



## Suggestion from the Board

by Greg Heberlein

"What we do everyday matters more than what we do once in a while." - Gretchen Rubin

I've recently been reading Roy Baumeister and John Tierney's Willpower: Rediscovering the Greatest Human Strength, a book that is both illuminating and really quite humbling. Baumeister is a brilliant social psychologist, and his research, which echoes and reinforces recent findings from neuroscience, illuminates how much of our behavior is strongly influenced by factors that are operating unconsciously.

Willpower, or self-control if you prefer, is that capacity to regulate our thoughts, feelings and actions, and is a fundamental ingredient in the change process. It's probably no surprise that research convincingly shows that willpower is a finite resource. It becomes depleted as we use it. And also not surprisingly, we use the same stock of willpower for all sorts of tasks: dealing with anxiety as we navigate rush hour traffic, resisting the holiday M and M's on a co-worker's desk, trying to contain our frustration with a pouting teenager, sorting through options on the new car we're about to order, figuring out how to get the lunch time jog in, or performing a delicate surgical procedure on a cardiac patient. Unfortunately there's no separate pool of willpower to be tapped for an important work project, or for our key relationships or an exercise program, or for focused effort on one's therapy goals. This would explain why people desperate to lose weight tend to slip on their diet later in the day when their resources for making good food choices are depleted by all the demands of their day.

So Baumeister and Tierney start with a strong recommendation: focus on one project, one self-improvement goal at a time. "If you set more than one...goal, you may succeed for a while by drawing on reserves to power through, but that just leaves you more depleted and more prone to serious mistakes later." And even sustaining focus and energy on a single change goal can be daunting when one's life is complex and stressful. As therapists we've all seen our clients struggle when their desire for meaningful change clashes with the reality of depleted resources of energy and self-control. Sometimes the discouragement this creates can threaten to derail the therapy.

A second book I stumbled on, Small Move, Big Change by Caroline Arnold, points out that resolving to make any significant change (think: lose 40 pounds and keep it off, improve my marriage, be less depressed or anxious, manage my diabetes better) inevitably

requires changes in many behaviors, most of which are on autopilot. So someone who wants to lose weight, among a number of other things, might have to change what they buy at the grocery, how they cook, when they snack and on what, portion sizes, and deal with eating in the car, during the holidays and when dining out. And that's not even addressing the exercise side of the weight loss equation. When each of these choices/actions requires scrutiny, conscious decision-making and willpower, it becomes pretty overwhelming and easy to see why so many well-intended efforts end up failing.

So I have been intrigued with Arnold's idea of **microresolutions**, small, but meaningful behavioral changes that are first and foremost do-able, that are compact, strategic and targeted, that deliver small but immediate benefits, and that are focused on consistently, relentlessly until they become habitual. Importantly, they require little willpower to succeed. Good microresolutions are easy, explicit, measurable, personal, and sustainable. And they become most powerful when they "fire on a cue" i.e. are the automatic response/behavior to a specific situation or context. (Of course people are always free to do more toward a goal if they wish, but the microresolution is what they *commit* to do.)

So consider these recent examples:

- One client, when his spouse comes into the room and starts talking to him, immediately closes his lap top and turns toward her and makes eye contact.
- Another client, who typically is home first and preparing supper when his spouse returns home, sets aside his dinner preparation and goes to her at the door for a warm hug, a kiss and a truly curious "How are you doing?"
- A third client who struggles with binge eating, now sets her fork down for one minute when she notices the first signs of feeling full, and for that minute is simply mindful of the feeling of fullness.

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While not dramatic, these are the kinds of small changes, repeated to the point that they become habitual, that can make a significant difference over time in improving a relationship or losing weight.

So as we help our clients frame therapeutic goals, let's encourage them to see clearly that transformation is a process to be nurtured, rather than a dramatic event, and to consider that there's considerable wisdom in thinking smaller and more strategic when formulating their goals.

Finally, here are a few examples of ways hypnosis can be a powerful tool to incorporate with this perspective:

- *In formulating a microresolution.* In trance, an executive struggling with feeling overwhelmed, views her dilemma from a detached perspective using the theater technique, and identifies limiting her time checking email and phone messages to three scheduled 15 minute periods each day as a doable goal.
- *In identifying cues that are best suited to trigger the action you're committed to perform.* An addict newly in recovery, in trance, does some mental

### News of Note

- Breaking news: **David Alter**, PhD, just rejoined the MSCH Board. He is stepping into the role of Past President. We appreciate his interest in and willingness to serve the organization again.
- Please note that the **date** for the March workshop, **Hypnosis and Mindfulness Part II: Compassion**, has been changed. Originally scheduled for March 14, the workshop will now take place on **March 7, 2015**.
- **Nominations** are sought for the 2015 **Annual Awards in Clinical Hypnosis**. The Daniel P. Kohen Award honors an outstanding clinician. The David M Wark award honors an outstanding teacher. To make a nomination, please contact Deb Schrobilgen ([schro451@umn.edu](mailto:schro451@umn.edu)) and include a paragraph or two about why you are recommending a member for this honor. Current board members are excluded from nomination.
- **Nominations** are also sought for two **Board Member** positions, which will be open at the end of June. You may nominate yourself. Nomination suggestions are brought to and reviewed by the current board. To make a recommendation for the board please contact Peggy Trezona ([pltrezona@gmail.com](mailto:pltrezona@gmail.com)), chair of the Nominations Committee.

time travel to past relapses to identify her vulnerable moments/triggering situations, which she now wants to serve as cues to contact her sponsor.

- *In mentally rehearsing the new behavior.* In trance, an emotionally reactive partner, practices responding differently to the cues of his spouse's irritated tone of voice and his automatic visceral reaction, utilizing supportive self-talk and a brief self-soothing breathing technique to replace his reflexive defensiveness.

So this month's suggestion from the Board is, paraphrasing John Gottman, "Small changes, made early and often, can create big changes over time."

Greg Herbelien  
Enthusiastic learner,  
teacher, and board member.



### Encouragement from the Board

We want to encourage you to take advantage of the wonderful roster of upcoming educational opportunities. On **January 10**, three of our talented MSCH members - psychotherapists, **Denise D'Aurora**, and **Helen Paul**, and Pediatric Nurse Practitioner (and NPHTI Faculty) **Becky Kajander** - are presenting a program on the use of hypnosis in the treatment of common anxieties in children and adults. **Noel Larson** will again be teaching us, on **February 10**, on the use of hypnosis with dissociative disorders. On **March 7**, **Peggy Trezona** and **Kate Pfaffinger** will follow up on their workshop from last year, presenting on hypnosis, mindfulness, and compassion. On **April 25**, **Greg Heberlein** and **Jennifer Stoos** will follow up on their fall workshop with part II of Hypnotherapy with Couples. We are very fortunate to have so many talented teachers in our midst who are willing to generously share their knowledge with us.

And now is the time to **please save the dates** for (1) THE 44TH ANNUAL MSCH / U OF MN WORKSHOPS IN CLINICAL HYPNOSIS - **June 4-6, 2015** - Guest Faculty: *World-renowned teacher, **Stephen Gilligan**, Ph.D.* and (2) THE 6th ANNUAL NPHTI Pediatric Hypnosis Workshops - **October 15-17, 2015**.

We hope you will also encourage your colleagues who may not yet have become trained in hypnosis to take advantage of the amazing opportunities to learn locally to utilize these skills that *you know* can enhance the effectiveness and increase satisfaction in our clinical work. We hope to see you at many of these upcoming events, perhaps with a friend happily in tow!

**Review of 2014  
National Pediatric Hypnosis Training  
Institute (NPHTI)  
Introductory Workshop**

Reviewer: Nancy Olesen, MA

In June of this year, I attended the MSCH Introductory Workshop in Clinical Hypnosis. It was there that I was informed about the National Pediatric Hypnosis Training Institute (NPHTI). I registered to attend the September NPHTI Introductory Workshop as it offers education and skill development training in the art and science of hypnosis specifically for children and adolescents. Some of the topics covered in the workshop were utilizing hypnosis with specific age groups, introducing hypnosis, and the therapeutic use of language.

A broad, diverse faculty and group of participants were represented at the workshop including those who traveled from California, New York, Canada, Australia, Switzerland, Texas, and Florida. Faculty represented a wide array of professions and offered their expertise as medical doctors, nurse practitioners, professors, clinical psychologists, and social workers.

The format of the workshop enhanced participant learning and skill development as the faculty presented information through lectures and then demonstrated the material in practice in front of the large group. After each lecture and demonstration, participants practiced in small-group, experiential learning sessions.

When introducing hypnosis to a young client, faculty suggested imparting to them that you are their "imagination coach" and suggested that you "normalize" everyday or "natural trance experiences" such as day dreaming, reading, drawing, watching movies, and playing video games. If the child expresses an interest in playing a sport or a specific activity, ask, "Tell me about that. How do you play that in your mind?" When teaching self-hypnosis, let them know they can choose to go to these places "on purpose...and have their brain be the boss of their body."

Attention was given to specific age groups including infants and toddlers. The therapist can invite them to play "let's pretend," use bubbles or "breathing balls," telling stories, and incorporating rituals and routines

as part of the hypnotic trance." In working with preschoolers, recommendations included utilizing puppets, action, and play. Regarding working with school age children, participants were reminded that this age has a concrete stage of cognitive development, that they have a "heightened capacity for hypnosis." Educate them that hypnosis is "creating new patterns in their brain." For adolescents, it was suggested to help them "focus on self regulation...[and] mastery" and invite them to find a new way of learning about themselves.

The therapeutic use of language was also introduced with emphasis on building rapport and confidence by using statements such as, "You know your body very well. Use things you know.... You deserve to feel good and it's nice to know you have that capability.... It may be very easy to find yourself feeling both strong and calm."

I found the workshop to be presented by wise and supportive counselors and teachers who guided me through a very comprehensive introduction to pediatric clinical hypnosis. It was a valuable educational experience that will be of great benefit to my practice as a licensed psychologist.

I am an employee of South Metro Human Services/Community Foundations, an Intensive Residential Treatment Service, where I provide clinical consultation for adults with a serious and persistent mental illness and/or chemical dependency diagnosis. In a private practice in Eden Prairie, I offer psychotherapy to children, adolescents, and adults, and once a week I facilitate creative art sessions at the Kang Le Adult Day Care in Richfield. Special interests for me are visiting the Minneapolis Art Institute, reading biographies, and creating majolica clay tiles.

On the right, our reviewer,  
Nancy Olesen,  
for the NPHTI

Introductory Workshop.

This photo was actually taken  
at the

2014 Rosenthal Retreat;  
Carol Rogers-Tanner,  
Images editor on the left.





**Review of National Pediatric  
Hypnosis Training Institute's  
Intermediate Workshop  
September 2014**

Reviewer: Anastasia Ristau, PhD, LP

After closing another great chapter of training through the Intermediate Workshop of NPHTI this past September, I am shocked to realize I have been attending off and on for about ten years! Yet like many, I view myself as "in progress" with respect to mastering the use of clinical hypnosis. These days I view NPHTI as a stomping ground for both professional and personal renewal. Sure, it is an opportunity to refresh and expand upon these invaluable skills. But NPHTI is also a reconnection with a network of some of my favorite colleagues whom I admire for many reasons as well as a time to form new relationships within this forum of like-minded clinicians. As usual, NPHTI 2014 attendees represented a range of experience level, fields of practice, and perspectives.

This year I deliberately chose to attend the Intermediate Level of training for the umpteenth-time. Mainly, I find great comfort and benefit in the forum of larger faculty-led presentations combined with small group exercises designed to facilitate increased confidence and ease in refining one's skillset. This year as in others, both were excellent, ripe with opportunities to learn from gifted clinicians. These formats push a person to move out of the comfort zone of "practice as usual" and consider new perspectives.

The small groups were an intense but valuable experience. By now I know the drill. I embrace the expected internal process and do my best to remain as present and mindful as possible, from the vulnerability of the initial discomfort and nervousness felt in the room at the beginning of each small group, to realizing how quickly and easily trust, safety and comfort is established. What I have come to appreciate is the unique mix of professional AND personal growth and development that can occur here, if one allows it. Isn't that what it's all about? As in other areas of life, we are more effective in helping and caring for others when we, ourselves, are grounded and strengthened from the inside out.

My favorites this year, though, were the "mini-intensives," offering choices from several clinical topics such as sleep disturbances or youth with psychophysiological problems (GI disorders). The leaders of these intensives shared stories of successes and challenges in clinical hypnosis, while engaging the attendees in interactive exercises designed to put to use skills discussed elsewhere. The information gleaned in these sessions was stellar.

By now, I know to allow myself the range of thoughts and feelings that come with moving through these three days of NPHTI, and to soak it all in. I find enrichment from being surrounded by this amazing group of clinicians, seasoned and fresh to the world of clinical hypnosis alike. The wisdom in the feedback received is rich. At times opinions are strong and unwavering but with a gentle nudge to take what you wish from it and make it your own.

On a side note, the past few years NPHTI has been held at the Oak Ridge Conference Center in Chaska, MN. This year, I made the conscious decision to focus more on finding a balance, when possible, between the fantastic food and physical activity. The weather cooperated, so what better way to do this than to get outside! It turns out that behind the conference center is a serene landscape perfect for refreshing the mind and body, with a walking path around a pond, out in the sun and through some woods. I gave myself the gift of walking in silence during a bit of each lunch-break, engaging in self-reflection and processing everything I had been experiencing, reconnecting with nature, and renewing my mental energy. I noticed many other attendees doing the same, each appearing peaceful and content.

Each year going in I wonder whether the cost-benefit of my time and financial investment in this workshop is going to pay off. And once again, I finish the workshop renewed in my commitment to use these skills as often as possible, reminded of the ongoing process of growth and opportunity that the practice of clinical hypnosis presents for each of us. This is not something one "masters" or "perfects" but rather represents a range of techniques that one embraces, integrates, and allows to naturally unfold as needed. NPHTI 2014 certainly did not disappoint.

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Our reviewer, Anastasia Ristau.

**Anastasia Sullwold Ristau, PhD, LP**, is a psychologist specializing in pediatric/clinical child psychology. Licensed in Minnesota since 2004, Dr. Ristau provides comprehensive psychoeducational evaluations as well as consultation and treatment guidance as part of her clinical practice within a specialty multidisciplinary clinic, Pediatric Integrative Medicine clinic in Chaska, MN, phone: 952-361-2476.

Emphasis is upon empowering children and their families with effective mind-body-behavior tools, with a focus upon self-care, coping and self-regulation strategies. She enjoys working within a team setting focused upon integrative health. Outside of her clinic work, Dr. Ristau also maintains her private LLC business (ASR Pediatric Psychology, email: [asullwold@aol.com](mailto:asullwold@aol.com)) through which she enjoys providing consultation, training/workshops and advisory roles such as with product development. Areas of expertise range from general emotional or behavioral challenges, to more specific areas such as learning disabilities, chronic and acute medical issues, toileting/sleep/medical compliance challenges, medical procedure/surgical tolerance, depression, anxiety, OCD, ADHD, high functioning developmental disabilities/Autism Spectrum Disorder, and psychosomatic or stress-related disorders.

Dr. Ristau is married and has two young children. She enjoys laughing about anything and everything as much as humanly possible while taking active steps to maintain a sense of keeping life grounded, authentic, healthy, and fun.



Eight people participated this year in six hours of training to become facilitators of small groups, increasing the pool of NPHTI faculty. From left to right: Fred Bogin, MD, Massachusetts; Meg Zwieback, Ped Nurse Practitioner, Oakland, CA; Jeff Lazarus, MD, Menlo Park, CA; Michele Strachan, MD, Minneapolis, MN; Adam Keating, MD, Cleveland, OH; Dan Kohen, MD (faculty trainer), Minneapolis, MN; Eileen Poulin, MD, Maine; Pam Kaiser PNP, PhD (faculty trainer), Menlo Park, CA; Camilla Ceppi, MD, Zurich, Switzerland; and Ralph Berberich, MD, San Francisco, CA. Thanks, Pam, for making yourself shorter so we could see the whole group!



NPHTI faculty leisure after a long day of teaching. Foreground: Laurence Sugarman, MD, Rochester, NY; at the piano, Howard Hall, PhD, PsyD, Cleveland, OH; left background: Melanie Gold, DO, New York; and right background: Cheryl Bemel, PhD, Mendota Heights, MN.

### Memorial Service for Shep Myers, Former MSCH President October 12, 2014

Shep's memorial service embodied who he was, with its warm, relaxed atmosphere as family, friends, and colleagues filled up the Shir Tikvah synagogue. Shep was not one for formality, so it seemed particularly fitting that the service was organized around personal reflections. His wife, Deb, daughters, Tamar and Annika, his men's group, and his colleague and friend, Al Clavel, acknowledged through stories what made them love him so much and now, deeply miss his presence. His zest for life was a chord that played over and over throughout the afternoon, leaving all of the folks attending with a sense of how important it is to live life fully.

- Peggy Trezona, MS, RN, CS



June 2012, at the post-workshop faculty party on Shep's back deck. L-R Shep Myers, Peggy Trezona, and A.W. (Buddy) Atkinson.

**Review of September Workshop  
Being Hypnotic in Couples' Therapy,  
Part 1**

**Greg Heberlein, MA, and Jennifer Stoos, MA**

Reviewer: Holly Birkeland, MA



Our presenters,  
Greg Heberlein and Jennifer Stoos

If you work with couples, as I do, you are all too familiar with those moments in which the two individuals in front of you act like aliens out to destroy the very notion of love and harmony in favor of their affinity to their negative story. (Do they even notice you're there?) It is in those moments, according to Greg Heberlein, MA, and Jennifer Stoos, MA, co-presenters of Being Hypnotic in Couples' Therapy, that we are afforded the opportunity to "be" hypnotic.

Most of us understand what it means to "be" hypnotic as opposed to "doing" hypnosis. It occurred to me after my introductory training in clinical hypnosis, when I noticed that I was pacing better with clients, breathing with them, and doing more inviting and wondering with them. While I was thrilled with the new tool I had for "doing" hypnosis, I was surprised at the spillover that is described as "being" hypnotic.

Greg Heberlein and Jennifer Stoos are MSCH members and experienced couples therapists. (You may have attended Greg's workshop for MSCH on this topic a few years back.) In this workshop they focused on three key opportunities for therapists to become more hypnotic in an otherwise "rambunctious" setting. They are: *Notice*, in which we call attention to something small that may be happening; *Invite*, in which we may evaluate the client's receptiveness to a hypnotic experience; and *Practice*, in which the therapist encourages a continuation of the

hypnotic experience. Within each of these opportunities are sub-categories that serve to enhance the experience. For example, we may *Notice* someone's frustrated expression on their face and *ask* about it, or *describe* what we saw, or *comment* on the frustration. We may *Invite* by *asking* if the client is willing to go deeper with that feeling, or perhaps *wonder* about how it feels to pay attention to the signal. We may encourage *Practice* by considering a *cue* for them to help with learning to tolerate the frustration or increase their calm in the face of the sensation, and afterwards perhaps offering a post-hypnotic suggestion of carrying a feeling, idea, insight, or viewpoint from the session with them into the week ahead.

The workshop allowed for practice of these elements through viewing scenes from a movie, further enhancing the awareness that each clinician will pay attention to different elements, yet we can all hone in on that attentiveness to be hypnotic. It doesn't matter if I am doing EFT or if I am doing CBT, "being hypnotic" in a session enhances my work.

Technical glitches delayed the start of the workshop resulting in the presenters not getting through their entire presentation; that's too bad because the slides that didn't make it to the discussion do a wonderful job of deepening the understanding and applicability within the context of issues couples face, such as low hope, attachment difficulties, and perpetual problems. A great touch was the novel handout: a stack of cards summarizing the three components, a great tool for remembering and practicing! Part 2 of this workshop is scheduled in April. I look forward to it and recommend it to anyone who is familiar with the intensity couples bring to the therapy room.



Holly Birkeland, MA, LMFT

I work at Rekindle Counseling in Edina, primarily with couples. I enjoy integrating various clinical approaches in my work with this wonderfully diverse and challenging population.

Our reviewer, Holly Birkeland, after the workshop, being serenaded with "Happy Birthday to you...."



## Review of the 19<sup>th</sup> Annual Rosenthal Retreat



Our Presenter,  
George Glaser, LCSW

### **The Poetry of Language: Hypnotic Rhythms of the Body Mind**

Faculty: George Glaser, LCSW  
Reviewer: Rachel Rehbein, LPC

The Rosenthal Retreat presented by the Minnesota Society of Clinical Hypnosis was the first smaller gathering that I had attended as an official MSCH member. I was excited about the opportunity to learn and be a part of this new community of professionals, and drove down that day from Duluth to hear George Glaser speak. I was intrigued by the concept of poetry as language, and the emphasis on the way in which language specifically contributes to hypnotic interventions with clients. Upon arrival, I was struck by the sense of camaraderie that was palpable in this small room of professionals. I was greeted as if I were an old friend. Many took the time to come up to meet me since I was a new face to them.

This atmosphere of acceptance and warmth continued into the actual training. The speaker was warm and knowledgeable, although I feel I would have benefitted from a more structured presentation. I find I am much more willing and able to take in and utilize information when it is presented in a manner that is concrete and directly applicable. Although the subject matter was interesting to me, the free-flow and somewhat disorganized manner in which it was presented proved to be a challenge at times for me. My first instinct is to view everything with a healthy dose of scientific skepticism and portions of the presentation felt as if the subject matter teetered on the edge of the mystic. Or at least this was my initial reaction.

As the day continued, however, I became more aware that there were many professionals in the room who expressed a number of different points of view regarding clinical interventions. With this I also became more aware of the presenter's ability to speak to and respect all of these different viewpoints while remaining very sure of his own professional perspective. The experience within the training became more about a feeling of inclusion and oneness, with an acceptance that we all experience our inner processes differently. This was never more evident than in the demonstration portions of the training. The volunteer subjects were drastically different from any client I work with currently but I found the

demonstrations both moving and useful. I was able to see and hear different ways of shaping language within hypnotic interventions. I was also able to observe the importance of utilizing the deeply touching clues a client provides you within the work that we do. I look forward to more opportunities to be a part of this amazing, inspiring group of MSCH professionals as I continue to learn and grow as a young professional.

Rachel Rehbein is a Licensed Professional Counselor in the state of Minnesota and a Nationally Certified Counselor. She received her Bachelor's degree in psychology from Greenville College and her Master of Science degree in Clinical Counseling from Eastern Illinois University. She has been a practicing psychotherapist since 2010.

Rachel has a history of working in community mental health and inpatient psychiatric care, and specializes in working with young children, ages 4-12. She has received extensive training in Trauma-Focused Cognitive Behavioral Therapy, Child-Centered Play Therapy, and Jungian Sandplay Therapy, and has recently attended introductory courses for clinical hypnosis (MSCH) and pediatric hypnosis (ASCH). She currently works as a psychotherapist at Northwood Children's Services Intensive Day Treatment for children with mental health diagnoses at Laura MacArthur Elementary School in Duluth, MN.



Our reviewer, Rachel Rehbein,  
at the Rosenthal Retreat.



Our presenter, George Glaser, with demonstration  
volunteer, Lana Abboud.

## November Workshop Review:



Our Presenter:  
David Wark

### What's Up with Alert Hypnosis?

Presented by David Wark, PhD  
Reviewed by: Mark Gemmell, PsyD

On Saturday November 15<sup>th</sup>, members were treated to a thoroughly enjoyable and informative workshop with David Wark, PhD, ABPH, past president of both MSCH and ASCH, "What's Up with Alert Hypnosis?" The presentation began with an explanation of the alert eyes open method for hypnotic induction, reviewing relevant research and applications. Participants were then invited to enter and experience alert hypnosis. Members then participated in a series of carefully structured guided exercises, practicing alert hypnotic inductions.

Alert hypnosis offers some possible advantages in being more straightforward and rapid, based on successive breaths in and out, with specific instructions for each of three breaths, resulting in a very focused concentration. Alerting is also very rapid, involving a few blinks of the eyes. Members were instructed in how to demonstrate and teach the technique to clients. The technique is partially based on known perceptual phenomena that occur when one gazes fixedly at an object. These phenomena are suggested and then utilized to affirm the presence and deepening of a trance state.

Alert Hypnosis has many applications such as for anxiety, medical procedures, and complex PTSD and Dr. Wark gave numerous examples. It also may have more effectiveness with clients who are leery of hypnosis (or what they "know" about hypnosis), or have a great fear of being manipulated or controlled. The eyes open orientation may give them a greater assurance of control, cooperation and active participation in the process.

For me personally, the workshop was a reminder of two things. First, what a rich resource MSCH is, offering regular opportunities for learning and expanding skills to its members. And secondly, what a wealth of nationally and internationally recognized practitioners we are so fortunate to have right here in Minnesota. There is not a better way to spend a Saturday morning.



David Wark demonstrating alert hypnosis.

Mark Gemmell earned his PsyD in 1995, following a year's clinical internship at the Hamm Memorial Psychiatric Clinic in St Paul. His first few years of practice were with sexual offenders at Project Pathfinder, Inc., an outpatient program in St Paul, and the state's St Peter Regional Treatment Facility. In 2007 he accepted a position as a generalist at the Minnesota Mental Health Clinics, where his work continued to include men's issues and sexual addiction. He also added couples therapy and the range of individual treatment approaches to anxiety, depression, anger and stress management. He offers an eclectic mix of cognitive, psychodynamic and mindfulness based therapies. Since September of 2014 he has been in private practice at Bridges and Pathways Counseling Services of Woodbury.

In 2010 he attended his first Annual Workshop in Clinical Hypnosis and has attended every year since.

He is seeking to incorporate hypnosis more deeply into his private practice and is currently receiving advanced supervision toward formal certification.



On the left, our presenter, David Wark, answering a question; on the right, our reviewer, Mark Gemmell.



**A Case Study -  
The Utility of DBT and Joys of Hypnosis**

Carol Rogers-Tanner, MSE, Images Editor

*As editor of Images I like to include articles beyond the usual reviews of workshops and the Suggestion from the Board. I had a really fun and satisfying session yesterday, conducted almost entirely in hypnosis so I decided to try writing up a case study, changing a few details to help protect the client's anonymity. I am hoping it may be an inspiration for YOU to write up one of your own for Images in the future!*

As I have recently moved into semi-retirement one of my goals has been to work at a slower pace and to take the opportunity to be somewhat selective about my client load. Luckily I have a new colleague who likes working with clients with Borderline Personality Disorder. So I wasn't sure about whether I would keep a new client as I reviewed her intake paperwork before meeting her in mid-November. She was in her late 40's and reported a history of childhood abuse, many years of therapy off and on, and endorsed currently having almost every symptom listed. She had been on a leave of absence from work for about a month and needed to learn how to manage angry reactions.

As we talked it became clear, however, that she also had some definite strengths and had had successes relationally and vocationally. She was married and lived with her husband, a grown son, and his daughter. She reported that she had developed many helpful skills in previous therapy and has been able to forgive her childhood abuser. She had been devoted to her mentally handicapped father, helping him navigate the world.

She had done well vocationally until she took a governmental job and ran into situations that involved people not following the rules. As a manager, at times she found herself being asked or directed to carry out policies which seemed to clearly cross the boundaries of right or wrong, and sometimes was asked to direct her staff to institute burdensome procedures. Righteous indignation and emotional reactivity would take over. Initially she was reprimanded for not controlling her anger; more recently she would

just keep her mouth shut and be criticized for not participating. She wished to be able to return to work as soon as possible and to feel confident that she could effectively manage challenging situations. She wanted to resume her role as a supportive manager for her staff. She was somewhat skeptical about her chances.

I took her on, of course, and have usually been able to see her twice a week for a total of eight sessions so far. She is planning to start a two-week day treatment program. She is practicing self-hypnosis. She has not returned to work yet, but in hypnosis yesterday, visualizing herself managing those challenging situations at work, she said, "I can do this."

Homework after the first session was to practice diaphragmatic breathing and fill out a solution-oriented questionnaire about her goals. I later introduced concepts and skills from Dialectical Behavior Therapy, including core mindfulness skills, taking a non-judgmental stance, interpersonal effectiveness skills, and some emotion regulations skills. We identified and reinforced her strengths and talked about the sources of her vulnerabilities to dysregulation. We identified beliefs that have contributed to the problem, e.g. "I should always be able to advocate effectively, to get my proposed – and obviously correct – solution adopted."

In the session before last we did some more in-depth hypnosis including safe place imagery and focusing on emotion regulation. I learned that she loved golf and had easy access to helpful imagery. She had practiced the finger-to-thumb cue for relaxation in trance, then adopted a circling motion of her fingers as she practiced dialing down and up her emotional level. She came in yesterday with two books she had purchased (on DBT and anxiety), saying that she had really enjoyed the hypnosis, thought it was very helpful but needed to learn a cue that wouldn't look bizarre like circling her fingers. "So let's do it!" she said.

We utilized the golf course imagery, emphasizing her ability to develop mastery with practice. She practiced anchoring increased relaxation with the pressure of her hand on her thigh. She did repeated imaginal exposure and rehearsal,

*Continued on Page 9*

visualizing herself in a tense meeting where she would typically shut down (dissociate?). She came up with the wind as an analogy for the distressing voices/messages at the meeting. She sometimes gets drawn into just whaling on her golf ball, driving it into a water trap, then getting into the water to try to get it out. She developed alternative ways to respond to that "wind" in meetings, imagining replying (and saying aloud in trance a number of times), "I'll have to think about that. I'll get back to you tomorrow." She coached herself aloud several times, "no judgment" or "wise mind."

It was a joy to be with her as she did this work. We conversed and I sometimes made a suggestion for a correction, such as reminding her that she might find herself beginning to get into the water trap or starting to judge and that's OK. That, too, can be a cue to use her skills. Much of the time, I was just saying, "That's right." I'm

already thinking of things to add next time we meet, such as more acceptance of the wind, letting it move by her. After opening her eyes she asked if it's a good idea to try to have empathy for those who are creating the wind and I got to say once more with enthusiasm, "That's right!"

I have been editing Images since the fall of 2011. I joined the MSCH board a year before that and served as Treasurer for the first year. I love reading and realized a little while ago that I like writing, too, but that the place this was happening the most was in my progress notes at work! I am working now at Maplewood Psychology ([www.maplewoodpsychology.com](http://www.maplewoodpsychology.com); phone 651.770.1311) with ages 11 and up. At HealthPartners I had been working with and appreciating the benefits of the electronic medical record for some time. I am back to hand writing notes, at least for now. Quite the change! Do let me know if you would like to write up a case note for Images or muse on something else. For Images or MSCH business, please contact me at home: [carolrt@q.com](mailto:carolrt@q.com) or phone 651.436.8771.

**Minnesota Society of Clinical Hypnosis**  
**2014-2015 Program in Continuing Hypnosis Education**  
*"Innovative Approaches to Familiar Challenges"*  
*All Workshops are for Members Only, except for the June Workshops*

Date/Location	Focus/Title	Speaker
<b>Sat, January 10, 2015</b> 9:00 AM – 12:00 N Carondelet Center	<b>Common Anxieties</b> Children: Fear of Dark, Sleep, Change Adults: Fear of Driving, Flying, Bridges, etc	Faculty: Becky Kajander, CPNP Helen Paul, PhD
<b>Sat, Feb. 14, 2015</b> 9:00 AM – 12:00 N Carondelet Center	<b>Hypnosis and Dissociative Disorders</b>	Faculty: Noel Larson, PhD
<b>Sat, March 7, 2015</b> 9:00 AM – 12:00 N Carondelet Center	<b>Hypnosis and Mindfulness Part II: Compassion</b>	Faculty: Peggy Trezona, MS, RN, CS Kate Pfaffinger, PhD
<b>March 27-31, 2015</b> Hyatt Regency Jacksonville Riverfront Hotel Jacksonville, FL	<b>American Society of Clinical Hypnosis (ASCH)</b>  <b>57th Annual Scientific Meeting &amp; Workshops</b>	Info: <a href="http://www.asch.net">www.asch.net</a>
<b>Sat, April 25, 2015</b> 9:00 AM – 12:00 N Carondelet Center	<b>Hypnotherapy in Couples Therapy (II)</b>	Faculty: Greg Heberlein, MA Jennifer Stoos, MA
<b>Thursday Eve – Sat. June 4-6, 2015</b> Crowne Plaza Hotel and Conference Center	<b>44<sup>th</sup> Annual MSCH/U of MN</b> <b>Introductory and Advanced Workshops in Clinical Hypnosis</b>	Guest Faculty: Stephen Gilligan, PhD



Visit us on the Web  
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Editor, Carol Rogers-Tanner  
carolrt@q.com

Layout by  
MSCH Administrative Secretary  
Deb Schrobilgen  
PO Box 755  
Prior Lake, MN 55372-0755  
schro451@umn.edu

### MSCH Members Available for Supervision Toward ASCH Certification

David Alter, PhD, LP, ABPP, ABPH	763.546.5797
Suzanne Candell, PhD	612.767.1610
Richard Duus, PhD	218.722.2055
Thomas Harbaugh, PhD	651.484.4909
Wendy Lemke, MS, LICSW, LMFT	320.558.6037
Ralph McKinney, PhD	952.544.0433
Helen Paul, PhD	952.945.0401
Richard Studer, MA, LMFT, LP, LICSW	651.641.1555 ext 105
Mark Weisberg, PhD, ABPP	612.520.9159
Elaine Wynne, MA, LP	763.546.1662
Sandra L. Nohre, MA, PhD., Sexologist, LP, LMFT Certified Sex Therapist, Certified in EMDR	952.944.1585
Delle Jacobs MSW, LICSW	651.642.9883



### MSCH Board Members and Contact Information

Contact information is for **MEMBERS ONLY** since this may be a personal email or home/cell phone. Do not share this information with potential referrals/clients. Please refer to the practice location information on the MSCH website or contact the board member yourself first.

Name	Board Position	E-Mail	Phone
David Alter, PhD, LP	Past President	drdavidalter@gmail.com	763.546.5797
Nancy Arikian, PhD, LP	Psychologist at Large	nancyarikian@comcast.net	612.353.5414
A.W. (Buddy) Atkinson, MD	Physician At Large	awamd@charter.net	507.202.5408
Cheryl Bemel, PhD, LP	Treasurer	c.bemel@comcast.net	612.803.3018
Scott Cruse, MSW, LICSW	Master's Practitioner at Large	scottclydecruise@gmail.com	612.598.6890
Mark Fastner, MS, LP	Webmaster	mfast658@gmail.com	651.254.8580
Mark Gemmell, PsyD, LP	Psychologist at Large	Vanmarkgemmell@hotmail.com	612.703.4293
Mary Grove, PsyD, LP	Secretary	mary.grove@allina.com	651.241.1892
Greg Heberlein, MA, LP	Master's Clinician at Large	gregheberleinlp@gmail.com	651.642.9317 x 106
Susan Heitzman, RN, MS, CNS	Nurse at Large	sheitzm1@fairview.org	612.273.6398
Heather Klein, PhD, LP	Member at Large	drheatherklein@hotmail.com	952.224.0399 x 3
Dan Kohen, MD	Director, Education & Training	dpkohen@umn.edu	763-546-5797
Carol Rogers-Tanner, MSE, LP	Images Editor	carolrt@q.com	651.436.8771
Benjamin Wolf, MSW, LICSW	President	MSCH.President@gmail.com	612.643.1920