



President's Suggestion

Shep Myers, PhD, LP

Lessons from My Experience of Pain and Recovery

I recently have had the very unfortunate yet rare opportunity to practice what I preach. I have been a cancer survivor for the past 25 years, living with the expectation of maintaining remission, and using my distant experience to help guide my therapeutic work. Shockingly, two months ago a relapse was discovered, and I went through major surgery to remove a lumbar tumor. I now am in the process of rehabilitating nerve damage in my left leg. As a psychologist who works extensively with pain and surgical patients, the experience has provided keen insight and awareness of the process of mind-body healing and the use of hypnosis. Below are a few of my most valued "take aways."

The value that came from hypnosis was more about striving to be in a constant "state of healing" and less about the experiences and suggestions from traditional hypnotic techniques. Although I was successful in engaging in a longer and more formal trance each day, I found it difficult to produce a deep state of trance and maintain my concentration, with constant interruptions from medical personnel, considerable pain, and the impact of pain medication. I adapted the focus of my hypnotic effort by doing very short trance work, frequently accessing a state of calm and peace, using cues, and often using distraction from pain. I would provide myself brief images and suggestions for general recovery, and images to impact the complication that was occurring, which might last 1 to 3 minutes.

IMAGES

That said, formal hypnosis methods were very effective with helping to recover my GI function. I used the river metaphor with many GI applications, to get my system moving again or to stop nausea. I was frequently devising physiological metaphors for the problem at hand, such as imaging valves to drain my swelling and cables to get my leg moving.

Hypnosis was also very helpful in enabling me to sleep. My sleep was constantly interrupted in the hospital and I used the suggestion to stay just sufficiently alert to cooperate with the nurse, yet just deep enough to fall back asleep when the interruption was over. I have also had to learn to sleep without being able to lie down flat because pain occurs if my leg is fully straight. Breathing, deepening, and counting methods are more important than position.

The methods I have employed to cope involved balancing a positive approach of imaging recovering and healing, with that of acceptance, such as mindfulness, since there continue to be many uncertainties in my future. I tried to balance hope and profound grief. I found these approaches to be reciprocal and enhancing, not exclusive.

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- Continued Shep Myers, PhD, LP

My hypnotic training and skills were so useful, I couldn't imagine getting through these past traumatic months without them. I'm also positive they shortened my hospitalization, as was my surgeon who thought I would still be in transitional care at the time I returned to work.

If you are interested in healing in any form, be it medical or psychological, you are going to love this year's annual workshop. Daniel Handel, M.D. will present: Learning Wellness in the Course of Illness: Hypnotic Strategies for Palliation and Healing. Dr. Handel is an engaging and knowledgeable presenter with vast experience in

hypnosis, rehabilitation, and palliative care. I wish to emphasize that he will be addressing the application of his principles to both mental and physical health.

Shep Myers, PhD, LP

News of Note

- MSCH members helped increase awareness of our organization and training opportunities at the annual conference of the Minnesota Association of Marriage and Family Therapy. Thank you to Jennifer Stoos, Susan Heitzman, Benjamin Wolf, and Greg Heberlein.
- The MSCH Board voted to increase the annual membership fee to \$80 for Full Members and \$70 for Associate Members. The decision was made to assure the continuing financial health of the organization.
- The Board also decided to increase the fee for our Saturday morning workshops to \$20 for members, and \$30 for non-members, when invited.

Annual Workshop Reminders

Due to a board decision to keep down the registration cost, *lunches are no longer included*. If you are registered, you will have already received a reminder about this and will receive another before the workshop. You can pay ahead for the wonderful buffet lunch, pay for it at the time, or get lunch on your own elsewhere.

Also, please don't forget the Annual Member Meeting on Saturday morning at 7:30 AM. We will be voting for a new president and a new board member as well as covering other business

Announcement of Nominations for New Board member and New President

Nominee for New Board Member:

Mark Gemmell, PsyD, is currently a psychotherapist with Minnesota Mental Health Clinics. He completed his clinical internship at Hamm Memorial Psychiatric Clinic in 2004, and graduated from the Minnesota School of Professional Psychology in 2005. He has spent three years working with sexual offenders, two at Project Pathfinder, Inc., an outpatient program in St Paul, and one at the St Peter Regional Treatment Facility working with civilly committed sexual offenders. Since joining MMHC in 2006 he has worked with a variety of issues including depression, anxiety, anger, family and couples therapy, and from his background, men's and sexual issues.

He previously received a master's degree in Health Services Management and Policy from George Washington University in Washington, DC. Prior to returning to graduate school to study psychology in 2000, he worked as a research assistant/project manager for GWU's Biostatistics Center. He spent his last five years in DC working for the Service Employees International Union as an assistant

to its Executive Vice President.

Mark is fairly new to hypnosis and is particularly interested in using hypnosis for pain management, other chronic medical conditions, anxiety and panic.

Nominee for New Board President:

Ben Wolf, MSW, LICSW is currently a psychotherapist and owner of Hope & Healing for Life, a private practice in St. Paul. He completed his undergraduate work at the University of Minnesota with a major in psychology in 2002, and graduated from Augsburg college with a Masters in Social Work in 2004. He has been providing social work services, individual, couple, and group therapy in counseling centers, community mental health centers and hospitals in the Twin Cities since 2002. Along with being trained in hypnosis, Ben has completed training and has become certified in EMDR. He focuses on treating mostly adolescents and adults with PTSD, eating disorders, depression and anxiety. After completing NPHTI training in 2012, Ben became active in MSCH, and was elected to the board in 2013.

If approved, Ben will begin his new role in July and Shep Myers will continue on the board as Past President.

Review of January Workshop

THE MANY FACES OF DISSOCIATION: THE "TRANCE" OF SURVIVAL

Presented by Noel Larson, PhD, LP, LMFT, LICSW

Reviewed by Kim Kotila, LAMFT



Our Presenter

Noel Larson, PhD, LP, LMFT, LICSW, is an inspiration, full of enthusiasm, and a thirst for adventure. She noted that though she may not use hypnosis "officially" very often, she strives to be hypnotic. Slow delivery is essential.

Never underestimate the power of your voice tone. She said that relationship and mirroring is most effective from right-brain to right-brain, as opposed to the therapist's left brain delivering content to the client's left brain. Therapy is about affect connections. One method she finds useful when dealing with dissociated clients, or anyone unable to feel his feelings, is to offer to loan her feelings. She suggests the therapist heighten the feeling in herself and let it show on her face. Facial expression is very important to Noel. If a client is not able to feel sad in a sad situation, Noel asks if he would like to borrow her sadness, or let her feelings of sadness resonate in his body. Watching an expertly done role play, where she offered this, I almost burst into tears myself. Who knew one could borrow someone else's feelings? Or, as a therapist, were "allowed" to offer them?

Citing a book that she recommended (Philip Bromberg, *The Shadow of the Tsunami*, 2011), Noel offered that the essence of dissociation is that it alters perceptual experience, and thereby drains the interpersonal context of personal meaning. "Dissociation involves more than an alteration in mental processes, but rather mind-body disconnections. It ruptures the integration of psychic

and somatic experience ... and thereby self-wholeness." (Schore, 2011) "Therapy is an attempt to build new memory later in life ... that contains the thought 'I can survive these feelings' and that reregulation is just around the corner." (Cozolino, 2006)

Structure is laid down by age two. If early relational bonds are not stable and secure, as is often the case with clients with developmental trauma, the client has a significant "self deficit," an "empty set" for sense of self, which must be developed first. "No solid self" can manifest in some of these ways: previous therapeutic work seems to have had little or no impact; relationships are transitory or absent; capacity for intimacy/vulnerability is weak; each session can feel like a first session; no sense of "deepening" exists in the therapeutic relationship; symptoms, job, or role can become the "self;" or therapy can become problem solving. In "No-Self" therapy, the positioning of the therapist is up close and personal. The therapist may insert elements of a self and use repetitive anchoring of multiple aspects of self, such as facial expressions, perceived values, perceived character traits, capacities, may reframe what hasn't been valued and find emotions that cannot be accessed.

Noel said she needs to find something to love in every client or her work is not effective. "Figure out what you love about your client," she said, "and keep that in your brain." She reframes practically everything in a positive light. Cutting, for example, she would not call dysfunctional or self-harming but rather a brave attempt at survival.

Finally, Noel said studies are now suggesting that the benefits of CBT are dissipating after a year. Also, she gave out study results supporting the use of Lamotrigine for the treatment of BPD and Prazosin for PTSD.

**Kim Kotila is a
psychotherapist in private
practice. Contact
information: 2545 Pillsbury
Ave S, Minneapolis, MN
55404. 612.432.9884.**



Review of February Workshop

Helping Families to Develop Mindfulness & Self-Hypnosis Skills for Daily Transitions

Presented by Kevin Harrington, PhD
and Lynda Richtsmeier, PhD

Reviewed by Linda Locascio, LICSW



Our Presenters

This workshop, presented by Kevin Harrington, PhD, and Lynda Richtsmeier-Cyr, PhD, provided many alternative ways of thinking about and developing interventions to utilize with parent-child interactions. In addition, it demonstrated how to help parents and children to teach each other and themselves calming mindfulness techniques to create stress reduction, to access executive functioning in the brain, and change ways of dealing with thoughts. Daily transitions are seen as opportunities for altering stressful patterns of interactions that create negative results. By teaching tools for calming and self-regulation, executive functioning is enhanced.

Helping the parent and child to teach each other allows for the development and regulation of new positive patterns of interaction. The techniques themselves appear to be quite simple and easily understood and practiced by anyone, for example, teaching breathing techniques for slowing down, calming down, and preparing for or interrupting behavioral patterns. Planning and practicing breathing exercises prior to stressful situations and for transitions allows for establishing a new positive pattern.

Teaching families about brain functioning is a way to help them see how the various techniques help the brain move into executive functioning. Identifying triggers helps families establish a new way of addressing behavioral concerns or patterns. At the point of the trigger, techniques can be employed such as breathing or creating a ball of energy with the hands, which can be taken into the body and given a color.

Minnesota Society of Clinical Hypnosis

The benefits of meditation and hypnotic techniques can be applied to a wide variety of behavioral concerns and triggers of negative patterns. They may be beneficial as an approach to ADHD.

I found that the ideas were immediately applicable to my clinical practice. I was able to help a client practice utilization of breathing to intervene at various steps in preparation for an anxiety-provoking meeting that was going to occur. Teaching breathing and the rehearsal of the actual anticipated transition points that would occur, such as taking a number and waiting for a turn, allowed the client to access a sense of calmness and mastery. Just a half an hour earlier, the client thought that they would be unable to attend the meeting without having a safe person with them.

Our reviewer, Linda Locascio, has a small private practice providing in home therapy to clients with long term histories of mental health difficulties. She is a retired School Social Worker and presently resides in Greenfield, Minnesota, at the western edge of Hennepin County. She enjoys learning about hypnosis and its application in her practice.



Spreading the word about MSCH
at MAMFT annual conference.

Ben Wolf, Greg Heberlein, and Jennifer Stoos.

Review of March Workshop Counting Sheep: Hypnotic Approaches to Treatment of Insomnia

Presented by Ewa Peczalska, PhD, LP

Reviewed by Carol F. Siegel, PhD, LP



Our Presenter

I weaken all souls for hours each day.
I show you strange visions while you are away.
I take you by night, by day take you back,
None suffer to have me, but do from my lack.
Who am I?

Author Unknown

The author of this riddle captures the paradox of sleep: It weakens, it restores, it takes control, and it leads to loss of control. It is hard to think about sleep without evoking associations and metaphors, as Dr. Ewa Peczalska demonstrated through her presentation on hypnotic approaches to the treatment of insomnia.

In her talk on March 15, Dr. Peczalska addressed the physiological and psychological aspects of sleep difficulties and reminded us that disturbances of sleep and spirit are connected. While some people associate sleep with rest, others associate it with vigilance and danger. If letting go is frightening, the body will not cooperate and sleep will be elusive. If sleep remains elusive, depression may follow. Dr. Peczalska stated that one year of insomnia is a strong predictor for depression, and, conversely, people with chronic depression have disturbance in their sleep.

Sleep can be both the problem and the solution, but it cannot be prescribed or commanded. As stated in one of Dr. Peczalska's most memorable phrases,

"Light was not invented by working on darkness." Worrying about being awake will not cause anyone to sleep. We have to learn to replace active thinking with images and techniques that allow the body to let go and release.

The following is a selection of notable concepts from Dr. Peczalska's presentation:

- It is neurologically impossible to direct ourselves to go to sleep.
- What started the sleep problem may not be what is maintaining the sleep problem.
- Some people are trained to be vigilant at night. They are not sleeping because they have become conditioned to stay awake.
- If we are actively thinking, our brains will "politely" keep us awake. We have to "replace active thinking with stepping into the image" of sleep.
- Evolution dictates that we stay awake if our bodies are in motion. In order for our brains to allow us to sleep, we must be still.
- Evolution also dictates that we have to be safe to go to sleep.
- We are wired to check the environment. If our eyes are open, our brains will be activated. We have to close our eyes in order to sleep.
- Artificial light from electronic devices reduces melatonin levels and increases arousal. Creating a light- and noise-free environment can restore restful sleep.

As a psychologist who works with both parents and young children, I see the effects of early disruptions on basic regulatory systems due to stress, loss, and trauma. When sleep is disturbed it can affect growth and development, regulation of mood, attention, and behavior, ability to learn, and relationship capacity. Helping children and parents sleep is one of our first interventions for mood and behavior difficulties.

I am a clinical psychologist in Minneapolis with a strong interest in developmental psychology. In my private practice I see parents and young children together, as my primary focus is the interplay between the complex histories of parents and the development of their children. I teach in the Infant and Early Childhood Mental Health Certificate Program at the University of Minnesota and consult to clinical and home-visiting programs around the state.

Carol F. Siegel, PhD, LP
www.carolsiegel.com

American Society of Clinical Hypnosis (ASCH)

2014 Annual Meeting

Reviewed by Mary Grove, PsyD



Recipients of awards at ASCH:
Dan Kohen, Wendy Lemke, and Mark Weisberg.

Learning opportunities and friendly interactions were abundant at the ASCH Annual Scientific Meeting and Workshops in San Diego this year. ASCH, using the theme “Surviving and Thriving After Trauma with Resiliency, Mindfulness, and Resolve,” brought together an eclectic group of practitioners with a variety of therapeutic approaches and expertise. We can be proud of the outstanding contingent of presenters from Minnesota. Suzanne Candell taught “Treating the Complex Pain Patient: Addressing the Persistent Effects of Psychological Trauma with Mindfulness and Hypnosis.” Alfred Clavel and Mark Weisberg teamed up for their workshop, “The Enigma of Chronic Abdominal Pain – Putting the Pieces Together.” Wendy Lemke co-taught “Treating Trauma: Utilizing Hypnosis and Ego State Therapy.” David Wark gave a workshop titled “Alert Hypnosis: Induction and Application to Trauma.”

The daily plenary presentations were hour-long overviews of current research and evolving treatment approaches using mindfulness and hypnosis for trauma. The four days of Advanced workshops offered many worthwhile presentations. Michael Yapko described the key constructs of acceptance, utilization, metaphor, indirection, empowerment, and generativity after showing us a powerful demonstration video of his one-session intervention with a woman wanting help for ritual sexual abuse. He pointed out that rigidity is the

target for all people presenting with problems. That includes rigidity in cognition, behavior, emotions, perceptions, identity and relationally. He emphasized the critical importance of the therapist’s decision about what to amplify and the use of metaphor for reducing resistance and increasing receptivity. Eric Spiegel organized his presentation on “An Attachment-Based Hypnotherapeutic Approach to Treating Complex Trauma” around the concepts of attunement, representation, and mentalization as viewed from a developmental/psychoanalytic perspective. Olafur Palsson’s presentation on “Crafting Effective Therapeutic Suggestions” emphasized the essential process of developing responsiveness to hypnotic experience in his protocol-designed treatment of highly anxious and somatically focused people with treatment resistant gastric pain disorders.

The banquet featured awards for many of our MSCH and National Pediatric Hypnosis Training Institute (NPHTI) members. [Editor’s note: MSCH has cosponsored the annual meetings of NPHTI.] Daniel Kohen (MSCH & NPHTI) and Pam Kaiser (NPHTI) were honored with a Special Recognition Award for their tremendous body of work in organizing and educating pediatric practitioners from around the world in hypnosis for children through. Mark Weisberg (MSCH) was given a Special Recognition Award for his commitment to further the knowledge, understanding, and applications of clinical hypnosis. Wendy Lemke (MSCH) received a Presidential Award for her dedication and commitment to expanding hypnosis education outreach to the International Society for the Study of Trauma and Dissociation. Leora Kuttner (NPHTI) was presented with the William C. Wester Award for her research and contributions to the field of hypnosis as applied to the treatment of children.



Mary is a clinical psychologist offering therapy to adults and teens at Allina Health in West St. Paul. She enjoys spending her free time outside, hiking, biking, or paddling in wild places.

[Editor's note. Mary is also a very active member of the MSCH Board and it's current much-appreciated Secretary.]

Interview with David Wark, PhD, ABPH

By: Carol Rogers-Tanner, MSE, LP, LMFT
Images Editor



1. When and how did you first become interested in hypnosis?

I started doing hypnosis seriously in about 1983 or 1984. At the time, I was an Associate Professor of Psychology at the University of Minnesota. My office was in the Student Counseling Bureau, where I coached students in reading and study skills improvement. Many of the people I saw were having problems with test anxiety. Clearly, they knew the material before the exam, but could not recall it when they were in a testing room. After the test was over and they left the room, they could remember almost everything they had studied. My understanding then was that the students were dealing with classic anxiety interference, and I was looking for some way to improve treatment.

In the early 1980's I did some research into the effects of anxiety on reading comprehension (Wark, Bennett et al. 1980)(Wark and Bennett 1981, Wark, Bennett et al. 1981). After some training in systematic desensitization from Ivar Lovaas, I learned to talk people into relaxing and do systematic desensitization: a technique that involved being relaxed, imagining getting ready and doing well on the test without anxiety. The script was rather conventional:

"Imagine it's three days before the exam and you are relaxed and learning well. Now relax deeper and imagine it's two days and you're still studying successfully. Increase your relaxation and you learn more. Now it's one day before the exam and you are very relaxed and still learning. And finally it's the exam day and you feel very relaxed and in charge as you imagine walking through the door into the testing room,

sitting down, concentrating as you take the test item by item, thinking about what you've learned and answering the test question, only the question on the page."

The process is designed to systematically reduce anxiety while maintaining information to achieve a desired goal. In this case, it's passing a test. Most of my students did much better. Honestly I had no idea that my work had anything to do with hypnosis!

So I was a bit surprised and more than a little scared when one of my colleagues told me I was doing very good hypnosis, but could use some more training in pacing and leading. You see, hypnosis was not well thought of in the University of Minnesota back then, even though Bill Heron, a former President of the American Society of Clinical Hypnosis, had been on the psychology faculty when I was a graduate student. I thought about it for a while and then took a chance with a workshop from an organization called the Minnesota Society of Clinical Hypnosis. Al Levitan was my first small group leader at the meeting in the Earl Brown Center on the St. Paul Campus. He taught me the basics. And I still remember the experience. People tell me all the time that they had the same experience with their first group leader. I think that shows how powerful a small group experience can be.

By luck, the American Society of Clinical Hypnosis (ASCH) annual meeting was in Minneapolis that year. So after my MSCH workshop, I went downtown and just meandered around the ASCH sessions, listening to major speakers who talked about fantastic techniques like ideomotor signaling, age progression and regression, cognitive control of pain and hemorrhaging and wart removal. I didn't really understand it all, but clearly I wanted to know more.

2. When and how did you get involved with MSCH?

I have some good friends who were on the Board of the Minnesota Society of Clinical Hypnosis. Luckily, they invited me to join them. I remember Judy Thompson, and Myles Johnson, and Don Hauge were part of the operation. Karen Olness was the spiritual presence in the background, and Dan

Kohen was the training director. I think Dan was probably born in that role. In any case, we all became very good friends as well the MSCH hypnosis mafia. My particular interest was training and I spent a lot of time as a board member working on the Introductory Workshop, developing the spiral curriculum. Dan and I devoted a lot of attention to small group practice and training leaders. Remember, that's a very important activity. After a while, everybody agreed it was my turn to be President, so I just rolled on in 1995-1998.

3. I believe you have a private practice. How often do you use hypnosis clinically?

My major day job was being counselor at the University counseling service, but I have had an evening private practice since 1979. I officially retired in 1995, but did a little work at the university as a volunteer. Then in 1997 I opened a full-time private practice and still work at it. I got a lot of referrals, many of them for hypnosis. I don't do much formal induction anymore. But I would say my work is informed by hypnosis, draws on what I've learned about hypnosis. Thinking hypnotically really impacts all the work I do, whether it's treating fear and anxiety about medication, working through and growing after a divorce, coaching for job longevity, overcoming complex PTSD, or anticipating hospice. Hypnosis is there all the time, covertly, indirectly, but there.

I was honored to be invited to be part of a group of researchers who are trying to integrate notions of trance and current neuroscience for a special edition of the American Journal of Clinical Hypnosis. So really I'm thinking about hypnosis a lot.

4. What are your favorite uses of hypnosis?

I'm particularly interested in eyes open alert hypnosis. I learned from Lars-Erick Unestahl about athletes performing at their best in hypnosis. He said that some of his athletes reported the feeling, as he described it, that "the event runs them." I was still teaching college students how to concentrate and study at the time, and was fascinated with the idea. I asked him how to help students get to the point where "the book reads them," where they get into the flow relationship with their books and learning. He thought that was a really good idea and encouraged me to find a way to make it happen. But there was still the problem of doing the induction. No one can read and study with their eyes closed.

Then, from Eva Banyai, I got the idea of complete eyes open hypnosis. I was at her demonstration of an Active Alert induction, using a stationary bicycle. I still remember her lecture, and the room where we met and became friends. Years later, reminiscing at another ISH meeting, in Bremen, she reminded me that I was the volunteer subject for that induction and went into deep trance. But when she told me I volunteered, I was amazed. I honestly don't remember being on the bicycle! So my model of alert hypnosis starts with the work I did helping students with educational and intellectual development. The final results were inspired by Lars Eric and made practical by what I learned from Eva. That was the beginning.

I used alert hypnosis to "help the book read the students." In 1988 I gave a paper at the ISH meeting in The Hague on Self Hypnosis and Reading that was published later (Wark and laPlante 1991). That led to a series of other studies and a paper on improving college grades (Wark 1996). Eventually I published a chapter (Wark 1996), and a case report using alert hypnosis, (Wark 2011). Later, in (2011), I summarized what I knew in a paper on hypnosis, traditional and alert, for education. I'm really honored to say that that paper got the Earnest Hilgard award for the best paper in the history of hypnosis in 2011.

5. I believe you have trained MANY people over the years in the classroom, at workshops, and in supervision. What would you recommend to our readers for development of skills?

I think every professional realizes that skill development is a ladder function. I tell students who ask, to go from step to step, as your comfort and experience develops. So you start with the basic workshop, you do some outside reading. Take an intermediate workshop. Maybe you and some friends start a small discussion group or a journal group or you go online to ASCH.net and find the Hypnosis listserv link to get some ideas. Pretty soon you want a little bit more background and training, so you go for certification through ASCH, maybe getting one of the MSCH ASCH-approved supervisors as a mentor. Their names are listed in the back of the newsletter. At each step your skills and your confidence become a little greater. And so does your hunger; you know there's more out there

and you want to get it. The next step, that I strongly recommend people consider, is diplomate status, conferred by the American Boards of Hypnosis. There are Boards for physicians, dentists, psychologists, social workers, and now nurses. Each Board specifies its own criteria, in terms of years of service, and examination of knowledge. There's usually a written and oral interview, covering the basic field and the applications of hypnosis. In my case, I was examined about my background in psychology generally, and then specifically about applications of hypnosis. I studied for about a year in the evening. I submitted a video case report and sat for a two-hour oral exam. It was the best professional step I ever took. I certainly encourage MSCH members to think about the possibilities. I'd be glad to discuss it with anyone, and help them connect with the appropriate board.

6. What has been particularly rewarding in your use of hypnosis?

The most professionally rewarding activity I ever got into was developing alert hypnosis. I've researched and taught and written and applied it and use it myself. I think that's my legacy, if I have any, in the field of hypnosis. Maybe someday I'll finish up that book that I'm thinking about, so other people will be able to move the idea forward.

My most clinically rewarding experience has been working with a client with complex PTSD who challenged my understanding of how to treat the condition. She has developed her own brand-new treatment technique. I'm providing ongoing support for her as she makes some remarkable progress.

7. Is there anything you would suggest for MSCH as an organization, ways to further our mission?

In 1996, MSCH published a little pamphlet entitled "MSCH at 25 Years: Where We've Been And Where We're Going." Mark Weisberg, Joan Wernick and Susan Leach asked practitioners and past presidents to review the history of the organization, and speculate on the future. It's an interesting document, about the ups and downs of the organization. [Editor's Note: The MSCH board is working on an update of our website. We plan to include a link to the "MSCH at 25 Years" pamphlet.]

Part of the content was speculation about the future. Most of the things people predicted have arrived: more professional acceptance of hypnosis, published

efficacy studies, outreach to new professions, and use of hypnosis in integrated medicine. No one predicted the rise of fMRI brain scan to elucidate how hypnosis works. One forecast, that I am personally interested in, has not made it: Providing public education about the truth and valid uses of hypnosis. I'd love to see MSCH members working in schools and public service organizations, teaching people how to use self hypnosis, and alert hypnosis, for their own personal benefit.

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Editor's Note: David Wark was also recently interviewed for the newsletter of the International Society of Clinical Hypnosis. To learn more about him and his work, use the link below. This edition of the ISCH newsletter also includes an interview with Antonio Capafons who appears to utilize a somewhat similar approach. Interesting!

<http://www.ishhypnosis.org/index.php/news-events/ish-newsletter>

Minnesota Society of Clinical Hypnosis
2014-2015 Program in Continuing Hypnosis Education
"Innovative Approaches to Familiar Challenges"

Date/Location	Focus/Title	Speaker
Wed., June 25, 2014 6:00 PM – 9:00 PM Carondelet Center 1890 Randolph Ave St. Paul, MN 55105	Follow-Up to Annual Workshop • Presentations •Practice • Case Discussions • Questions – Answers	Workshop Faculty
Sept 11-13, 2014 Oak Ridge Hotel and Conference Center Chaska, MN	Pediatric Hypnosis Workshops Introductory-Intermediate-Advanced sponsored by NPHTI <i>National Pediatric Hypnosis Training Institute</i> <i>MSCH & U of MN Dept of Pediatrics</i>	Internationally and Nationally Recognized Faculty
Sat, Sept 27, 2014 9:00 AM – 12:00 N Carondelet Center	<i>Being Hypnotic in Couples' Therapy</i>	Faculty: Greg Heberlein, MA Jennifer Stoos, MA
October 8-12, 2014 San Antonio, TX	SCEH 65th Annual Workshops & Scientific Program	Info: www.sceh.us
Sun, Oct 19, 2014 9:00 AM — 4:30 PM Carondelet Center 1890 Randolph Ave St. Paul, MN 55105	19th Annual Rosenthal Retreat Members Only <i>"The Poetry of Language: Hypnotic Rhythms of the Body Mind"</i>	Guest Faculty: George Glaser, LCSW, Private Practice, Austin Texas Past-President, ASCH Co-Founder, Milton H. Erickson Institute of Central Texas, National faculty: ASCH, SCEH, Milton H. Erickson Foundation, AAPB
Sat, Nov 15, 2014 9:00 AM – 12:00 N Carondelet Center	<i>What's Up With Alert Hypnosis</i>	Faculty: Dave Wark, Ph.D. Past-President MSCH, ASCH
Sat, January 10, 2015 9:00 AM – 12:00 N Carondelet Center	Common Anxieties Children: Fear of Dark, Sleep, Change Adults: Fear of Driving, Flying, Bridges, etc	Faculty: Denise D'Aurora, MEd. Becky Kajander, CPNP Helen Paul, Ph.D.
Sat, Feb. 14, 2015 9:00 AM – 12:00 N Carondelet Center	Hypnosis and Dissociative Disorders	Faculty: Noel Larson, Ph.D.
Sat, March 14, 2015 9:00 AM – 12:00 N Carondelet Center	Hypnosis and Mindfulness Part II: Compassion	Faculty: Peggy Trezona, MS, RN, CS Kate Pfaffinger, Ph.D.
March 27-31, 2015 Hyatt Regency Jacksonville Riverfront Hotel Jacksonville, FL	American Society of Clinical Hypnosis (ASCH) 57th Annual Scientific Meeting & Workshops	Info: www.asch.net
Sat, April 25, 2015 9:00 AM – 12:00 N Carondelet Center	<i>Hypnotherapy in Couples Therapy (II)</i>	Faculty: Greg Heberlein, MA Jennifer Stoos, MA
Thursday Eve – Sat. June 4-6, 2015 Crowne Plaza Hotel and Conference Center	44th Annual MSCH/U of MN Introductory and Advanced Workshops in Clinical Hypnosis	Guest Faculty: Stephen Gilligan, Ph.D.
Thursday Eve – Sat. June 2-4, 2016 Crowne Plaza Hotel and Conference Center	45th Annual MSCH/U of MN Introductory and Advanced Workshops in Clinical Hypnosis	Guest Faculty: Mark Jensen, Ph.D. University of Washington



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