue to add layers and depths to our interactions with children.

These observations fit beautifully with the overriding theme of the Intermediate Workshop, which was "utilization." Finding hypnosis in the encounter is a natural and powerful process. "Trance happens, hypnosis is what we do with it." In other words, hypnosis is about recognizing trance in the encounter. To demonstrate and strengthen these concepts, the small group exercises focused on conversational trance, positive expectancy, individualizing metaphors, changing sensations and communicating in trance.

Reviews about developmental considerations and using therapeutic language were included which reminded us of the importance of these foundational elements for interacting with children. There was an excellent review of pain as well as anxiety. Many of us struggled to grasp the concept of response or "yes sets" during our session on creating positive expectancy but once

we worked on these themes in small groups it became clearer. Ultimately, our job in helping children is to instill a sense of hope and confidence and “positive expectancy” themes are simply tools to achieve this.

There are many different “tools” in my “tool box” now. Depending on what the child brings to the encounter, I can choose from a variety of interventions to achieve therapeutic goals. What the Intermediate Workshop taught me was that this does not need to be complicated. Finding hypnosis in the encounter and utilizing what the child brings to the encounter is beautifully simple but also incredibly powerful. This is particularly significant for my practice as I incorporate hypnosis into medical visits. No matter what type of medical diagnosis a child has, hypnosis can offer hope and healing.

This was an incredible experience and I suspect that my fellow participants felt as uplifted and rejuvenated as I did when our three days were

completed. The instructors were caring, gifted professionals who shared knowledge and experience that will help all of us. This is an ongoing, lifelong journey and we can all enjoy the ride.

Robin Shannon, MS, RN, CPNP
Pediatric Nurse Practitioner
Pediatric Gastroenterology,
University of Minnesota
Amplatz Children's Hospital



Our Reviewer, Robin Shannon



Robin describes this shot by Ben Wolf as, “This was at the end of the meeting. All participants were given bubbles to blow, to symbolize our accomplishments.”

National Pediatric Hypnosis Training Institute (NPHTI) Proudly Shines at the 7th Kindertagung = 7th European Child Hypnosis Congress

The 7th European Congress of Child Hypnosis was once again held in Heidelberg, Germany, from October 31 to November 3, 2013. Usually held every 2-3 years, the Congress was last held in 2009, and was delayed 1 year because the International Society of Hypnosis triennial Congress was held in Bremen during the approximately same time in 2012.

While in years past this Congress was considered outstanding with attendance of 900, then 1100, this year attendance was maxed at 1800 participants! Amazing! Over 100 faculty participated in offering a wonderful pot-pourri of 3-hour workshops.

The vast majority of workshop presentations and keynote addresses were presented in German, as most attendees are German-speaking professionals. Faculty are from Germany, Austria, Switzerland, Poland, South Africa, Canada, and the U.S. Of the 8 Faculty from the US, 4 are NPHTI trained and/or Faculty, and we are proud to have been wonderfully well represented by our colleagues.

Workshop presentations by NPHTI Faculty included:

Daniel Kohen, M.D. (Minneapolis, MN):
“Hypnosis for Asthma in Children and Adolescents”
“Hypnotherapeutic Approaches to Helping Children with Disorders of Elimination (Enuresis, Encopresis)”
“Hypnosis for Headaches in Children and Adolescents”

Jeffrey Lazarus, M.D. (Palo Alto, CA):
“Treatment of Tics and Habit Disorders with Training in Self-Hypnosis”
“Techniques to Maximize Treatment Adherence and Outcome”

Laurence Sugarman, M.D., (Rochester, NY):
 “Autism, Autonomy and Autonomic Regulation: Roles for Hypnosis and Biofeedback in Therapy of young people with Autism”

David Wark, Ph.D. (St. Paul, MN):
 “Alert Hypnosis: Overview of research and general clinical applications”
 “Alert Hypnosis: Educational applications”

Pamela Kaiser, PhD, CPNP was also an invited member of the Faculty and was to present "Children's Anxiety: Multigenerational Considerations and Implications for Hypnosis Interventions" and "Family-focused Treatment of Children's Reduced Self-Regulation of Anxiety" but was unable to participate due to illness.

As a perfect ending to this amazing Workshop Program, the Congress concludes with a huge Banquet – dinner and dancing on Saturday night. Held in the Congressvenue, the “Stadthalle” (Town Hall, wonderful old building), this has always been a very special event.

While a group of Americans and their German colleagues/friends (some old, some new!) were eating, the Congress organizer, Dr. Bernhard Trenkle, approached Dr. Dan Kohen, and told him he would be sending a young woman over to translate for Dr. Kohen when Dr. Trenkle would be making “some surprise announcements” during dessert and before the band began to play. He proceeded to address the assemblage of over 1500 folks with a history of this Congress, culminating in projecting on the huge screen a photograph and announcement of the “Daniel P. Kohen Preis” (Award) to be awarded to Dan as “The pioneer of child hypnosis therapy,” and presented also to two additional longstanding and highly respected clinicians and educators, Siegfried Mrochen, Ph.D. and Karl-Ludwig Holtz, Ph.D.

Although hard to believe, Dan was indeed speechless as he came to the stage to receive the award.

NPHTI is privileged and proud to have many wonderful faculty who teach professionals all around the world. Going forward, we will continue to post on our website and our Facebook page the teaching accomplishments, awards, and various teaching venues where NPHTI graduates and Faculty have been privileged to participate as Faculty.

Andrew Barnes, M.D.,
 NPHTI Webmaster and Listserv Manager



The image on the award represents a therapist working with a child who had been frightened by an imagined monster. The therapist is giving his patient the suggestion that he imagine his stuffed animal becoming strong and powerful, then defeating the scary monster.

Review of the 2013 Rosenthal Retreat

Powerful Healing in Integrative Medicine: Developing Characteristics and Strategies for Success

Reviewed by Edith Lamboy



Our presenters,

Mark Weisberg, PhD, ABPP, and Sheryll Daniel, PhD

In MSCH's most recent Rosenthal retreat, Dr. Sheryll Daniel and Dr. Mark Weisberg presented a workshop on "Powerful Healing in Integrative Medicine." The training focused on providing significant clinical background information specific to the mind-body connection and how this information may be helpful to clinicians and clients alike on their journey together towards healing. Most important, of course, was to discuss how this information may inform hypnotic suggestions for a variety of conditions.

Both instructors shared a wealth of knowledge regarding specific brain structures influencing subjective experience. These were extremely helpful reminders about the nature of our triune brain, our "primal brain" (reptilian), "emotional brain" (limbic system) and our "rational brain" (neocortex). Although we tend to think of our brain as a "bottom-top model" developmentally, the interactive nature of the mind body connection was stressed. Once the system is too activated, it becomes harder for the higher brain regions to modulate or inhibit the functions of the more primitive brain, particularly regulating our emotions and physiology.

Clients often benefit from having a layperson's understanding of these brain structures, as it can normalize those scenarios for them, when they are unable to override or regulate their visceral responses. Informed by this clinical backdrop, hypnosis is then geared towards interrupting the stress cycle to bring more balance.

In addition, our instructors presented information on the newest findings in the field of PNI (Psychoneuroimmunology), which confirm the actual physical connection of the brain to the organs of the immune system. Hypnosis is seen as very helpful with directly affecting the bidirectional interactions between mind/brain, the nervous system, and the endocrine system as well as the immune system.

In the context of autoimmune disorders, the undesired "friendly fire," we were advised to target what is imbalanced as specifically as possible. Simply boosting the system could potentially leave it somewhat "overreactive," whereas simply calming it could leave it somewhat "unprotected."

In an integrative approach to pain management, the goals of hypnotic suggestions are not only symptom reduction but they can also address containment, self-regulation and resilience, for example. Hypnosis should not only address the intensity of the pain experience but also provide relief for the emotional suffering, depression and anxiety associated with chronic pain. Whenever possible, assisting clients in mobilizing their own inner creative process will provide them with a greater sense of mastery. Both instructors gave metaphorical examples of directed or elicited imagery to accomplish these goals.

Dr Weisberg also presented information and resources related to the treatment of IBS (Irritable Bowel Syndrome) and IBD (Inflammatory Bowel Disease) with hypnosis. Hypnosis has proven to be a very effective treatment modality in reducing inflammation and increasing voluntary control, just to name some of the possible benefits. Scripts are available to qualified clinicians at ibshypnosis.org.

Participants were challenged to examine their own beliefs about the efficacy of hypnotic interventions and what actually changes. How marvelous to ask the question, "If you believed that hypnosis alters ALL levels of functioning EQUALLY (mind, emotion, physiology, immunology, brain plasticity...), how might you use hypnosis differently than how you are using it currently?"

The workshop also explored the notion of Resistance and the important role it may play within the therapeutic relationship. The presenters reminded us how crucial and necessary a paradigm shift is to a deeper understanding and acceptance of resistance as simply part of the therapeutic process. It can become an invaluable tool, if resistance is met with curiosity about internal or external obstacles. In turn, these insights can then inform our hypnotic interventions in the ways that are exactly needed for the client to take his/her next step.

Participants were led in an experiential exercise of the "Two Hand Ernie Rossi Resistance Technique" to exemplify our own internal conflicts. It was very interesting and helpful to simply observe mindfully what transpired, rather than getting caught up in the struggle itself.

Five variables for effective functioning as a clinician were discussed, stressing not only

knowledge and working within one's area of expertise but also the importance of our own differentiation and maturity. This allows for the ability to stay present when our clients are in acute distress with the genuine compassion, curiosity and confidence required for the facilitation of the therapeutic relationship as a truly healing relationship.



At the Rosenthal Retreat,
good friends Susan Heitzman and
our reviewer, Edith Lamboy.

Edith Lamboy is a licensed Marriage and Family therapist, working for the University of MN Amplatz Children's Hospital at the Adolescent Dual Diagnosis Behavioral Center, an acute, locked inpatient setting. She also has a small private practice on the side. She is certified as a hypnotherapist through the National Guild of Hypnotists and is also EMDR trained. Her passion outside of work is Latin dancing. She also loves fine dining and cooking, influenced by her European upbringing. She was born and raised in Germany and is a dual citizen.

MSCH Social Club



Our November Happy Hour featured comradery and flavorful food.
Friendliness and good-fellowship was palpable!

Review of November Workshop
**Applications of Age Regression in Therapeutic
Hypnosis**

Reviewed by Rob MacInnes



Delle Jacobs demonstrates her approach to ideomotor signaling with David Wark as subject.

This past November's workshop on the topic of age regression presented by Delle Jacobs LISCW, LMFT, was an ambitious effort covering several key aspects of a fascinating staple of hypnotherapeutic work, age regression. Because of a sustained interest I have had in this topic over several years, this was one workshop I was not about to miss.

The morning began on a stimulating note. To paraphrase the facilitator's introduction, it was noted that Delle considers *any* therapy session almost incomplete without some utilization of hypnosis. Many attendees apparently agreed as suggested by the many head nods in the room.

Regarding age regression, a person could probably go so far as to observe that the very "talking cure" of psychoanalysis—with its "cathartic cure of neuroses brought forth by the clarification of traumatic origins"—itself began as a rebranding of multiple constructs from Pierre Janet's "Psychological Analysis" (Ellenberger, 2008, p. 344). The popularized version managed to almost entirely repress the hypnotic elements of the original "insight therapy" that parented it.

Among the highlights of the presentation was the fact that clear and concise take-away points were provided that the post-1990s provider will naturally

have questions and concerns about: issues of false memories, reliable ways to induce age regressions (e.g., affect bridge, etc.), when to use planned abreactions, and what the contraindications are. This workshop also had a strong practice-driven format, something I always appreciate. I'm not sure how, but somewhere the phrase "there's a part of the brain that learns *only* by experience" became engraved in my mind.

I also enjoyed the live demonstrations, though I suspect that a time distortion effect emerged that required adding twenty extra minutes at the tail end of the workshop to get through all of the material. Besides some missing pages from the handouts that were later distributed to attendees, there were a few other things I might have done differently. The focus on ideomotor technique, though interesting in its own right, might have digressed from the richer topic of age regression proper. Given the narrow time frame, I would have appreciated an increased focus on the hypnoanalysis portion of the workshop.

For me, the most tantalizing aspect of age regression is how it might be used in the treatment of traumatic memories: particularly in the "phase two" treatment, in which perseverated-upon unresolved events from the past can be positively reintegrated into the personality system of the client. Kathy Steele's (1989) article on abreaction, and van der Hart and colleagues' (1993) step-by-step article on guided synthesis are absolute treasures in this regard. This is a specialized area of hypnosis that might lend itself better to an advanced, intensive annual workshop or retreat.

I have always been of the opinion that the technique of hypnotic age regression is criminally underutilized. The potential for dramatic sudden relief, often in seemingly stubborn, treatment-refractory cases, almost needs to be witnessed in person to be believed. In such cases, the process of regression lends itself to an elegant explanation of the mechanism or cause of the symptom, and at the very least, a very salient client history is

obtained. I think it is fair to say that age regression could be a semester-length course in itself. This is the sort of topic that will inevitably leave the hypnosis-intrigued clinician thirsty for more. I would definitely attend, and recommend, another workshop by Delle Jacobs.



Our reviewer, Rob MacInnes,
taking in Delle's presentation.

Rob MacInnes, MA, is a doctoral candidate at Saint Mary's University.

References

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Minnesota Society of Clinical Hypnosis

2013-2014 Program in Continuing Hypnosis Education

NOTE: ALL MSCH Continuing Education Sessions are MEMBERS ONLY unless otherwise indicated.

Saturday, Jan 25, 2014 9AM – 12:00 N (*Registration 8:30 AM) Carondelet Center \$15 Member \$25 Non-Member	Member & Non-Member Workshop THE MANY FACES OF DISSOCIATION: THE "TRANCE" OF SURVIVAL	Faculty: NOEL R. LARSON, PH.D. LP, LMFT, LICSW Meta Resources
Saturday, Feb 15, 2014 9AM – 12:00 N (*Registration 8:30 AM) Carondelet Center	Strengthening Mastery: Helping Children to Develop Mindfulness & Self-Hypnosis Skills & to Teach their Parents	Faculty: Lynda Richtsmeier-Cyr, PhD & Kevin Harrington, PhD
Saturday Mar 15, 2014 9AM – 12:00 N (*Registration 8:30 AM) Carondelet Center	Counting Sheep: Hypnotic Approaches to Treatment of Insomnia	Faculty: Ewa Peczalska, PhD
March 21-25, 2014 San Diego, CA	American Society of Clinical Hypnosis (ASCH) 56th Annual Scientific Meeting & Workshops	Info: www.asch.net
Thursday thru Satuday June 5-7, 2014 Crowne Plaza Minneapolis West Hotel and Conference Center 3131 Campus Drive Plymouth, MN	43rd Annual MSCH/U of MN Introductory and Advanced Workshops in Clinical Hypnosis	Guest Faculty: Dan Handel, MD Director, Palliative Medicine Division-Denver Health Past-President, ASCH
June 2015 Crowne Plaza Minneapolis West Hotel and Conference Center 3131 Campus Drive Plymouth, MN	44th Annual MSCH/U of MN Introductory and Advanced Workshops in Clinical Hypnosis	Guest Faculty: Stephen Gilligan, PhD
June 2016 Crowne Plaza Minneapolis West Hotel and Conference Center 3131 Campus Drive Plymouth, MN	45th Annual MSCH/U of MN Introductory and Advanced Workshops in Clinical Hypnosis	Guest Faculty: Mark Jensen, PhD University of Washington

The Minnesota Society of Clinical Hypnosis
Presents

The Many Faces of Dissociation: The “Trance” of Survival
Noel R. Larson, Ph.D., LP, LMFT, LICSW
A Member and Non-Member Workshop

Saturday January 25, 2014

9:00 – 12:00 N

*8:30 AM Registration at the door

Cost: \$15 MSCH members | \$25 non-members | 3 CEUs
Carondelet Center | 1890 Randolph Ave | St. Paul, MN 55105

A revolution in the field of psychotherapy is taking place, being led by the game-changing brain research technologies in the field of neuroscience. Alan Schore, one of the pioneers whose work is fueling this revolution, describes it as follows: “We are now experiencing a paradigm shift in psychotherapy: from the primacy of cognition to the primacy of affect, from the primacy of content to the primacy of process and context, and thereby a shift away from the concept of ‘technique’”. Schore sees science as promoting an “emotional revolution” with renewed interest in right brain emotional processes—survival functions.

Until recently, much of what has been written about developmental trauma has focused on the **hyperarousal** patterns that develop in the face of terror. As the lifelong work of Stephen Porges has come into focus, and been published in his brilliant book, *The Polyvagal Theory: Neurophysiological Foundations of Emotion, Attachment, Communication and Self-Regulation* (2011), a book Norman Doidge describes as “one of the most important books written on the nervous system in the last fifty years”, the parasympathetic response to perceived threat is receiving increased attention.

Porges brings into view for us the **hypoarousal** aspect of traumatic experience, with its characteristic pattern of parasympathetically mediated **dissociative** response patterns. Philip Bromberg, in his highly readable book *The Shadow of the Tsunami* (2011), eloquently describes this process as: “Post traumatically, *dissociation* is enlisted by the mind to *proactively* assure that the destabilizing shock of the ‘*tsunami*’ is never repeated: A dissociated mental structure now vigilantly anticipates the ‘*shadow*’ before it can arrive unexpectedly, thus turning the mind into a smoke detector and life into an unlivid waiting period...Dissociation is no longer a function of the mind: the mind becomes a function of dissociation.”

Objectives for the workshop include:

- Explore the Posttraumatic Adaptation of Dissociation
- Develop an Increased Awareness of “The Many Faces of Dissociation”
- Consider Critical Techniques to Utilize With Dissociative Clients

Participants will have the opportunity to explore a range of practical approaches to work effectively with trauma based dissociation.

Noel R. Larson, Ph.D., along with her husband James W. Maddock, Ph.D., cofounded Meta Resources in St. Paul, Minnesota in 1981, a clinic that continues to be known for its innovative and creative approaches to the treatment of abuse and violence, including trauma-based dissociative disorders. Dr. Larson completed her doctoral work at the University of Minnesota in 1980, and continues to teach in its graduate school of Social Work. She conducts training workshops in the U.S. and abroad on the topics of physical and sexual abuse, PTSD, treating personality disorders, family therapy, attachment psychotherapy, dissociation, and trauma and the brain. Dr. Larson was the Director of the Family Sexual Abuse treatment Program at the University of Minnesota Medical School for several years. She also developed the Female Sex Offender Treatment Program at the Shakopee Women’s Prison in Minnesota, the first treatment program for incarcerated female sex offenders in the U.S. Most recently, she has had the privilege to present training workshops in Greenland to psychologists, social workers, and orphanage staff members on the treatment of trauma. Dr. Larson is coauthor, with James Maddock, of *Incestuous Families: An Ecological Approach to Understanding and Treatment* (1995, Norton,) and “The Ecological Approach to Incestuous Families” in *The Handbook of Stress, Trauma and the Family*, D. Catherall, Ed., (2004, Brunner-Routledge). In addition to providing consultation to health care organizations and corrections institutions in the U.S., Dr. Larson has enjoyed doing training workshops and consultation in Denmark for 34 years.



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