



THE MILTON H. ERICKSON FOUNDATION NEWSLETTER

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I N T E R V I E W

INSIDE THIS ISSUE

INTERVIEW	
Francine Shapiro	1
IN THE SPIRIT OF THERAPY	
An interview with Don Meichenbaum, Ph.D.	4
ERICKSON CONGRESS 2015	
Call for Proposals	5
THE POWER OF TWO	
Marcelo Alvarez & Yolanda Aguirre	6
CASE REPORT	
Think Fast	7
BOOK REVIEW	
The Induction of Hypnosis: An Ericksonian Elicitation Approach	7
NEWS	
The Milton and Elizabeth Erickson Museum	8

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Francine Shapiro

Interviewed by Bill O'Hanlon

Francine Shapiro, PhD, is the originator and developer of EMDR, which has been designated as an effective trauma treatment by a wide range of organizations, including the American Psychiatric Association and the World Health Organization. She is a Senior Research Fellow Emeritus at the Mental Research Institute in Palo Alto, California, Director of the EMDR Institute, and founder of the non-profit EMDR Humanitarian Assistance Programs (HAP), which provides pro bono training and treatment to underserved populations worldwide. HAP is now an international NGO in Special Consultative Status with the United Nations Economic and Social Council (ECOSOC), and has received an award for Clinical Excellence from the International Society for Traumatic Stress Studies. Dr. Shapiro is a recipi-



ent of the International Sigmund Freud Award for Psychotherapy, presented by the City of Vienna in conjunction with the World Council for Psychotherapy and the American Psychological Association Trauma Psychology Division Award for Outstanding Contributions to Practice in Trauma Psychology. Her books include, *Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols and Procedures; Handbook of EMDR and Family Therapy Processes; EMDR as an Integrative Psychotherapy Approach; and Getting Past Your Past.*

Bill O'Hanlon: You had a health crisis that led to you becoming a psychologist. Is that right?

Francine Shapiro: I was about 30 years old. I was finishing up a PhD in English literature and then I got cancer. Norman Cousins' work was coming out at that time on the effect of stress on the immune system. It made sense. The principles seemed valid but there weren't techniques widely available to help. I remember thinking: 'If we're putting men on the moon, how come we weren't able to deal with our minds and bodies?' I had been out to California previously and it seemed cutting-

edge approaches were available. So I left my PhD program and went to California to look for answers. I attended workshops on body work and applied kinesiology, hypnosis, and meditation - a whole slew of things. Then I decided to look at the formal field of psychology and entered a PhD program. I had no intention of becoming a psychologist. I just wanted to see what the principles might be. My goal was to find out what works and get it out to the general public.

One day, I took a walk in the park and noticed the effect of eye movements on myself. I wasn't looking at anything, just walking, and I noticed that disturbing thoughts were disappearing. When I brought them back, they didn't have the same charge. So I started paying close attention because I had been using my own mind and body as a laboratory for the past seven years. I noticed that when a disturbing thought came to mind, my eyes started moving rapidly in a certain way, and I noticed the thought shifting. Again, when I brought it back, it didn't bother me anymore. I wondered if I could do it deliberately. So I brought up something that bothered me, moved my eyes in the same way, and I got the same results.

When I established that I could do it for myself, I wanted to see if it could work with anyone else. I gathered every warm body I could lay my hands on -- people at school, folks I knew, and asked, "Do you have anything you want to work on that's bothering you?" Not surprisingly, everyone did. I showed them how my eyes had moved, asked them to think of the disturbance and move their eyes, but found out most people didn't have the muscle control to do it. So I said, "Follow my fingers with your eyes." I started guiding them, and I found that the eye movements began to take away anxi-

INTERVIEW continued on page 20

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EDITOR'S COMMENTS

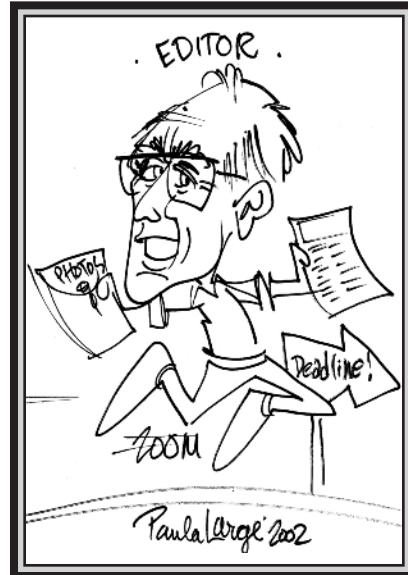
This year's Newsletter themes have been influenced by both the resounding echoes from last year's Evolution of Psychotherapy Conference and the pull of this December's Brief Therapy Conference. That forward movement is also being augmented by the upcoming Couples Conference, to be held April 24-26, 2015. All three of these conferences are fueled by the evolving nature of our profession. To demonstrate this perpetual evolution, we have chosen to interview former Newsletter alumni, Francine Shapiro, and Don Meichenbaum.

Bill O'Hanlon, also a Newsletter alumnus, interviews Shapiro for our front-page *Featured Interview*. It has been 13 years since we've interviewed Shapiro, so it seemed like it was time for us to catch up with her current perspectives. You can read the previous interview by going to Volume 21, Issue 1, at the Newsletter Archive on the Web. (<http://erickson-foundation.org/download/newsletters/Vol-21-No-1.pdf>)

Don Meichenbaum is interviewed by another Brief Therapy Conference presenter -- John Lentz, in Lentz' *The Spirit of Therapy* column. Meichenbaum is also a past featured interviewee. After reading his archived interviews [23(2) and 34(1)], through Lentz' discussion about Meichenbaum's spiritual evolution, readers gain an enhanced three-dimensional understanding of a highly complex man.

Marilia Baker pays homage to the Ericksonian international community in *The Power of Two* column, this time honoring Marcelo Alvarez and Yolanda Aguirre. I had the privilege to briefly speak with this dynamic couple in 1999 at the 7th Ericksonian Congress. They were on their way to renew their wedding vows and afterwards celebrated in Mrs. Elizabeth Erickson's hotel suite. Be sure to read Baker's column to see what they have planned for the Brief Therapy Conference.

The Induction of Hypnosis: An Ericksonian Elicitation Approach is an important book written by the quintessential torch-bearer of the Erickson message -- none other than Jeff Zeig. Alexander and Annellen Simpkins have done an outstanding job of presenting Zeig's provocative, respectful,



and highly personal perspective on an Ericksonian elicitation approach to hypnotic communication. There's much to learn here.

A decidedly Ericksonian perspective runs through John Dyckman's *Case Reports*. It is reminiscent of Erickson's classic intervention with the teen who thought her feet were too big. The Ericksonian theme continues with *Richard Hill's ongoing review of The Collected Works of Milton H. Erickson*. In this article he reviews *Volume One - The Nature of Therapeutic Hypnosis*. Hill, also a presenter at the Brief Therapy Conference, presents his *Beginner's Mind*.

Our media reviews continue with John Lentz' review of Bill O'Hanlon book, *Out of the Blue: Six Non-Medication Ways to Relieve Depression*. I find it fascinating that reading each of O'Hanlon's 35 books is like looking through 35 separate windows into a house of humanity. Bravo!

The DVD review of Jane Parsons-Fein's *In the Room with Milton H. Erickson, MD, Volume One* is a double treat. Not only is it a welcome addition to connections with Dr. Erickson, it is reviewed by our own Alexander and Annellen Simpkins.

I cannot think of a better person to review the book, *Morning Meditations: Daily Reflections to Awaken Your Power to Change*, than John Lentz, our *In the Spirit of Therapy* columnist. I love his personal style and energy. Kay Colbert follows with her

book review of Andre Brandt's, *Mindful Anger: A Pathway to Emotional Freedom*. I appreciate Colbert's presentation of Brandt's perspectives, highlighting his utilization and processing theme, rather than the often-cited distraction and willpower models.

Reid Wilson presents his own style of utilization and processing in his DVD, *Cognitive Therapy for Obsessions*, also reviewed by John Lentz. Be warned, Lentz' enthusiasm for this DVD is contagious.

The final four book reviews cover personal and professional excellence in being a therapist. Michael Hoyt reviews Jeffrey Kottler and Jon Carlson's *On Being a Master Therapist: Practicing What You Preach*. Rather than teaching specific techniques, Hoyt points out how Kottler and Carlson identify the underlying qualities that make up a master therapist. One of those qualities, cited by Hoyt, is the "extensive reading of the literature." Contributing to that end is *Translating Psychological Research into Practice*, edited by Lisa Grossman and Steven Walfish, and reviewed by David Hargis. I commend Hargis for presenting an excellent review that covers 65

chapters, which includes the concepts, research and application of evidence-based practices. Not an easy task.

At the grand rounds level, Maria Escalante de Smith reviews another opus: *Essential Psychopathology Casebook*, edited by Mark D. Kilgus and William Rea. Escalante de Smith offers examples from the book that go beyond the DSM-V. A very useful tool. With a more specific focus, David Hargis again takes on the task of reviewing an information-dense book: *ACT & RFT in Relationships*, by Joanne Dahl, Ian Stewart, Christopher Martell, and Jonathan S. Kaplan.

All totaled, the reviews and articles in this Newsletter wonderfully and accurately represent the continuing evolution of our profession -- our craft and art. Please join me at both the Brief Therapy Conference, December 11-14, 2014, in Anaheim (www.brieftherapyconference.com) and the Couple's Conference April 24-26, 2015 in Manhattan Beach, California (www.couplesconference.com), and be an active part of the evolution. See you there.

Richard Landis
Orange, California

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—and more!



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IN THE SPIRIT OF THERAPY

An interview with Don Meichenbaum, Ph.D.

By John D. Lentz, DMin.

Don Meichenbaum, Ph.D., is a Distinguished Professor Emeritus from the University of Waterloo, Ontario, Canada. (He took early retirement from the university 18 years ago.) Currently, Meichenbaum is Research Director at the Melissa Institute for Violence Prevention and the Treatment of Victims of Violence in Miami. He is one of the founders of cognitive behavior therapy and was voted "one of the ten most influential psychotherapists of the 20th century," in American Psychologist magazine. Meichenbaum has received many accolades, including a Lifetime Achievement Award from the clinical division of the American Psychological Association and has served as Honorary President of the Canadian Psychological Association. He has presented in all 50 U.S. states and internationally, and has published extensively. His most recent book is Roadmap to Resilience (www.roadmaptoresilience.org).



John Lentz: Dr. Meichenbaum, you have been thinking of this interview through the lens of your personal journey from behavior therapy to spirituality. It may nudge many people to address their own journey. Let's begin with your training. I understand you were trained as a behavior therapist at the University of Illinois in the 1960s. How did you become a strong advocate for ways to integrate spirituality with psychotherapy?

Don Meichenbaum: Well, you are really dating me. I was at Illinois when behavior therapy was at its zenith. In fact, I did my Ph.D. dissertation on operant conditioning of schizophrenics. I trained schizophrenics to talk to themselves. At that time the concept of cognition was eschewed, let alone any reference to spirituality. I then took a job at the University of Waterloo where I conducted research for 40 years on the development of cognitive behavior therapy with a broad range of clients, including impulsive and hyperactive children, patients with pain, and individuals with anger control and stress reaction problems. I was teaching citizens of Ontario to talk to themselves in a more adaptive coping manner. After 40 years, I took early retirement and like many Canadians went to Florida for the winters. In Florida, I became the Research Director at the Melissa Institute for Violence Prevention. There I became involved with clients who had marked histories of trauma and victimization.

JL: How did your work with traumatized/victimized individuals lead you to incorporate spirituality into your clinical practice?

DM: I became involved with returning soldiers, victims of natural disasters, such as Hurricane Katrina and Sandy, and victims of sexual abuse and violence. Two things stood out in my work and consultations with these populations. First, in the aftermath of experiencing traumatic events, most individuals -- some 75 percent -- will be impacted, but they go onto evidence resilience and have the ability to bounce back and confront ongoing adversities. In contrast, 25 percent develop chronic PTSD, comorbid disorders, and associated persistent adjustment problems. PTSD is essentially a disorder of non-recovery. It is also a reflection of a specific type of autobiographical memory. Something "bad" has to have happened to an individual (a Type A criterion event according to DSM). Now individuals have to tell others and themselves stories about what happened and the implications for them-

An essential finding in working with traumatized individuals is that the major way they cope is to use some form of spirituality, or they depend on their faith or communal religious practices.

selves and others in the future. In short, people are not only Homo sapiens, but they are Homo narrans or storytellers. This led me to embrace a constructive narrative perspective approach to therapy. I have even put together an algorithm or formula of exactly what individuals have to do and not do in order to develop PTSD, and the treatment implications. I have enumerated specific ways psychotherapists can help clients develop "healing stories" with an accompanying coping repertoire. [For details, see *Roadmap to Resilience* that uses the strengths-based growth treatment approach.]

Now I will get to the heart of your question. An essential finding in working with traumatized individuals is that the major way they cope is to use some form of spirituality, or they depend on their faith or communal religious practices. A key feature of their stories is to incorporate a version of spirituality.

JL: Can you give some examples of how spirituality can be integrated with psychotherapy?

DM: First, it is advisable for clinicians to systematically assess the roles that spirituality or religion play in the lives of their clients, especially clients who have experienced some form of victimization. There is a need to find out what the client did to survive and be resilient. (Probe for what has been called "the rest of the story.") There is value in exploring how the client's faith has the potential of bolstering resilience. The psychotherapist needs to determine if the client is experiencing a "spiritual struggle," feeling abandoned, and/or punished by God. (Anger interferes with the processing of emotions.) There are a number of evidence-based interventions that have been tailored to specific religious groups in a culturally-sensitive fashion. Finally, I have consulted at a number of residential treatment centers where 12-Step AA programs are prevalent. I have worked with these groups and developed a checklist for individuals who have attended or are presently attending AA meetings to share with their therapists, so that an integrated treatment program can be implemented.

JL: How can readers learn more about your constructive narrative treatment approach that integrates spirituality and psychotherapy?

DM: Interested readers can visit a website that I oversee: www.melissainstitute.org. On the home page is the author index. If they click on this they can scroll to Meichenbaum and open a number of papers, including "Trauma, Spirituality and Recovery." I am proud to say that the Melissa Institute website has had over two million hits worldwide this year. In addition, readers can visit www.roadmaptoresilience.org and read submissions by individuals who describe ways in which they use some form of spirituality as a way to cope with personal tragedies.

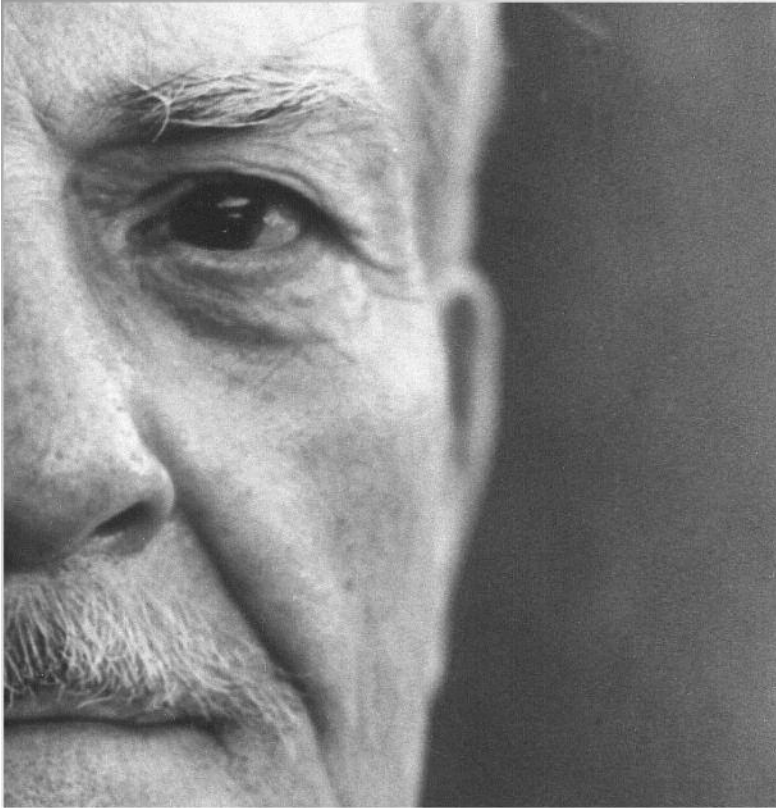
JL: Thank you for the interview. You have been very kind, both in how you agreed to this interview, as well as in your quick responses to questions. I do have one last question. How do you think your supervisors from the University of Illinois would respond if they knew you were advocating for a role of spirituality in psychotherapy?

DM: I think they would turn over in their graves!

JL: Perhaps that is true if they were stuck in the past, because being stuck in the past is like being dead. But if they were alive they just may have grown and changed and be cheering you on as many people will and do. You remain an innovator. Thank you.

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We are only accepting online submissions. Please submit your proposal at www.ericksoncongress.com.

DEADLINE: Proposals must be submitted online by January 24, 2015. Acceptance or rejection will be sent by March 17, 2015.

There will be approximately 40 Solicited Short Courses with one and a half hours allotted for each Course on Thursday, December 10, 2015. Short Course faculty receives complimentary registration for the Congress, but pay their own expenses for food and lodging.

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THE POWER OF TWO

Marcelo Alvarez & Yolanda Aguirre

The Milton H. Erickson Institute of Ciudad Nezahualcoyotl, Mexico

By Marilia Baker

Marcelo Alvarez, MD, and Yolanda Aguirre, MA, have been married for nearly 30 years. Theirs has been a happily productive partnership, where medicine, neuroscience, the biological basis of human behaviors, hypnosis, and psychotherapy have found a solid home. This couple's synergy is apparent through their many accomplishments over the decades. Yolanda and Marcelo consider their daughter and only child, Alejandra Elizabeth, known as Aleli (born in 1988), an integral part of their lifelong learnings, apprenticeships, and teachings as therapists. This family is, as they deem it: a happy, loving, inextricable "power of three."

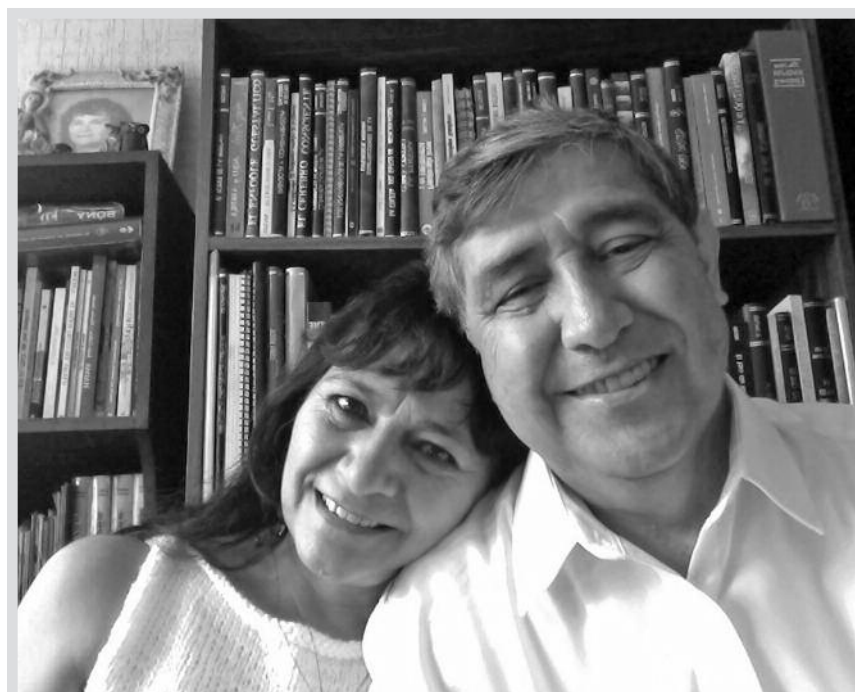
The couple met in 1979 at the Universidad Autónoma de México (UNAM) where Marcelo, a physician-surgeon, was teaching anatomy and physiology to students of medicine, dentistry, and nursing, and biological principles of behavior to psychology students. Yolanda, a psychology major, eight years younger than he, was his student. He says, "From the moment I saw her she captured my attention. I felt she was outstanding – intelligent, attentive, capable, and interested in learning; obviously I felt attracted to her. My interest increased with time, but I knew that I had to wait until the academic year was over, until she was not my student anymore. It was a very long year."

Yolanda adds: "Meeting Professor Marcelo Alvarez produced a wondrous effect -- an impact upon me. I rushed home and told my mother that I met this professor from whom I wanted to learn ALL he knew...and he knew so much! I would ask myself: 'What did he do, and how did he do it to acquire so much knowledge?' Then, I would promise myself: 'When I am older, I want to know *all* that he knows.' And yet, to this day, almost 30 years later, I still cannot match the breadth of his knowledge. I know I can't! He still surprises me at every instance."

Together they endured the 1985 earthquake in Mexico City, which was major and wreaked havoc upon the city. Marcelo says: "As professionals in medicine and psychology we worked day and night for three weeks, relentlessly carrying out the many necessary tasks engendered by the disaster: assisting victims, bringing food and supplies, teaching hygiene and sanitary practices, even signing death certificates." The intensity of this event brought the young couple even closer. A few months later they were married.

A critical, personal healing through hypnosis occurred early in their marriage, which *set the tone* for a lifetime of clinical work with patients with complex medical conditions. Since his youth, Marcelo had intermittently suffered early morning stiffness due to rheumatoid arthritis. Around 1988, he had a serious recurrence, another in 1990, then a third in 1991. Yolanda had been working on his condition with a protocol of hypnotic suggestions. As a rigorously trained left-brain physician, Marcelo had been resistant to her suggestions and therefore did not make much progress. Subsequent to clinically observing his pathology-oriented, unconscious, self-defeating behaviors, Yolanda gave him a "tough love" ultimatum: "Either change your rigid thought patterns preventing your healing and open up to what hypnosis has to offer, or I'll consider this an end to everything – I mean *everything!*" This ultimatum, says Marcelo, caused such a profound impact on his thought patterns regarding illness and healing and the power of Ericksonian methods, that he radically changed his *modus operandi* -- not only personally, but also as a physician, therapist, and healer.

Yolanda and Marcelo's pathway to Milton Erickson was initially through neuro-linguistic programming (NLP). Simultaneously, they studied Sidney Rosen's *My Voice Will Go With You*, Jay Haley's *Uncommon Therapy*, Teresa Robles' *Concert for Four Hemispheres*, and all the literature on Erickson that they could find. Eventually, they pursued clinical training with Jeffrey Zeig, Ernest Rossi, Betty Alice



Erickson, Teresa Robles, and others. Through the years, since the establishment of the Milton H. Erickson Institute of Ciudad Nezahualcoyotl in 2003, Marcelo and Yolanda have been providing training in hypnosis and psychotherapy for many generations of Ericksonians. (See: <http://academiadehipnosis.mx/>)

The *pursuit of excellence* is a given for this couple. In addition to Marcelo's medical training, he has a masters degree in science from the Zaragoza School of Professional Studies (UNAM, 1990) and a masters in Ericksonian psychotherapy from Centro Ericksoniano de Mexico (2006). After 30 years of teaching at UNAM's schools of medicine and psychology, he retired. Yolanda has a degree in psychology from the Zaragoza School of Psychology (UNAM, 1984). She also holds a masters (magna cum laude) in existential psychotherapy from Universidad de Integración Humanística, Matamoros, Tamaulipas. Marcelo and Yolanda are respected and renowned university professors, clinicians, trainers, and authors¹. Their publications are used as textbooks by the Nezahualcoyotl Institute and in psychotherapy training throughout Mexico. (See: <http://academiadehipnosis.mx/>)

Marriage and family life have been an *absolute priority* for the couple and they have collaborated closely in all phases of their lives. Throughout their professional growth they have included their now 26-year-old daughter, Aleli, a multimedia specialist, who also assists the Institute with all aspects of information technology. One of the unique ways in which this power couple has honored their marriage, daughter, and commitment to the Ericksonian mission, was the renewal of their marriage vows at the 7th Ericksonian Congress in Phoenix, 1999. Following was a celebration held in Mrs. Elizabeth Erickson's hotel suite. (See: "A Ceremony to Remember," <http://academiadehipnosis.mx/>) Marcelo and Yolanda intend to commemorate their 30th anniversary at the 12th Ericksonian Congress in Phoenix, December 2015.

For more information on Marcelo Alvarez and Yolanda Aguirre's workshops, clinical activities, publications, and news/blogs, please visit: <http://academiadehipnosis.mx/>.

1. Yolanda's twin volumes, *La Psicoterapia, un Proceso de Autoconstrucción: Los Cimientos* (Alom, 2004) and *La Psicoterapia, un Proceso de Autoconstrucción: La Propuesta* (Alom, 2005). Besides his contributions to scientific journals and publishing the Institute's quarterly newsletter, Marcelo translated Erickson's *Seminarios de Introducción a la Hipnosis* (Alom, 2005). He is the author of the chapter "The Brain" in *Conciertos Para Cuatro Cerebros en Psicoterapia* by Teresa Robles (Alom, 2005, revised edition). Alvarez and Aguirre also authored *Historias Para Contarse...y Crecer Juntos* (Alom, 2007), dedicated to Jeff Zeig's father, Martin Zeig. They also translated into Spanish: *Milton H. Erickson, MD, Un Sanador Americano*, by Betty Alice Erickson and Bradford Keeney (Alom, 2010).

Think Fast

By John M. Dyckman, PhD

An athletically built young man in his mid-20s, neatly attired in a business suit, consulted me to deal with “rage issues,” “depression,” and a desire to get to the “root” of his relationship with his mother. He told me that he had been raised by a single mother who was alternately extremely dependent upon him, and then physically and emotionally absent. They had suffered poverty when he was a child, and he was determined to continue to rise financially in the world as an adult.

Recently, his last two therapists, both women, had dismissed him because he had refused to enter a drug rehabilitation program as a condition of therapy. He thought that he might be a “borderline alcoholic” because of his daily use of alcohol, marijuana, and opioid pills, which left him “faded,” but still able to work in a high-pressure, high-stakes business environment.

In our first session, he proudly discussed his history of street brawling, though he had had no run-ins with the police. He was involved in a highly volatile relationship with his girlfriend. They had frequent arguments in which they exchanged hurtful insults and the arguments often rapidly escalated to mutual battery. He was concerned that several months earlier, in the midst of one of these altercations, he had put his hands on his girlfriend’s throat. He was quite right to be concerned, as it does not take much force, even “accidental” pressure, to damage the human windpipe.

He was unwilling to consider my suggestion that he attend a male-oriented violence program. Recalling that he had just been fired by his former therapists; I did not make this a condition for continuing treatment with me. Instead, we spent the rest of the session devising a safety plan for both him and his partner.

He came in for a second session, but said he didn’t want to deal with any of “that feelings shit.” I asked him to tell me about his week, and especially about any interchanges he had had with his girlfriend. He described her anger at him and told of her provocative insults questioning his manhood. I asked what he was aware of at the time, and he told me that it was none of my “fucking business.” He then turned

bright red, the veins bulging at his neck, clenched his fists and began to rise from his chair.

My conscious mind was aware of a precipitous increase in my own adrenal function, heart rate, and blood pressure. It had been many years since I had retired from martial arts training, but I quickly found myself calculating how close I could let him get to my chair before I would need to launch a kick to his knees.

Happily, my unconscious mind worked faster than either of us. Without any conscious evaluation or plan, I found myself simply pointing at his chair and saying in a calm but intense voice: “I am not afraid *of* you, but I am afraid *for* you!” The result surprised us both: He halted in mid-air, began to sob, and then sat back down, crying for several minutes. When he was able to speak, he talked about the pain of being discounted and emotionally extorted, both by his mother and by his girlfriend.

I still do not know what might have happened had I been paralyzed into silence or if I had had to stall him while I devised a creative strategy. I think it helped that I had experience in calming myself before karate competitions -- where the other guy really is intent on doing you physical harm, but I don’t think my martial arts training was the deciding factor in my actions. Instead, I believe that years of therapeutic practice has been engrained in my unconscious mind, accompanied with the precept that the worst action comes out of pain. Therefore, my comment emerged spontaneously. I acknowledged him as a man in pain, potentially doing more harm to himself than to anyone else. This I could say with complete authenticity, and in total spontaneity.

We worked together for several more years, and he was able to make substantial and satisfying changes in his career, relationships, self-esteem, and ability to equilibrate his own emotional state. He never directly mentioned the anger incident again, but he also never again attempted to coerce me into the silence that he had himself suffered for so long.

Dr. Dyckman, the author of “Scapegoats at Work,” practices in Albany, CA.

He is an Associate of the Milton H. Erickson Institute of the Bay Area.

BOOK REVIEW

The Induction of Hypnosis: An Ericksonian Elicitation Approach

By Jeffrey K. Zeig

The Milton H. Erickson Foundation Press
Phoenix, Arizona
2014, 280 pages

Reviewed by C. Alexander Simpkins, PhD and Annellen Simpkins, PhD
San Diego, California

Jeffrey Zeig is the Founder and Director of the Milton H. Erickson Foundation. He travels worldwide, teaching, lecturing, supervising, organizing conferences, writing, and working tirelessly to promote Ericksonian hypnosis and psychotherapy. This book is an outgrowth of his profound wisdom about eliciting hypnosis. Zeig humbly states that his book is one more interpretation of Dr. Erickson he hopes will add to the literature. With his deep understanding, penetrating analysis, and years of experience, *The Induction of Hypnosis* does far more. Although he restricts the scope of the book to eliciting (inducing) hypnosis, Zeig actually offers many general principles to use for hypnotherapy and psychotherapy. One of the key ideas is *eliciting* rather than *inducing* hypnosis. Instead of simply offering scripts and directives (as there are plenty of protocols to follow), Zeig gently leads readers to approach and embrace a subtler way of bringing about hypnosis through an individualized, implicit response from the client.

The book consists of 12 chapters, crystallizing a wide range of topics. It begins with a warm, personal history of how Zeig came to study with Erickson, eventually developing a deep, respectful love of the man and his work. Next, is a brief, exacting overview of the Erickson Foundation, from which Erickson’s work spread worldwide. We are introduced to a genealogy of the contemporary expressions of Ericksonian approaches, both Neo-Ericksonian and adapted variations.

Zeig is careful to define Erickson’s work as psychotherapeutic, not just hypnotic. Frequently, Erickson did not work with patients in formal trance, but instead offered his interventions from a hypnotic perspective. Zeig provides a succinct and fascinating distillation of the ingredients of traditional hypnosis, and compares it with Erickson’s elicitation approach.

Hypnosis involves changing the state of the subject. This is especially useful for psychotherapy, which can be viewed as helping the client to change state -- from a problematic state to an adaptive one. All the communications of the hypnotist are intended to elicit this change in state. Zeig takes a phenomenological view of hypnosis, delineating the component experiences involved that will bring about a state of implicit responsiveness.

Zeig distinguishes between “informative” and “evocative” communication. Bateson first introduced the idea of multilevel communication, and Erickson developed it into a fine art. Zeig describes in great detail how to elicit implicit responsiveness to minimal cues and ways to guide associations toward therapeutic goals. He also provides general principles of eliciting conditions useful for therapy, such as confusion and destabilization. And, he includes many clarifying lists of behaviors that constellate hypnosis.

The chapter on language forms is rich and deep, and includes unconscious expectancies, along with expertly crafted varieties of suggestive communications to elicit hypnotic goals. Finally, in the last chapter, Zeig describes the ARE (Absorb, Ratify, Elicit) model, used to create an opportunity for client discoveries. This chapter offers a clear and useful outline of this powerful model. Zeig and Brent Geary use ARE to organize the principles and methods for the Erickson Foundation’s Intensive Training Program.

We highly recommend this book for students and professionals at many different levels. You will find entertaining stories, evocative metaphors, tight theories, and both specific and non-specific techniques to elicit your resources and help you activate client change. With multiple levels of meanings in every chapter, *The Induction of Hypnosis* can be read and reread for helpful insights.

The Changing Landscape -- The Milton and Elizabeth Erickson Museum Its History and Transformation

Contributions by Roxanna Erickson-Klein, Marnie McGann, and Jeff Zeig

A Call for Donations:

Milton Erickson is known for his ability to promote change and to transform limitations in adaptive ways. The Erickson Foundation and Erickson family members are subscribing to his approach with the recent changes at The Milton and Elizabeth Erickson Museum.

Shortly after purchasing the Hayward home, the Foundation began working with Erickson family members to transform it into the Erickson Museum. The Foundation assigned financial resources for the maintenance and caretaking of this unique asset. Countless visitors have been hosted and many classes have been held on site. Each step of the way the budget was scrutinized to reduce unnecessary expenditures, while preserving the opportunity for visitors to know the Ericksons in an experiential way.

As costs for the Museum were tallied, it became apparent that the largest expense was for water required to maintain a green lawn in a desert environment. The Foundation and Erickson family members searched for ways to decrease costs and it seemed that transitioning to a xeriscape desert lawn was the most sensible choice in the dry Southwest climate. Therefore, water has been gradually turned off in some areas so that the transition could begin.

Our Vision:

In both the front and back of yards of the Hayward home, we envision a desert lawn that will wrap along the west side to include the front of Dr. Erickson's office. Existing cacti and trees will be integrated into the landscape design. Shrubs and grass that are not water conservative will be eliminated and replaced with hardy native plants. Berms and rocks will be incorporated to enhance the beauty of the landscape. Plantings will be clustered so that the yard has a natural look that reflects shaded areas that one could find in a natural desert setting. We will create walkways with benches and rest areas that will aesthetically add to the overall experience. Although the new landscape will be different from the original design, Erickson's love of nature, especially desert plants, cactus, and shrubs will be honored. Wherever possible, we will select those that Erickson himself would have chosen.

The Strategy:

With the few donations we have already received, a variety of plans for this transformation have been considered and bids were sought. Unfortunately, professional landscaping is a costly venture and all of the bids exceeded our budget.

LANDSCAPE continued on next page

THE MILTON H. ERICKSON MUSEUM



Donate now, and help us celebrate Dr. Erickson's love of the unique and distinctive nature of the American Southwest.

Log on to our website and click on the Landscape Project.

Landscape Project



erickson-foundation.org/donate

Milton Erickson Biography

Jeff Zeig continues to interview Erickson family members, including Bert and Lilian Erickson, Robert and Kathy Erickson, and Lance and Helen (Cookie) Erickson for his biography on Milton Erickson. This summer, the Institute for the Advancement of Human Behavior awarded Dr. Zeig a grant so that he could write this important biography. And although he has myriad stories to tell about Dr. Erickson, he is soliciting all Newsletter readers for their personal stories. If you have a story to tell, please contact Dr. Zeig at the Foundation, or email him at: jkzphd@aol.com.



Bert Erickson, Jeff Zeig, and Bert's wife, Lilian



Lance Erickson, his wife Helen (Cookie) and Jeff Zeig

LANDSCAPE

continued from page 8

So we are moving forward with volunteers to explore more economical ways to re-landscape. Erickson always endorsed a “pay as you go” method, so we will not spend more than what is donated for this cause.

We have embarked on a capital campaign of \$20,000 to cover the costs of the landscape transformation. This is approximately half the cost of what was comparably quoted in other bids. The funds that we are soliciting will be sufficient to cover the complete transformation, including the costs for materials, labor, and plant. The timeline for the landscape project is to have it completed by summer 2015.

To Donate:

To make a contribution to this project, please visit: <https://erickson-foundation.org/donate/>. Be sure to select the box marked Erickson Museum Landscape Project box under Donation Distribution so that your contribution is allocated for this project.

Our Promise:

All those involved in the project -- Foundation employees, Erickson family members, and volunteers -- are committed to using resources in the most efficient way. We will maintain the integrity of the Erickson home, and honor Dr. Erickson's appreciation for natural materials and desert habitats. **We will recognize donors who give \$500 or more with a strategically positioned plaque.**

Background:

The Milton and Elizabeth Erickson Museum houses many precious items. Each requires special attention and care. Several Erickson family members have loaned or donated to the Museum prized possessions so that others can see the objects used by the Ericksons in their everyday lives. Visitors will also get a glimpse of the ordinary lifestyle of an extraordinary man and recognize the seeds that germinated the transformation from the way psychotherapy was practiced, to how it is practiced today. The Museum is open to visitors by appointment only.

LANDSCAPE continued on next page

LANDSCAPE*continued from page 9*

While the rest of the Hayward property has undergone transformation, Dr. Erickson's office has been successfully preserved, remaining as intact as possible since his death in 1980. It has become a mecca for visiting students from around the world -- a trend that did not stop with Erickson's death, or even with the death of Mrs. Erickson.

Traveling to visit Dr. Erickson has been a tradition for many students. His ideas were so revolutionary that the unique opportunity to see him work and teach in his own environment was not to be missed.

It has become a mecca for visiting students from around the world -- a trend that did not stop with Erickson's death, or even with the death of Mrs. Erickson.

In the 1960s, Dr. Erickson lived and practiced on Cypress Street in central Phoenix. By 1970, he had become increasingly frail with post-polio syndrome and was confined to a wheelchair. With the youngest of their eight children leaving for college, the Ericksons decided that it was time to move to a home that would be more conducive to Dr. Erickson's handicap needs and provide space so that he could continue to teach and practice. The Ericksons also wanted a home where they could not only welcome visitors, but their own growing family. They found that place at 1201 E. Hayward Avenue in north central of Phoenix.

The Hayward home had three key features that attracted the Ericksons. First, it had a separate office that adjoined the house with a comfortable waiting area and a spare bedroom and bath. This adjoining structure was deemed "The Little House." Second, the Hayward home offered an exquisite view of the nearby mountains. And third, in the backyard a magnificent Palo Verde tree stood as the centerpiece. It was this striking tree that suggested to the Ericksons they had arrived at the right place.

Over the next decade, Dr. Erickson continued his private practice, although he eventually practiced less and delegated more time to teaching. Whether scheduled or not, students and colleagues who sometimes arrived unannounced, were always graciously received by Mrs. Erickson. Several of Dr. Erickson's more serious students, including Ernest Rossi, Jay Haley, and Jeff Zeig often stayed in the Little House for extended periods of time.

After Dr. Erickson died in March 1980, Mrs. Erickson continued to enjoy the steady stream of mostly foreign visitors who found their way to the Erickson doorstep. It was not unusual to see small groups of people with cameras peering into the windows or leaning over the backyard fence. While the Erickson children would often respond to the interest quizzically and cautiously, Mrs. Erickson was delighted by it and welcomed many who had traveled long distances, spoke little English, and were visiting with their only hope being that they could get a glimpse of Dr. Erickson's office. Mrs. Erickson never tired of their interest and often sat by while they posed at his desk and shot photos. Later, she would call her children to report that "four more visitors came today -- from China -- from Japan -- from Scandinavia," and other faraway countries.

Shortly after Mrs. Erickson died in 2008, the Erickson Foundation purchased the property and Erickson family members worked with the Foundation to preserve the office and home so that visitors could continue their pilgrimage. Three of the Erickson children -- Roxanna Erickson-Klein, Kristina Erickson, and Robert Erickson have helped develop the Hayward property to create The Milton and Elizabeth Erickson Museum. Ceil Gratz, a longtime family friend, was hired to host visitors and help maintain the property.

Of note: This summer, in the midst of a powerful thunderstorm, the beautiful, historic Palo Verde tree in the backyard (loved by all the Ericksons) finally fell. At the end of its long life, it now lies still and branchless on the lawn, as if to announce its own peaceful transition -- one that is inevitable for us all.

BOOK/DVD REVIEW***In the Room with Milton H. Erickson, MD,
Volume One***

Produced by Jane Parsons-Fein

Book/6 DVD Collection

2013

12-hour DVD

256 page book/transcript

Reviewed by C. Alexander Simpkins, PhD & Annelen M. Simpkins, PhD
San Diego, CA

Sit back, relax, and open yourself to unconscious processes, because you are in for a rare opportunity: to sit face to face with the master, Milton H. Erickson. Watching these DVDs sent shivers through our spines as we felt ourselves transported back in time to when we were young students who had the privilege of sitting in that little consultation room with Erickson. We could feel the glow of his smile and respond to the twinkle in his eyes, as he spun stories to evoke our therapeutic learning.

Jane Parsons-Fein has produced a first-class book/DVD collection that brings Erickson to life. The quality of the filming is better than we have previously seen, and the subtitled text at the bottom makes it possible to capture every pearl as Erickson imparts his wisdom. Volume 1 includes six discs with 12 viewing hours, and

The book reads like an engaging novel, but, of course, each story is a magnifying glass that penetrates into the essentials of what works in therapy.

shows him presenting a series of stories in his seminars for therapists. An accompanying text faithfully records every spoken word. Parsons-Fein suggests that you watch first and read second. The DVDs are easy to navigate, and a moving introduction from Parsons-Fein welcomes you to this loving enterprise of meeting and filming Erickson, which she explains, changed her life.

After viewing and perhaps slipping in and out of a few trances, you can explore the transcripts in the text. The book reads like an engaging novel, but, of course, each story is a magnifying glass that penetrates into the essentials of what works in therapy.

Erickson is famous for his subtle appeal to the unconscious. And yet, viewers will witness how commandingly he interweaves direct behavioral prescriptions. We have always appreciated Erickson's careful integration of direct and indirect interventions -- a hallmark of good psychotherapy. In fact, research on therapeutic effectiveness has shown that a healing mix of specifics and non-specifics is what makes therapy work best. Erickson illustrates the use of both.

These stories epitomize many principles that have made Erickson's work so important and worthy of study. You will observe, for example, the origins of his deep trust for the unconscious, when he puts a few of his medical students into trances and finds that even though they have no recollection of having read the assigned books, their unconscious recalls the book knowledge better than those who studied consciously. Many of his stories illuminate how and why Erickson relied on the unconscious. And, he repeatedly reveals ways to appeal to every aspect of human nature in order to stimulate change. Thus, he doesn't shy away from revenge, shame, pride, anger, embarrassment, and fear. But, he also enlists positive sentiments, such as sincerity, surprise, and even the benevolence of the Easter Bunny. Using stories, he illustrates the importance of appealing to individuality and how to activate unconscious learning to people in trance.

Watching, listening, and reading, this collection invites you to make your own discoveries as you experience Erickson. The master continues to inspire, and we have this wonderful work from Parsons-Fein to thank! We enthusiastically recommend this collection!

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For more information please email JaneParsons@pfti.org

CONFERENCE NOTES

The renamed Institut Milton H. Erickson Ile-de-France will hold an inaugural Symposium in Paris on December 6th, 2014. The theme is *Réhumaniser le soin / Restoring the Human Touch to Patient Care*. For information, visit the website: www.IMHEIDF.wordpress.com or Email: imheidf@gmail.com & Ch.Guilloux et Ch.Martens 01 40 36 04 94.

The new *Brief Therapy Conference: Treating Anxiety, Depression and Trauma*, sponsored by The Milton H. Erickson Foundation will be held December 11-14, 2014 at the Hyatt Regency Orange County, near Anaheim, California. Keynote faculty include Burns, Johnson, Meichenbaum, Shapiro, van der Kolk, and Zimbardo; Primary faculty include Andreas, Frankel, Gilligan, Love, Lyons, Miller, O'Hanlon, Padesky, Rossi, Siegel, Wilson, Yapko, and Zeig. For information visit the conference website at www.BriefTherapyConference.com or contact the Erickson Foundation: Email, office@erickson-foundation.org; Tel, 602-956-6196; Fax, 602-956-0519.

The Psychotherapy Networker will host the Networker Symposium 2015, *The Colors of Tomorrow: Psychotherapy Embraces a Changing World*, March 26-29, 2015 at the Omni Shoreham Hotel in Washington, D.C. For information contact Psychotherapy Networker, 5135 MacArthur Boulevard N.W., Washington, D.C. 20016; Tel, 202-537-8950; Fax, 202-537-6869; Web, www.PsychotherapyNetworker.com

The Arizona Association of Marriage and Family Therapy (AzAMFT) is sponsoring the 2015 Spring Conference *Resilience in Action: A Strengths-Based Approach to Working with Young People* by Dr. Kenneth Ginsburg, April 10-11, 2015 in Chandler, Arizona. For information contact AzAMFT, www.AzAMFT.org

The Milton H. Erickson Foundation and The Couples Institute will sponsor the next *Couples Conference*, April 24-26, 2015 at the Manhattan Beach Marriott, Manhattan Beach, California. Confirmed faculty include Elyn Bader, William Doherty, Harville Hendrix, Alexandra Katehakis, Pat Love, Bill O'Hanlon, Peter Pearson, Esther Perel, Stan Tatkin, and Jeffrey Zeig. For more information visit www.CouplesConference.com or contact The Milton H. Erickson Foundation, 2632 E. Thomas Road, Ste. 200, Phoenix, AZ 85016; Tel, 602-956-6196; Fax, 602-956-0519; Email, office@erickson-foundation.org Special Early Bird registration discount by December 31st, 2014.

The American Psychiatric Association will hold the 168th Annual Meeting, *Psychiatry: Integrating Body and Mind, Heart and Soul*, May 16-20, 2015 in Toronto, Ontario Canada. For information contact the American Psychiatric Association, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209-3901; Tel, 703-907-7300; Email, apa@psych.org ; Web, <http://annualmeeting.psychiatry.org/>

The American Psychological Association (APA) will hold their annual convention August 6-9, 2015 at the Metro Toronto Convention Centre in Toronto, Ontario Canada. For information contact the APA, 750 First St. NE, Washington, D.C. 20002-4242; Tel, 800-374-2721 or 202-336-5500; TDD/TTY: 202-336-6123; Web, www.APA.org

The International Society of Hypnosis (ISH) and the Confédération Francophone d'Hypnose et Thérapies Brèves (CFHTB) will hold the 20th International Congress, *Hypnosis: Roots and Future of Consciousness*, August 26-29, 2015, in Paris, France. For information visit the website: www.CFHTB.org



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UPCOMING TRAINING

DATE	TITLE / LOCATION / LEADER	CONTACTS
2014		
12/11-14	Brief Therapy Conference / Garden Grove, Calif. / Invited Faculty	1.
2015		
1/22-25	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy - Master Class / New York City, NY / Jeffrey K. Zeig, Ph.D.	2.
1/29-2/11	Ericksonian Brief Therapy / Sao Paulo, BRAZIL	3.
2/26-3/1	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy - Master Class / New York City, NY / Zeig	2.
2/27-3/10	Mindfulness, Meditation and Neuroscience for Clinicians: Active Pathways for Therapeutic Change / Panama Canal CE Cruise for Clinicians / Alexander Simpkins, Ph.D., Annellen M. Simpkins, Ph.D.	4.
3/2-6	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Fundamental</i> / Phoenix, Ariz. / Brent Geary, Ph.D.; Zeig; Lilian Borges, MA, LPC	1.
3/9-13	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Intermediate</i> / Phoenix, Ariz. / Geary, Zeig, Borges	1.
3/19-24	M.E.G. Annual Congress / Bad Kissingen, GERMANY / Invited Faculty	5.
3/26-29	The Growth and Development of the Clinician/Coach / Istanbul, TURKEY / Zeig	6.
4/24-26	Couples Conference / Manhattan Beach, Calif. / Invited Faculty	1.
5/6-10	Coaching / Beijing, CHINA / Zeig	7.
5/13-17	Coaching / Guangzhou, CHINA / Zeig	8.
5/29	Resilience & Master Class in Brief Psychotherapy / Graz, AUSTRIA / Zeig	9.
7/13-17	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Fundamental</i> / Phoenix, Ariz. / Geary, Zeig, Borges	1.
7/20-24	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Intermediate</i> / Phoenix, Ariz. / Geary, Zeig, Borges	1.
7/27-31	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Advanced</i> / Phoenix, Ariz. / Geary, Zeig, Borges	1.
8/3-6	Phoenix Master Class / Phoenix, Ariz. / Zeig	1.

CONTACT INFORMATION:

- 1) The Milton H. Erickson Foundation: 2632 E Thomas Rd, Ste 200, Phoenix, AZ 85016 6500; Tel, 602-956-6196; Fax, 602-956-0519; Email, office@erickson-foundation.org ; Web, www.erickson-foundation.org;
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Couples Conference: www.CouplesConference.com
- 2) For information: Email, Stacey Moore: sjmtjm@msn.com
- 3) For information: Web, www.elsevier.org
- 4) Workshop Sponsored by PESI/CMI (www.pesi.com). Course registration, Web: <https://www.pesi.com/search/detail/index.aspx?eventid=29505>
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To submit a listing for Upcoming Trainings please send dates, title of workshop, venue (city/state/country), list of presenters, and complete contact information ONLY. Information must be sent in the format above. A \$25 fee per listing is required. Deadline for the 2015 Spring Issue (mailed April) is February 2, 2015. All workshop submissions are subject to approval by the Erickson Foundation. For more information, please contact Karen Haviley – karen@erickson-foundation.org Online Ad Rates/Specs at: <http://erickson-foundation.org/newsletters/advertising/>



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BOOK REVIEW

The Beginner's Mind

The Complete Works of Milton H. Erickson

Volume 1 – The Nature of Therapeutic Hypnosis

Milton Erickson Foundation Press
Phoenix, Arizona
2007
978-1-932248-30-2
320 pages

Reviewed by Richard Hill, MA, MEd, MBMSc, DPC, Sidney, Australia

The Adventure Begins

In the early 1920s, Milton Erickson was a student at the University of Wisconsin. He had several fundamental disagreements with his supervising professor, Clark L. Hull, PhD. Erickson believed that the healing effects of psychotherapy and therapeutic hypnosis were not contained in the directions of the therapist (known as the operator), but instead found in the inner processes of the clients: "At best operators can only offer intelligent guidance and then intelligently accept their subject's behavior." (p.88)

Now that we understand mirror neurons and how we are hardwired to respond to another's intentional movement, we can better conceive the mechanisms of empathic rapport.

Volume 1 begins with Erickson in his early years, as he seeks to discover through meticulous experimentation, the purpose of therapeutic hypnosis and how to effectively utilize it.

In the first chapter, Ernest Rossi, PhD, (an editor of the series) presents innovative ideas. Rossi was a dedicated student of Erickson's in the last decade of Erickson's life. Rossi's interest in neuroscience, genomics, and the healing arts sheds new light on Erickson's contributions. There was an extraordinary collaboration. Rossi takes readers to new vistas (and sometimes beyond) of the understanding of how "This 'intense inner absorption' can be regarded as the highly salient type of mental activity that generates activity-dependent gene expression, activity-dependent brain plasticity, and mind-body healing." (p.1-2)

Chapter 2 begins with an extended record of Erickson's investigations into the nature of hypnosis, including understanding reality in non-hypnotic states versus hypnotic states. Erickson initially proposed an experiment to investigate approximately 300 subjects, which eventually grew to 2,000. The design, implementation, results, and discussion are punctuated with fascinating and extraordinary results. I wish I could have been a fly on the wall when Erickson conducted this work!

The editors include a chapter on Erickson's insightful collaboration with Aldous Huxley. Their work together was performed in 1950 and Erickson notes their discussions about Huxley's experiments with mescaline, the subject of Huxley's famous book, *Doors of Perception*, published in 1954. Huxley's unique qualities and curiosities about perception, combined with Erickson's ability to guide him through hypnotic states, provide fascinating reading. This historic event was curtailed by unfortunate circumstances, but its content is still profound.

Part I concludes with a chapter about Erickson's investigations of autohypnosis. Erickson's personal experiences and those of his family reveal an intimate story of his own pain, triumph, and insight. Erickson knew mind-body healing, which Rossi later described as activity-dependent gene expression and brain plas-

ticity. In 1967, Erickson wrote: "The hypnotic state is an experience that belongs to the subject, derives from the subject's own accumulated learnings and memories, not necessarily consciously recognized, but possible of manifestation in a special state of non-waking awareness" (p. 194-5). This is true even when the subject is you.

Part II covers techniques of induction and how to use Erickson's "naturalistic" methods can be considered the precursors of current, client-centered therapy. The utilization of the client's natural abilities and experiences is reflected in numerous modern therapies. Although therapeutic hypnosis is the principle approach, the wider implications and applications are there for the reader to recognize. I noted both the development of what we now call "mindfulness," "interpersonal neurobiology," "right hemisphere approach," "emotion-focused therapy," "Gestalt," "self-efficacy," and "solution-focused therapy," to name a few. Annotating the margins with your own reflections and correlates is something you may not be able to resist.

What makes these volumes additionally valuable is the inclusion of case studies and reports. In the last two chapters of Part II, six case reports and 16 examples make this edition a master class in print. All of the previously described techniques -- confusion, rehearsal, multiple dissociation, posthypnotic -- are given context and clinical relevance. These volumes are both clinical and experiential.

Parts III and IV expand on Erickson's virtuosity with forms of induction (p. 304). Among others, "Surprise" and "My friend John" are intriguing techniques. Erickson perceived and utilized the most subtle of behaviors and bodily activity to access the needs of the client. His understanding and appreciation of breathing patterns and vocal rhythms is an important example. (pp. 307-312) This sensitivity

may have emerged from him being tone deaf. Erickson could never appreciate the "screeching" that others called singing, but he did notice that people breathed differently when singing. He experimented by reproducing at a subliminal level the breathing pattern used in a song to prompt someone to start singing the song as if they had thought of it themselves.

This part of the book took me back to my years in acting school when we were shown that a character's breathing pattern reflects his/her thinking processes. The playwright, Harold Pinter, literally directed an actor's breathing, with pause instructions in the script. I am a strong advocate that everyone, especially therapists, will benefit from acting lessons.

There are many subtle elements of behavior, such as breathing, that enable rapport and utilization during therapy and therapeutic hypnosis. Now that we understand mirror neurons and how we are hardwired to respond to another's intentional movement, we can better conceive the mechanisms of empathic rapport. Mirror neurons, however, operate at the implicit, non-reflective level. Experience and practice affect mirror neuron processing. Erickson intuited mirroring interconnections and used them to elicit therapeutic change.

Conclusion

At the end of Volume 1, readers are left with a solid foundation upon which they can build. There is no doubt that Erickson entered the field of therapeutic hypnosis with a beginner's mind, but many aspects of his life experience and personal dispositions prepared him for the journey. It may be true that Erickson was unique, perhaps an unrepeatable "...accident of nature..." (p. xiii), but I suspect that another answer comes from Erickson himself: "Don't try to use someone else's technique...just discover your own." (p. xii) Each of us is an accident of nature on a journey to express and fulfill our own possibilities.

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BOOK REVIEW

Out of the Blue: Six Non-Medication Ways to Relieve Depression

By Bill O'Hanlon

Published by W.W. Norton and Company
New York and London

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ISBN: 978-0-393-70916-2

Reviewed by John D. Lentz, D. Min, Shepherdsville, KY

Well, O'Hanlon has done it again. *Out of The Blue* may help people shake the blues of depression, but this book wasn't written out of the blue. It contains the clinical observations and life lessons of many therapists and O'Hanlon summarizes, simplifies, condenses, and categorizes their contributions into an easy to read, simple to understand, user-friendly manual. His genius is to make something difficult, such as treating depression, look and become effortless.

This 260-page book includes 23 pages of references and resources. In addition to six non-medication methods, O'Hanlon provides practical applications, case examples, and steps to help others get out of depression.

The six strategies are listed on the Table of Contents page. The first, "Marbling," is O'Hanlon's term that refers to altering a depressive experience by associating it with an experience that is not depressive. As O'Hanlon might venture, "You feel like you have been depressed all the time, except for when you are not."

All of his strategies are ones that therapists should use, especially with depressed people, because the steps are so powerful.

The other strategies are: "Undoing Depression"; "Shifting Your Client's (or Your Own) Relationship with Depression"; "Challenging Isolation and Restoring, Strengthening Connections"; "A Future with Possibilities"; and "Restarting Brain Growth." All of his strategies are ones that therapists should use, especially with depressed people, because the steps are so powerful.

One of the things I like best is O'Hanlon recounting his personal stories, which make clear that he didn't just learn these strategies abstractly. He has personally dealt with depression and has become a healer because of this process. I also greatly appreciated the inclusion of the letter Abraham Lincoln wrote to a depressed young woman who had lost her father. Lincoln used his own knowledge of depression to assist her in overcoming grief. Due to his wisdom and compassion, he used words similar to what Milton Erickson would have used. It is a classic letter and one that offers therapists a wonderful way to intervene by retelling this story.

This book is wonderful because it can help a novice become an effective therapist in a short period of time. It also stimulates thinking, prompting readers to come up with ways of being creative.

I love this book and, of course, recommend it. I will prompt all my students and anyone who works with depressed people to read it carefully.

New!

DAVID KEITH-



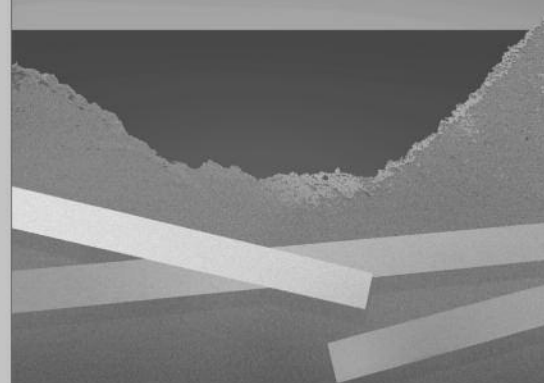
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BOOK REVIEW

Morning Meditations: Daily Reflections to Awaken Your Power to Change

Edited by Norton Professional Books
W. W. Norton and Company
New York: London
2014
ISBN 978-0-393-70946-9

Reviewed by: John D. Lentz D. Min, Shepherdsville, Kentucky

The brilliance, beauty, and bounty of this book caught me off guard. The cover photo is a humble and serene image that invites contemplation. Only when you read inside do you get the sense that you are about to experience something quite wonderful. And, on the pages of meditations you also aren't told who wrote that passage. Rather, you are guided to reflect upon their implicit wisdom.

If this was merely a book for morning reflections it would be good, but it is written with such elegance that it encourages you to want to read the next meditation...and the next – all day long. It is chock full of experiences, inviting you to grow with facts, images, and truths -- all offered in a poetic way, so that you are stimulated by the concise wisdom born from shared life experiences. Sprinkled throughout are provocative tidbits that have been distilled into brief aphorisms.

Several contributors to this book who Newsletter readers might know are (in no particular order): Bill O'Hanlon, Insoo Kim Berg, John Gottman, Rollo May, Steve Andreas, Carolyn Daitch, Daniel Siegel, Joseph Hernandez, and C. Alexander Simpkins and Annellen M. Simpkins.

Each meditation includes invitations and provides stimulating questions to foster more self-awareness, mastery, and satisfaction. For instance, on page 67, readers are invited to recognize through positive connections that trauma can be a place where one can thrive.

This 331-page book includes 10 pages of sources, and General Meditations and Guided Visualizations. General Meditations offer brief reflections that take a few moments to savor. Guided Visualizations are supercharged and prompt you to take more time to truly appreciate the experience.

Imagine a meditation book written by some of the most influential psychotherapists and health care professionals. Now, also imagine that the meditations were originally brilliant thoughts from a host of other books published by Norton and Company, and you begin to understand the excellence of this book. And, the art the editors selected to accompany the priceless gems of wisdom is impressive and fitting. Several contributors to this book who Newsletter readers might know are (in no particular order): Bill O'Hanlon, Insoo Kim Berg, John Gottman, Rollo May, Steve Andreas, Carolyn Daitch, Daniel Siegel, Joseph Hernandez, and C. Alexander Simpkins and Annellen M. Simpkins.

For the past few weeks, I have been recommending this book to almost everyone. I have quoted several meditations because they are such useful general tools.

Readers will appreciate how this book speaks uniquely to the individual and their situation. The wisdom within is universal.

DVD REVIEW

Cognitive Therapy for Obsessions

With Reid Wilson, PhD

Copyright 2012
Psychotherapy.net, LLC
Mill Valley, CA
ISBN 9-781601243287

Reviewed by John D. Lentz, D. Min, Shepherdsville, KY

Victor Yalom and Reid Wilson have collaborated to make a quality video that provides tools to assist those with OCD, as well as clients who struggle with agoraphobia and other anxiety-related issues.

In this two-hour and 44-minute demonstration, interview, summary, and follow up, viewers are privy to Wilson's expertise in dealing with anxiety, especially OCD. Yalom set up the demonstration by interviewing Wilson in a stimulating and a provocative way.

Wilson may have outdone himself, even though he has demonstrated his brilliance in the past, because in this DVD viewers can more easily understand what he is doing. His work with a woman named Rita is impressive, as he assists her in overcoming her obsessive thoughts about her health. He strategically guides her to think differently about her thoughts, and to understand and interpret her feelings in a healthy, new way. He challenges her, and even cajoles her to see herself and her feelings in a different light, thus freeing her from the patterns of the past. I

Perhaps one of the most powerful parts of this video is seeing the unique ways in which Wilson uses his knowledge, compassion, personality, and wit to assist his client. This DVD encourages therapists to be their true selves, and also to explore some of these useful techniques.

loved watching Wilson's gentle insistence that in order to overcome OCD, she might have to tolerate a certain amount of unpleasant feelings. His pacing, leading, and reframing, intermixed with insightful prodding questions, facts, and positive associations, helped her to think, feel, and act differently.

In this DVD, I found Wilson to be as charming and witty as he is in person. I particularly liked how his creativity shines due to his extensive knowledge and expertise in dealing with anxiety-related issues.

Wilson also stops the video at just the right moments so that he can teach what he is doing and how he is doing it. And, Yalom's masterful approach adds to the overall effect, with his comments, including capturing how much Wilson cares about his client.

Perhaps one of the most powerful parts of this video is seeing the unique ways in which Wilson uses his knowledge, compassion, personality, and wit to assist his client. This DVD encourages therapists to be their true selves, and also to explore some of these useful techniques.

I'm sure you've guessed by now that I am a fan of both Yalom and Wilson. They have done an excellent job on this DVD and deserve much recognition. I recommend it for anyone working with OCD clients, or those with anxiety. You will learn orientations that will be useful. I certainly did, and am most appreciative of the opportunity.

BOOK REVIEW

On Being a Master Therapist: Practicing What You Preach

Jeffrey A. Kottler and Jon Carlson

New York: Wiley
2014

ISBN 978-1-118-22581-3 (paperback)

ISBN 978-1-118-28241-0 (eBook)

289 pages

Reviewed by Michael F. Hoyt, Ph.D., Mill Valley, California

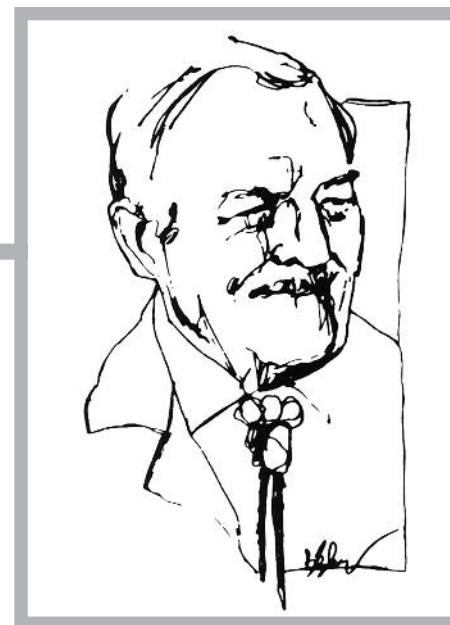
Jeffrey Kottler and Jon Carlson have long been the Lennon and McCartney of our profession, producing many well-known “hits” both jointly and separately -- 10 books together, plus another 100 books, and more than 300 professional training videotapes. They are deservedly the recipients of bushels full of accolades. And now this gift to the field: “[T]his one represents our definitive word on what we think matters most in creating and sustaining superlative therapeutic practice. It is also our most personal book....[It] contains within it all we have ever hoped to say but perhaps never had the courage to speak so bluntly about many of the issues.” They assert: “We believe that true mastery is evidenced by those who go beyond what is known and show a level of creativity and originality that is truly remarkable. Master therapists are innovators and deep thinkers, those among us who advance our knowledge through their scrupulous critical reflection and experimentation, always searching for more effective ways to be helpful to their clients. We also hold dear to our hearts the belief that truly great professionals feel a commitment to something far greater than their own clients and become actively involved in advocacy within their own communities or on a global scale.”

Best friends as well as colleagues, Kottler and Carlson alternate shared sections of the book with individual, personal anecdotes and case stories, to extend exploration of a topic, to offer some funny banter; and sometimes as a means of further engaging the reader in a profound awareness of life and death issues. (Spoiler alert: No one lives forever, dear reader, not even you and me.)

Kottler and Carlson supplement their own vast clinical expertise, extensive reading of the literature, and sharp observation of many master therapists (often done as part of producing training videotapes) with interviews they conducted with dozens of well-known practitioners (disclosure: this reviewer was one of the many interviewees). They note that regardless of their particular approach to therapy, all master therapists bring to the therapy enterprise, caring and compassion, an abundance of knowledge, the ability to make connections others would miss, keen curiosity, and highly developed relationship skills. They also tend to be ambitious and aspire to greatness; they work harder than other folks; they use failures and mistakes as valuable feedback to improve; they have passion and love for their work; they have found their own voice; their ideas developed over time; and their clients are their greatest teachers.

The main body of this fine book develops these ideas: deep compassion and caring; really, really listening; being fully present while focused on the other; knowing what is likely to make a difference; speaking the truth; being authentically oneself, not just a technician; making mistakes and inviting feedback to inform and deliberately improve practice; the power of love; being creative; promoting social interest and advocacy; and recognizing that we are all works-in-progress, learning, leaning in, embracing mystery, and continuing to explore and grow.

Think of the real, undisputable “masters” that you know of: Milton Erickson, Salvador Minuchin, Jay Haley, Virginia Satir, and Albert Ellis. Do they fit these descriptions? What would help the rest of us to move further in their direction? In this thoughtful, heartfelt, and inspiring book, Kottler and Carlson have pointed the way. Readers (and their clients) will be well rewarded.



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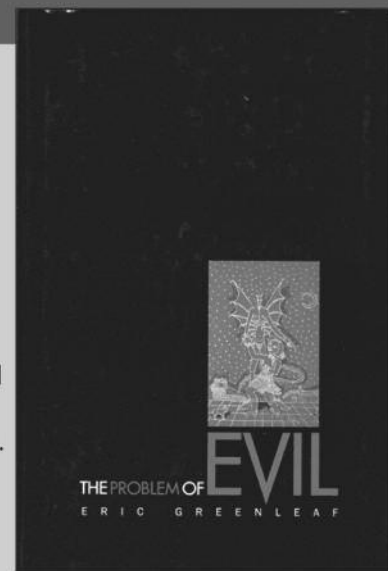
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BOOK REVIEW

Translating Psychological Research into Practice

Lisa Grossman, JD, PhD, ABPP; Steven Walfish, PhD, editors

Springer Publishing Company, New York
2014

ISBN: 978-0-8261-0942-2
609 pages

Reviewed by David L Hargis, PhD, McKinney, Texas

The editors of *Translating Psychological Research into Practice* have made an admirable attempt to join psychological research and practice. Their premise is that research is rarely written with the clinician in mind, and that clinicians tend to rely on their own experiences to guide therapy rather than research. This work combines both worlds so that research can inform treatment.

The book is divided into 65 chapters, each representing a different problem area in psychological practice. The chapters are divided into five sections, covering children and adolescents, adults, health concerns, sexuality and relationships, and violence and trauma.

Fortunately, each contributor includes recommended references to take the reader further. The elegance of this book is that while it is educational regarding specific problems, it also trains you to look for the research that supports your work with clients.

Each chapter presents a discussion by a researcher of evidence-based practice, followed by a presentation from a clinician on how that research is applied in the clinical setting. The editors recognize that it is impossible to cover all problem areas; however, they discuss a wide range of the common issues encountered by psychotherapists. I applaud them for their efforts in managing 65 pairs of researchers and clinicians to create this book.

As a teacher and a clinician, I enjoyed this book. By bringing together both research and practice, the editors have created a platform for education and one for stimulating new ideas. I found myself looking up different problem areas in the Table of Contents, and then reading that section. The book includes many different writing styles. Several chapters were of personal interest, and I wanted to know more. Fortunately, each contributor includes recommended references to take the reader further. The elegance of this book is that while it is educational regarding specific problems, it also trains you to look for the research that supports your work with clients.

I recommend this book to anyone in the field of mental health. If you are a researcher, it explains how your work impacts practice; if you are clinician, it shows how research can guide and enrich clinical scope and methods; if you are new to the field, it offers sound, research-based treatments; and finally, if you have years of experience in the field, it expands upon your knowledge and reminds those in clinical practice to keep our work fresh and efficacious.

My thanks to the editors and contributors of this volume for their excellent work!

BOOK REVIEW

Mindful Anger: A Pathway to Emotional Freedom

Andrea Brandt, PhD, MFT

W.W. Norton
2014

978-0-393-70894-3
Hardback, 210 pages

www.wwnorton.com

Reviewed by: Kay Colbert, LCSW, Dallas, Texas

Andrea Brandt, a marriage and family therapist in California, has written a user-friendly book for people who want to change how they habitually respond when they experience anger. The book is a helpful and practical resource to recommend to clients so that they can teach themselves to use mindfulness approaches to process overwhelming emotions (specifically anger) in healthy ways. Brandt says that her adaptation of using mindfulness offers both insight into the purpose anger serves, and increases awareness of underlying needs and how to meet them.

Mindfulness, long part of Buddhist practice and Vipassana meditation, has in recent years become a secular tool with many therapeutic applications. Mindfulness and mindful living are useful skills that can be integrated into daily life. Brandt explains how mindfulness is used to slow down and sit with anger, processing it appropriately when it is triggered, instead of reacting out of habit. She uses the term “anger in, anger out” to describe her method. The technique involves recognizing the arrival of anger, letting it soften and move through the body, and then expressing it verbally in a constructive way.

This book has eleven chapters and includes simple case histories, self-assessment tools, and many exercises for practice. Directions for the exercises are easy to follow and the tone is conversational. The book begins by Brandt briefly describing anger styles, such as “the dumper/venter” or “the withholder/suppressor,” and shows the reader how to self-reflect on his or her typical way of expressing anger.

Brandt proposes that anger is ultimately a good thing. One chapter teaches beginning mindfulness awareness exercises, making it accessible for readers who are novices at mindfulness. The author demonstrates how to identify and sit with angry emotions, to consider other feelings that are linked to the anger, and to use words to describe the physical sensations that arise. Brandt coaches the reader to identify the early warning signs of anger. Keeping a regular anger journal, for example, may increase insight and prompt self-discovery. Brandt describes how assumptions, faulty beliefs, and unrealistic expectations can be triggers. Family of origin experiences, childhood wounds, conditioning, and learned responses are often relevant factors in how we react to events as adults.

Brandt presents five specific steps to releasing anger: get your anger percolating, express your feelings and move them out through writing, tell your story to another, find your new truth (which includes finding your hidden wound), and finally, perform a “release ceremony.” This ceremony involves going outdoors (away from others) thinking about a triggering event, and noticing physical sensations, emotions, and automatic thoughts. Then, the reader is encouraged to throw sticks or rocks, and yell or make other noises to get the toxic energy out of their system.

Developing forgiveness and gratitude are the next steps in building a richer and more rewarding life. It is necessary to forgive others and make amends, and also to forgive ourselves. Brandt recommends writing gratitude lists and letters. Once these positive steps are taken, there will be greater emotional freedom and an increased ability to connect in satisfying ways with others. The final chapter of the book covers assertive communication, cultivating empathy for others, and learning how to have a productive and civilized quarrel. The book offers powerful tools for anyone to learn.

ACT & RFT in Relationships: Helping Clients Deepen Intimacy and Maintain Healthy Communications Using Acceptance and Commitment Therapy and Relational Frame Theory

By Joanne Dahl, PhD; Ian Stewart, PhD; Christopher Martell, PhD;
Jonathan S. Kaplan, PhD

Context Press
2013
ISBN: 978-1-60882-334-5
278 pages
Paperback or eBook

Reviewed by David L. Hargis, PhD, McKinney, Texas

In *ACT & RFT in Relationships: Helping Clients Deepen Intimacy and Maintain Healthy Communications Using Acceptance and Commitment Therapy and Relational Frame Theory* the authors propose using Acceptance and Commitment Therapy (ACT) and Relational Frame Theory (RFT) to guide therapists to help their clients form and maintain intimacy with their partner. In addition, they teach how to gain a deeper understanding of interpersonal relationships.

The book is divided into 10 chapters. The first part takes the reader through the authors' philosophy and theoretical approach. Individual chapters are devoted to the explanations of ACT and RFT, and a rationale for how these work together to help couples in their relationships. The second part of the book focuses on how to

I would recommend this book to those who have background in behavior analytics (particularly as it applies to language), ACT, and RFT.

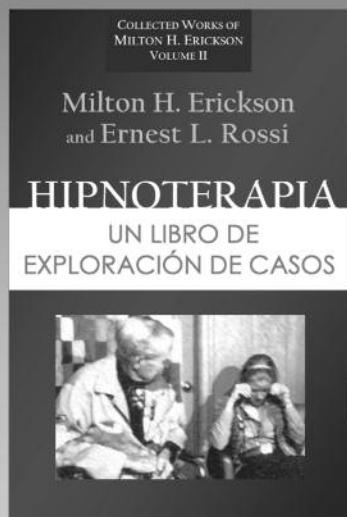
help individuals understand the values and behaviors that can create barriers to intimacy. The authors explain how to use this information to improve relationships. Each chapter has a list of headings and ends with a summary. There is an obvious effort in taking the reader through the book in a stepwise manner. Chapter 10 presents a summary of chapters grouped by content and provides conclusions.

I selected this book for review, based on its title. I have a little knowledge of ACT, and no knowledge of RFT, but I do have an interest in relationship counseling. The authors begin by discussing behavior analytics and lead up to explaining RFT. If you are versed in these areas of thought, the book will make much more sense. The same holds true for the section on ACT. I found chapters 5-9 to be more readable and useful, but still wished that I had a better understanding of ACT and RFT.

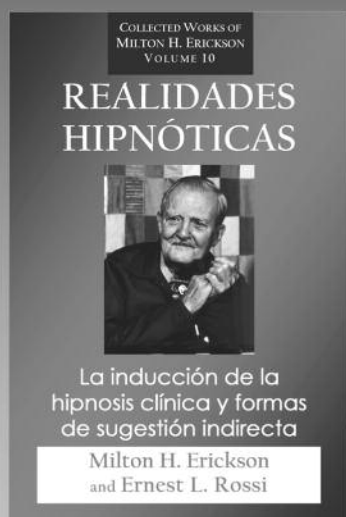
I would recommend this book to those who have background in behavior analytics (particularly as it applies to language), ACT, and RFT. Because I do not have this, I found the book difficult to read. But this is not to say it is without value. I think it is a fair attempt to try to make sense of problem areas and relationships. If ACT and RFT are of interest, this book may help to form a framework from which to work with individuals and couples on the issues of love and relationships.



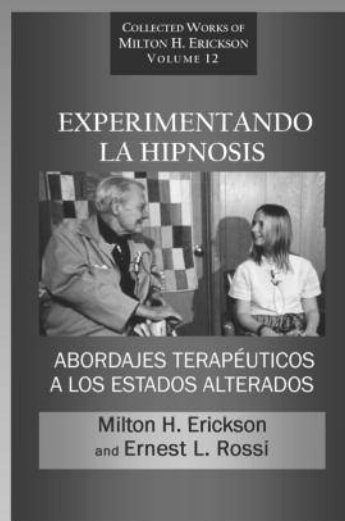
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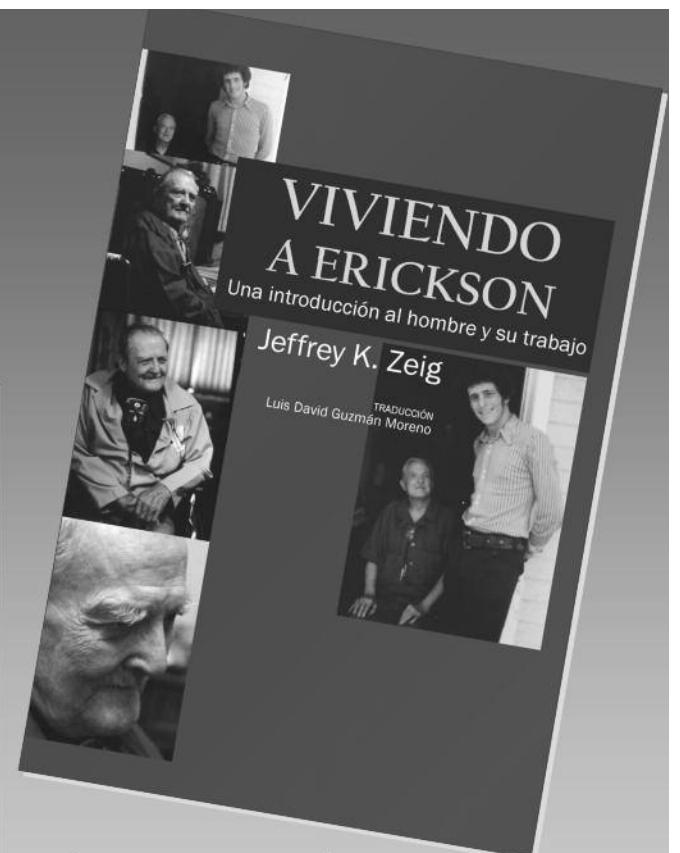
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BOOK REVIEW

Essential Psychopathology Casebook: A companion to Maxmen's classic text

Essential Psychopathology & Its Treatment

Mark D. Kilgus, M.D., PhD & William S. Rea, MD, Editors

W. W. Norton
2014

ISBN 978-0-393-70822-6 (pbk.)

Maria Escalante de Smith, MA, Cedar Rapids, IA

Essential Psychopathology Casebook is an excellent source of vignettes covering a wide array of cases that are subdivided in different sections, beginning with a "Clinical Presentation and a Chief Complaint." In order to illustrate how each case is presented, I will give examples, beginning from Part I, with "Thought Pathology." Chapter 4, "Delirium," begins with the story of an 83-year-old man named Earl, whose chief complaint is, "They took my food from me." And, he would sob without being able to explain the reason for his tears.

One of the real treasures that readers can find in this book is the thorough description of the patient's condition in the section, "History of Present Illness." In Earl's case, his daughter had reported that he was diagnosed with dementia and gradual memory loss. The book included Earl's mental status examination. His symptoms were anxiety and crying spells. His thought content was disorganized and he was delusional about staff members stealing his food. The book also includes scales and tests to assess patients with delirium, such as the "Delirium Rating Scale." (p. 55)

Chapter 17 deals with "Military Trauma," a condition that is unfortunately common in the U. S. In this section, readers can review the main symptoms of PTSD: "The traumatic event is re-experienced through invasive memories, dreams, flashbacks, physiological reactions or physiological distress." (p. 268) Therapeutic approaches, such as trauma-focused, cognitive behavioral therapies are included. This inclusion helped me recall other types of therapy, such as Exposure Therapy, which can be enhanced by Ericksonian approaches.

The text has countless vignettes that can be useful for both experienced and novice clinicians. It is interesting to see, for example, that the chapters go beyond the DSM-V diagnoses, by including specific clinical presentations, such as, "School Refusal" in Chapter 19, found in Part III, "Anxiety Pathology." This is a helpful chapter because it shows how we can sometimes encounter patients who can be diagnosed with comorbid conditions, such as ADHD and unspecified anxiety disorder.

Chapter 24 may generate curiosity, because it covers "Dysphoria about Gender." In this chapter, Mark D. Kilgus, MD, PhD, narrates the story of Karl, a 15-year-old male with no previous psychiatric history. Kilgus states, "There is a disagreement between his natal sex and how he presents himself." (p. 367) Ever since childhood, Karl questioned authority and saw himself as socially awkward. As one keeps reading about this case, he/she will learn about many factors that may be taken into account, such as the possibility of sex reassignment, where the diagnostic phase may take up to six years, and where standardized instruments are used to assess psychosocial and psychosexual development.

Chapter 29, "Complex Trauma," follows the story of Scott, an African American boy, who was admitted to a locked residential treatment due to his aggressive behaviors, learning problems, and substance abuse. This chapter includes a thorough section about differential diagnoses, including ADHD, PTSD, and intermittent explosive disorder.

The book is filled with stories about many different conditions, such as narcissism, perfectionism, and lack of empathy. *Essential Psychopathology Casebook* is an excellent clinical guide. Every mental health professional should have it on hand.

INTERVIEW

continued from page 1

ety, but it would often stop. So I started developing procedures to make the eye movements more effective.

BOH: Initially you named this EMD, and then as you worked on these protocols you added another element. Why the R?

FS: Because at first, coming from a behavioral therapy vantage point, I was thinking in terms of decreasing anxiety. I thought I was doing the equivalent of systematic desensitization while using the brain's own mechanism for it. It seemed like it might be linked with REM sleep, which is when those kinds of rapid saccadic eye movements

would often spontaneously go back to a past event, and there we are in psychodynamic territory. I discovered that it was easier and more efficient if I started with the past. If I cleaned that out, generally the present didn't bother them any longer.

BOH: It generalized out to several things, sometimes things you'd never even talked about?

FS: Exactly. So I added the Reprocessing around 1990 in order to demonstrate that it was more than just Eye Movement Desensitization. If I had it to do over again, I'd call it Reprocessing Therapy. Unfortunately, it's

...I noticed that if I let it keep going, new associations were occurring. Emotions were changing dramatically from anxiety to sadness to joy.

also occur. I tested the procedure in a randomized study and when it was published in 1989, it was called EMD, Eye Movement Desensitization, focused on getting rid of anxiety.

But as I continued working with the procedures, I noticed that if I let it keep going, new associations were occurring. Emotions were changing dramatically from anxiety to sadness to joy. There were cognitive and emotional changes when I allowed this association process to take place.

BOH: When you say cognitive, just to clarify: self-talk, beliefs...?

FS: Yes. People's beliefs would automatically shift.

BOH: So those beliefs that used to occur automatically were suddenly new beliefs that were more helpful, less self-condemning, less fearful?

FS: Yes. If I let the associations move, people were getting insights about themselves, about whatever they were dealing with. And it wasn't just anxiety that was changing, it was guilt, shame; all the negative feelings moved into healthier emotions. What I was seeing was spontaneous and simultaneous changes in emotion, belief, and somatic responses. I also discovered that if I started with a present issue, it

too late. But, to be clear, EMDR is now an eight-phase psychotherapy with a wide range of applications.

BOH: There seems to be two themes: one is practical and experiential, and the other is, "Let's look at the evidence." Why did you put so much emphasis on doing scientific research?

FS: The way to alleviate suffering is to rigorously evaluate what you're doing. In the first study, results could have been due to characteristics of me as a therapist. The replication studies were extremely important to prove that it worked. I ended up being invited to a variety of VAs and agencies. We would give free trainings if they were going to do research. We continue to do that to this day. Unfortunately, some of the early studies were done badly, so it needed a lot of additional research to convince people that it actually worked. At this point there are about 24 randomized studies on the effect of EMDR therapy with a wide range of trauma victims. The World Health Organization has now stated there are only two validated approaches for the treatment of PTSD in children, adolescents and adults: trauma-focused CBT and EMDR therapy. That's because of the research base.

INTERVIEW continued on page 22

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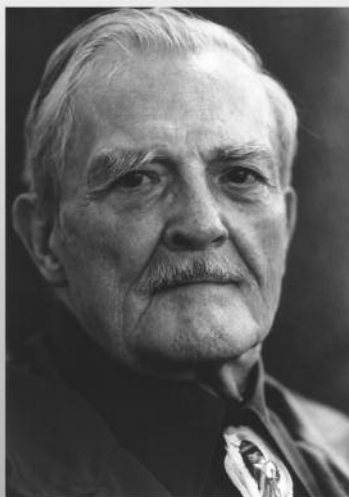
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INTERVIEW*continued from page 20*

BOH: Is there a place where people can go if they want to check out the research?

FS: The EMDR HAP website: www.emdrhap.org/content/what-is-emdr/research-findings/

BOH: Because I've known you for years and followed your work, it's surprising to me that people have dismissed your work and attacked not only the work but sometimes you. Let's talk about some of those dismissals and how you responded and overcame them.

FS: The problems started early on because they were doing research that used EMD or EMDR procedures with and without the eye movement. However, they often did it badly. Those earlier studies were evaluated in 2000 by the task force of the International Society for Traumatic Stress Studies, and were deemed inadequate because they used inappropriate populations and not enough treatment, such as multiple traumatized combat veterans, and they only gave them two sessions. Instead of using the 35 clients in each condition that was supposed to be done, they'd use only seven or eight. The researchers weren't doing it with appropriate fidelity checks. There was a ream of stuff going on, because back then, there was no gold standard to define how you're supposed to do research.

For instance, when an intern who had never done therapy did a study with multiple traumatized combat veterans, the supervisor told him he wasn't doing EMDR correctly, but it got published in the *Journal of Behavior Therapy* with negative results. So I asked a researcher I knew in the VA, "How is it possible that something gets published with a negative fidelity check?" He said, "Oh, well, we never use them." That taught me that all the previous decades of psychological research really weren't telling us anything, because no one had checked to make sure that the researcher had done the therapy the way it's supposed to be done in clinical practice.

BOH: So you made a commitment to make sure the people who do this research are well trained and that the research is solid.

FS: Yes. Controversy about the eye movement being bogus is based on those early negative studies, but since then...

BOH: More studies have come in, and they're legitimate, valid, well-designed studies with people who knew how to do the procedure.

FS: And a new meta-analysis just came out that evaluated the various studies and demonstrated definitively that the eye movements do add to it. One of the research-supported hypotheses revealed that it indeed seems to link into the same processes that occur during rapid eye movement sleep.

Another 12 studies have been done supporting another hypothesis -- that it taxes working memory. I believe both of them are true. They just come in at different times during the therapy.

BOH: So the procedure's been validated, there are more studies going on, and hypotheses are still being investigated. Let's address dismissals of the work. "It's just hypnosis." What do you say to that?

FS: Well, it's simply not. It's a different brain state. There was a study that compared brain states between EMDR therapy and hypnosis.

BOH: So, it's just placebo?

FS: The two dozen randomized studies show it's not.

BOH: This isn't a dismissal, but sometimes it was lumped in with another rapid trauma treatment that came out around that same time known as "tapping."

FS: The effects are quite different, and there also isn't research in support of that.

BOH: They're just starting to do some research, but they didn't emphasize it, which was one of the contrasts I wanted to make. Early on you said, "Let's do research," and they said, "No, it works in clinical use. That's all we need to do."

FS: What you see that's also different with EMDR therapy is that you get pronounced cognitive changes and insights going on as you do it. The disturbing event becomes a source of resilience. With EMDR therapy, if you

Even though I had a behavioral orientation, because that's what was being taught in graduate school, my emphasis wasn't on academia, it was on: How do we help?

have a single trauma victim with PTSD, the research indicates that 84percent to 100 percent of single trauma victims no longer have PTSD after the equivalent of three 90-minute sessions. And it lasts in follow-ups, so you don't have to keep redoing it.

BOH: So it's taken from NLP?

FS: Well, you know NLP...

BOH: I do, so I guess I can speak to it. I did learn a procedure in NLP of having people watch their eye movements while they were describing the problem, and then have them do different eye movements. But when I learned EMDR, it was a whole different procedure, which seemed to work a lot faster and a lot more consistently.

All right, once you figured out this worked and the research started to come in, you then created an orientation toward charitable service in the wake of natural disasters and other mass traumas. Why?

FS: Remember, I came into it from the position of having cancer, so my emphasis has always been on what's going to work for the general public. Even though I had a behavioral orientation, because that's what was being taught in graduate school, my emphasis wasn't on academia, it was on: How do we help? What do we do? We started the non-profit EMDR Humanitarian Assistance Program at the time of the Oklahoma City bombing because we got a call from an FBI agent who had received EMDR therapy. He said, "Could you please do something? The mental health professionals here are dropping like flies."

At that time, there weren't any empirically validated PTSD treatments. It was considered intractable. So, most of the therapists who were there hadn't learned appropriate procedures. They were hearing all of the disturbing stories and developing vicarious traumatizations. We flew out a group of volunteer clinicians, did a needs assessment, made the appropriate connections, and began doing free treatment for the first responders and the victims. Then we started doing free trainings for the clinicians in Okla-

homa. The evaluations of that program indicated an 85 percent success rate after three sessions, which duplicated a study that had come out in the *Journal of Consulting and Clinical Psychology* that year, so we knew that we were doing what we needed to do. At that point, we set up the EMDR HAP...

BOH: Which has gone on to respond to many other world crises.

FS: The Balkans, after 9/11, after Katrina and Sandy, after the tsunamis in Asia, etc. Something beautiful about it is that these clinicians are donating their time. We've sometimes funded projects through the equivalent of bake sales. But we feel it's extremely important to do what we can. We've also developed trauma response networks throughout the U.S. that have responded after events like the Newtown shootings, Boston Marathon bombing, and Arizona fires. Also, all the international humanitarian assistance programs from the U.S. and the EMDR Europe Association resulted in trained clinicians in different countries. They set up their own EMDR associations, and then, for instance, the relevant national associations joined together to create the EMDR Asia Association about four years ago.

In Latin America, we got a request for help after a hurricane in Mexico. HAP clinicians from the U.S. went to investigate and there were schoolyards of traumatized children, so we trained the local clinicians. They developed a group protocol for EMDR treatment and published the results. Then, when there was a natural disaster in another part of Latin America, the Mexican clinicians went to assist them, and that's how it's continued to spread. Now there's an EMDR Ibero-America Association.

We've trained people on both sides of ethno-political divides. In some places, historical trauma gets transmitted from generation to generation, and we can help stop the cycle of suffering and violence. Israeli clinicians trained Palestinian clinicians, and now they do conference presentations together be-

INTERVIEW continued on next page

INTERVIEW*continued from page 22*

cause the pain is the same on both sides. What we're hoping is, with enough clinicians treating the trauma in the different populations, we can bring people together so that these common denominators will become larger than the past historical traumas.

BOH: This leads me to the last question. One afternoon when we were both teaching at a conference, I said, "You've traveled around the world, you've written these books, and you've done all this work... why?" And you said, "I want to help create world peace." And I said, "World peace, from waving your fingers in somebody's eyes? How does that happen?" Can you talk about that?

FS: If you're trying to bring people together around a conference table when they've been exposed to the ethno-political damage from all these wars, they can't connect because the unprocessed memories from those traumas keep getting triggered. The anger, the "You're an Other" is there automatically. If we can process that, then they can make connections and reconciliations.

For instance, one of the trainings we did in Northern Ireland included Catholic and Protestant clinicians learning the procedures together. By the end of it, we managed to defuse an IRA death threat because the folks could see the connections being made. When you do EMDR therapy training, people are working on their own experiences, so they understand what's happened. They can see what's been driving some of their automatic responses. They develop more compassion for themselves *and* for others. Although the results have been quite wonderful, there's clearly a lot more that needs to be done. There are many more populations in need and a huge amount of negative psychological and physical effects that many clinicians misdiagnose.

BOH: You started out with your own crisis of health and stress. Then you came up with EMDR, explored both the scientific and practical routes, and wanted to put it out in the world to help relieve suffering. Now we've got the organization built up so that it can respond to global situations. If we can make a big enough splash that we can create

these ripples of connection and peace...

FS: Yes. And part of the work is educating the public about what's running them. My most recent book, *Getting Past Your Past*, is for laypeople to understand from the EMDR therapy perspective how so much of the pain and guilt and shame that they're feeling is the result of unprocessed memories. It's a physical problem. It's not like, "You should have snapped out of it," or "Why can't you adjust?" Everyone has an information processing system that's supposed to take things to resolution, but if it gets overwhelmed because of a high level of disturbance, the memory of the event gets locked in the brain. Those negative emotions and sensations and beliefs that occurred when they were children, are still locked in because the memory simply can't link up with anything more adaptive. There is no shame in going to a physician if you break your leg. Likewise, there should be no stigma in going to get therapy in order to make sure that you can achieve full mental health.

The book describes a variety of different problems, so that people can understand the dynamics and kinds of experiences that cause them. I lead readers through the EMDR therapy self-help techniques that people can use on their own, as well as certain processing that can be safely done at home. Lots of people don't have therapists available or don't believe in therapy, but this allows them to have their own positive experiences and insights so that they can understand with more compassion for themselves and others.

The royalties for the book are going to the HAP and to the EMDR Research Foundation. It feels good that readers are both helping themselves and people all over the world.

Bill O'Hanlon, MS, has written more than 30 books, appeared on Oprah with his book Do One Thing Different, and has been a top-rated presenter at psychotherapy conferences all over the world. He was a student of the late Milton H. Erickson, MD, and created Solution-Oriented Therapy and Possibility Therapy. Find him at <http://billohanlon.com/>.

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