



The Milton H. Erickson Foundation NEWSLETTER

Vol. 29, No. 3

Winter 2009

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I N T E R V I E W

Daniel Amen, M.D.

Interviewed by Gary Ruelas
September 28, 2009

*Daniel G. Amen, MD is a physician, child and adult psychiatrist, brain-imaging specialist, Distinguished Fellow of the American Psychiatric Association, and the CEO and medical director of Amen Clinics, Inc. Dr. Amen is an Assistant Clinical Professor of Psychiatry and Human Behavior at the University of California, Irvine School of Medicine, where he teaches medical students and psychiatric residents about using brain imaging in clinical practice. Dr. Amen is the author of 35 professional articles and 23 books, including the New York Times bestsellers, *Change Your Brain, Change Your Life*.*

Dr. Gary Ruelas (GR):
Dr. Amen, you are going to be speaking at the *Evolution of Psychotherapy Conference* this December sponsored



by the *Milton H. Erickson Foundation*. As you know, Dr. Erickson was a pioneer in the field of mental health and hypnosis, and he championed an integrated body-and-mind concept. Could elaborate on how you view the body and mind, using inter-

nal resources to help individuals overcome their difficulties?

Dr. Daniel Amen (DA): I see the mind and body as totally interconnected. What a lot of people miss is that when your brain works right, you make better decisions for your body. When your brain is troubled from a head injury, toxic exposure, having ADD, depression, an anxiety disorder, post-traumatic stress disorder, or too much stress in your life, it affects every single cell in your body in a negative way. When you spend time optimizing and loving and caring for your brain, every other system in your body benefits.

GR: So, there's a strong integrated connection that you have seen and experienced with patients that you have treated.

DA: Absolutely.

GR: You started your formal practice in psychiatry after completing a residency in both adult and child psychiatry in the early '80's, and finished your child fellowship in 1987. Since then the field of psy-

See AMEN on page 22

The Evolution of Psychotherapy Conference 2009

**Don't miss your chance to attend –
On-site registration available!**

The Erickson Foundation is making final preparations for the *Evolution of Psychotherapy Conference*, December 9-13, 2009, at the Hilton Anaheim, Marriott Anaheim, and the Anaheim Convention Center, Anaheim, California. The Evolution Conference currently has more than 6,000 registered attendees representing more than 40 countries.

A Pre-Conference workshop* with presentations by Daniel Amen, *Change Your Brain Change Your Life*, and Andrew Weil, *Healthy Aging*, will be held on Tuesday, December 8, 2009. In addition, a Post-Conference workshop on *Experiential Approaches Combining Gestalt and Hypnosis* with Erving Polster and Jeffrey Zeig will be held on Monday, December 14, 2009. *Note: The Pre-Conference workshop with Daniel Amen and Andrew Weil is not available for purchase On-site.

See EVOLUTION on page 3

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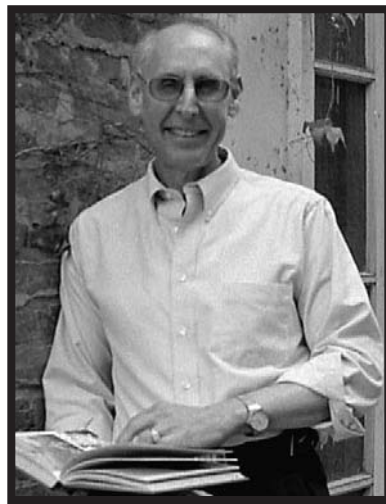
EDITOR'S COMMENTS

This issue's theme celebrates the spiral nature of the Evolution of Psychotherapy. Looking through the perspective of time, psychotherapy episodically returns to its roots using an expanded model and rationale of what it feels constitutes healing and thriving for humans. Each re-visitation usually contains the same core pattern seen from a different perspective. Human needs do not change, only our understanding of them changes. For example, around 300 BCE, ancient Greeks with physical and emotional ailments would visit the healing shrines of Asclepius, the god of medicine and healing. These shrines were usually in the hills overlooking the ocean, far away from the crowded cities. The treatments integrated physical, nutritional, social, emotional, spiritual, and community treatment approaches, all in a beautiful and restful environment.

Today we have a better understanding of how this multifaceted approach affects us at the molecular level. We have come full circle with today's integrative medical models. We now know more of how treating the person with the condition is so much more effective than just treating the condition that the person has. The focus of treating a symptom or organ, be it the brain or the liver, is evolving into a focus of helping the whole person thrive.

This Newsletter is dedicated the connection between this ancient Greek paradigm and to the 6th *Evolution of Psychotherapy* Conference's celebration of the cross pollination of the healing disciplines. In this issue, we present three Featured Interviews rather than our usual single one. Gary Ruelas interviews three of the most influential leaders of the integrative medical approaches that speak directly to mental health professionals; Daniel Amen, Deepak Chopra and Andrew Weil. Ruelas presented the same core questions to each of these contemporary giants. The convergence and divergence of their responses is fascinating.

In his *In The Spirit of Psychotherapy* column, John Lentz addresses the spiritual dimension within psychotherapy in his interview of Harville Hendrix. Dave Norton presents a classic Ericksonian intervention that respects the resources with the client in the



Case Reports column. A brilliant adaptation. Marilia Baker gives us a wonderful retrospective and prospective view of the Erickson Institutes in her *Introducing the Institutes* article. It covers both the history and the projected goals in a way that touches the heart of all of us involved with the Institutes.

Speaking of touching the heart, at last Sharon McLaughlin, our managing editor, was able to interview Roxanna Erickson-Klein for our *Contributor of Note*. How she was able to avoid being acknowledged all this time for her amazing contributions to the Foundation is a mystery to me. An amazing woman and a beautiful person. I am glad that Sharon persisted so long.

The cross-pollination theme continues both within and between the disciplines in our media reviews. Maria Escalante de Smith presents both *Psychotherapy Supervision: Theory, Research and Practice*, edited by a family of psychologists: husband, Alan, wife, Kathy, and daughter, Tanya Hess, and presents her own take on Michael White's final gift to us all, *Maps of Narrative Practice*. Other book reviews include Albina Tamalonis' thoughtful review of *How Can I Forgive You? The Courage to Forgive, The Freedom Not To* by Janis Abrahms Spring and Michael Spring. John Frykman gives a comprehensive overview of what he feels may be Michael F. Hoyt's best book yet, *Brief Psychotherapies: Principles and Practices*. We entrusted Alex Pattakos' *Prisoners of Our Thoughts: Viktor Frankl's Principles for Discovering Meaning in Life and Work* to the capable hands of Alexander and Annellen M. Simpkins. They did a masterful job

of bringing the book to life. Given their decade and a half journey into the practical applications of neuroscience, we thought it fitting for the Simpkins to also review Louis Cozolino's book *The Neuroscience of Human Relationships: Attachment and the Developing Social Brain*.

Our CD and DVD reviews are equally impressive. The Simpkins again take on the task of reviewing the full conference program interactive CD-ROM of *The Couples Conference; Love and Intimacy* that was held in San Diego, California in May of this year. A great job.

Because of his positive appreciation of life and uplifting energy, we asked John Lentz to review a pair of our most positive DVDs. He did a superb job in his reviews of Randall C. Wyatt's interview of Martin Seligman PhD on *Positive Psychology and Psychotherapy*; and *Through Conflict to Connection; Imago Connects: The Sense of Love*, which is based on the book *Getting the Love You Want* by Harville Hendrix. This is followed by the Simpkins' intriguing review of Naji

Abi-Hashem's *Working with Arab Americans* as part of the APA series on multicultural counseling.

We finish with a trio of DVD reviews from the *Brief Therapy Conference* in San Diego in December 4-11, 2008. Rubin Battino elegantly reviews Scott Miller's *Outcome-Informed Clinical Work*. It is complemented by a clinical demonstration by Michael Yapko, *Hypnosis as a Context for Problem-Solving* reviewed by Albina Tamalonis and a final review is provided by John Lentz of Stephen Lankton's *Using Hypnosis in a Brief Therapy Demonstration*.

All together, these interviews, articles and reviews provide a comprehensive backdrop for this year's 6th *Evolution of Psychotherapy* Conference and its pre and post-conferences. It promises to be one of the most memorable conferences of the decade. Please join us in Anaheim, California, December 8-14, 2009.

Rick Landis, Ph.D.
Orange, California

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The Milton H. Erickson Foundation NEWSLETTER

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EVOLUTION *continued from page 1*

Primary Faculty include: Albert Bandura, David Barlow, Eugene Gendlin, William Glasser, John & Julie Gottman, Otto Kernberg, James Hillman, Jean Houston, Marsha Linehan, Cloé Madanes, Donald Meichenbaum, Salvador Minuchin, Erving Polster, Ernest Rossi, Martin Seligman, Francine Shapiro, Thomas Szasz, and Jeffrey Zeig.

State of the Art Faculty will include: Judith Beck, Claudia Black, David Burns, Nicholas & Janet Cummings, Robert Dilts, Stephen Gilligan, Steven Hayes, Harville Hendrix, Kay Redfield Jamison, Bessel van der Kolk, Jack Kornfield, Harriet Lerner, Scott Miller, Violet Oaklander, Christine Padesky, Mary Pipher, Daniel Siegel, Michele Weiner-Davis, Derald Wing Sue, and Michael Yapko.

Keynotes will be presented by Aaron Beck, Deepak Chopra, Salvador Minuchin, Robert Sapolsky, Andrew Weil, Irvin Yalom, and Philip Zimbardo.

The full Conference brochure is available Online. Visit the Conference Web site for On-site registration fees, times and location; hotel accommodation information; Faculty handouts; FREE downloads and more: www.EvolutionOfPsychotherapy.com

For more information contact The Milton H. Erickson Foundation, Inc., 3606 N. 24th Street, Phoenix, AZ 85016-6500; Tel, 602-956-6196; Fax, 602-956-0519; Email, office@erickson-foundation.org

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THE WORLD'S LARGEST PSYCHOTHERAPY CONFERENCE

The Evolution of Psychotherapy

ANAHEIM, CALIFORNIA

DECEMBER 9 -13, 2009

Primary Faculty

Albert Bandura	Cloé Madanes
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Eugene Gendlin	Salvador Minuchin
William Glasser	Erving Polster
John & Julie Gottman	Ernest Rossi
Otto Kernberg	Martin Seligman
James Hillman	Francine Shapiro
Jean Houston	Thomas Szasz
Marsha Linehan	Jeffrey Zeig

State of the Art Faculty

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Claudia Black	Harriet Lerner
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Nicholas & Janet Cummings	Violet Oaklander
Robert Dilts	Christine Padesky
Stephen Gilligan	Mary Pipher
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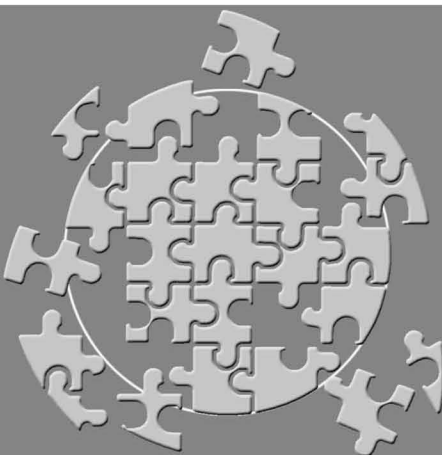
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Deepak Chopra	Irvin Yalom
Salvador Minuchin	Philip Zimbardo
Robert Sapolsky	

Pre-Conference Presentation

Tuesday, December 8
Optimal Brain - Optimal Body
Daniel Amen Andrew Weil
not available for purchase On-site

Post-Conference All-Day Session

Monday, December 14
Experiential Approaches Combining Gestalt and Hypnosis
Erving Polster Jeffrey Zeig



On-site Registration Information and Rates Available Online!

EVOLUTIONOFPSYCHOTHERAPY.COM

IN THE SPIRIT OF THERAPY

Dr. Harville Hendrix Ph.D.

Interviewed by John D. Lentz D. Min.

Dr. Harville Hendrix Ph.D. is co-founder of Imago Relationship Therapy along with his wife, Helen LaKelly Hunt. He is the author of "Getting The Love You Want: A Guide for Couples" and "Keeping the Love You Find: A Personal Guide" both New York Times best sellers.

John Lentz: Dr. Hendrix: You are widely known as someone whose work promotes a spiritual experience. Was that your intent at the beginning or was it a pleasant surprise?

Harville Hendrix: It was not my intent at the beginning to promote a spiritual experience with couples. My early intent was to create a process that would help couples have the marriage they wanted, since they clearly did not want the marriage they were in. I tried to listen without a theoretical filter to their frustrations and complaints and found that behind every complaint was a wish, and the wish was for a relationship that was safe and passionate. I experimented with a structured conversation that I now call Imago dialogue and found the structure helped create safety and safety led to recovering passion/intimacy. The next thing I learned was that restoring connection in adult intimate partnerships healed the memories of ruptured connection in childhood. This insight was exciting to me: Helping couples connect was a healing experience in the present that healed memories in the past. It also seemed profound. What surprises me even more today is that, essentially, healing occurs when couples change the structure of their conversation from a vertical to a horizontal axis, and the content of their conversation from judgment (criticism- negativity) to acceptance and appreciation. These actions relocate the source of the healing process from the person to the relationship, thus turning traditional psychological theory upon its head, or at least on its side. Rather than locating healing inside persons, as a subjective experience, it locates healing among persons. This is essentially a new paradigm, which I call the "relational paradigm" that extends and replaces the paradigm of the "individual." It also overcomes the split between psychotherapy and spirituality by showing that they are essentially the same thing. Connection is healing, whether viewed from the sacred or secular perspective.

JL: Your book and DVD, *Through Conflict to Connection*, promotes intimacy and a genuine connection. How is your new approach even more of a spiritual path?

HH: And then the surprise came! When couples achieved sustainable connection with each other, oneness with each other, they also felt more integrated and cohesive inside—they felt oneness with themselves—wholeness, and they reported feeling at one with the larger context of their lives, including what they called a larger dimension, oneness with everyone and everything. As we have explored this new path to the sacred, we have discovered that dialogue is a new spiritual practice that parallels traditional spiritual disciplines such as meditation and prayer. When we ask listening partners to quiet their minds and focus on the messages of the partner who is sending, they not only listen more accurately and deeply but they become more peaceful inside. They refer to this as being more centered similar to what is described by people who meditate. As a parallel process, when we ask the partner who is talking in a dialogue to focus on inner experiencing—thoughts, feelings and bodily sensations—rather than describing their partner, they also become more peaceful inside, as do meditators. When both speak from the "heart" and listen from the "heart," they create a safe a safe emotional environment that allows an even deeper healing and connection to occur. And then a sort of miracle occurs: Removing anxiety and defenses from the conversation allows what we call implicit, un-languaged experiencing to enter consciousness and become symbolized in words. When this happens, emotional memories that have been housed in the amygdala are translated into words and relocated in the hippocampus—thus putting the past in the past. This process integrates alienated and isolated aspects into the self, thus contributing to the recovery of wholeness, which



is another aspect of healing that is both spiritual and psychological at the same time.

With all these discoveries, we have declared that "couplehood is a spiritual path, and dialogue is a spiritual practice," thus adding conscious couplehood as the container of the spiritual.

JL: When people read your work, or see your DVD's they get a sense of you as a deeply spiritual person. Are there things that you would be willing to share about that side of you personal life? Or to pose the question from a professional perspective, what aspects of the work do you find

the most spiritually fulfilling?

HH: I was ordained to the ministry in the Southern Baptist Church in 1952 and have a theological degree from Union Theological Seminary, NYC. I have two degrees that combine theology and psychology, both from the University of Chicago. From age 17 to 73, having obsessively been involved in exploring the deepest mysteries of life and the literature about it, my spirituality has changed from an explicit religious focus on beliefs and rituals to awe and gratitude about the how amazing it is that anything exists, and how amazing everything is that does exist. My favorite spiritual statement is "We GET to be here!!"

Professionally, what I find most spiritually fulfilling about this work is seeing couples embody love and become whole. It is the wonder that becoming spiritual or discovering our implicit spirituality involves nothing more than turning towards our neighbor and changing the way we talk and what we talk about. When we see our neighbors as equals and acknowledge and appreciate their existence, I think we are sharing in Jesus declaration that "the law and the gospel are fulfilled when we love God with all our hearts and our neighbor as ourselves."

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CALL FOR PROPOSALS

BRIEF THERAPY CONFERENCE

December 9 - 12, 2010 Orlando, Florida

PRESENTATION COVER SHEET

The Milton H. Erickson Foundation is calling for proposals for the **2010 Brief Therapy Conference**. Those interested in presenting a Solicited Short Course on the topic of short-term therapy methods (or closely related area), may submit **(1)** a 200-word presentation summary, **(2)** a 50 word abstract, **(3)** two educational objectives, **(4)** two true/false questions to be used for continuing education purposes and **(5)** curriculum vitae of all presenters in your program. **Two** copies of each submission, except CVs, should be included in your packet. Send only **one** CV for each presenter. Preference will be given to proposals that address the theme "*Brief Therapy: Lasting Solutions.*"

There will be approximately 20 concurrent Solicited Short Courses with one and a half hours allotted for each Course on Thursday, December 9, 2010 from 8:30-10:00 AM and 10:15-11:45 AM. Short Course faculty receive complementary registration for the Conference, but pay their own expenses for food and lodging.

1) Individual submitting proposal: (All correspondence will be sent to this address)

Name: _____ Degree _____
 University where highest degree was earned _____ Major _____
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 Address _____
 City/State/Zip/Country _____
 Daytime Telephone _____ e-mail address _____

2) Names, Addresses and Degrees of copresenters (if any)

Note: All presenters **MUST** meet the Erickson Foundation's academic requirements of a master's degree or above from an accredited institution in a health-related field. Full-time graduate students enrolled in accredited programs also may present. Graduate students must submit a letter on letterhead stationery from their department certifying full-time student status.

3) Title of Presentation:

4) Audiovisual equipment required: VCR projector VHS player DVD player computer sound ties

Connections for a MAC ; please bring your own. Please bring your own laptop computer for a PowerPoint presentation.

Note: No other AV equipment, including laptops, can be provided.

Enclosure Checklist: (SEND AN ORIGINAL AND 2 COPIES) Attach this cover sheet to the original. The two copies should contain **ONLY THE TITLE** because the review process will be blind. Please **do not** include names on the two copies.

- 200 word presentation summary
- 50-75 word abstract (for publication in the program and syllabus)
- Educational Objectives (minimum of two objectives). In your objectives, indicate what participants will have learned at the end of the presentation. Be specific, e.g. 1) To list three principles of increasing patient compliance; 2) To describe three techniques used in brief treatment for depression
- Two true/false questions to be used for continuing education purposes
- Curriculum vitae of all presenters (One copy only)

If my proposal is accepted and placed on the program, I will be present at the Conference

Signature _____ Date _____

DEADLINE: Proposals must be postmarked by January 29, 2010. Acceptance or rejection will be sent by March 19, 2010

Mail proposals to: The Milton H. Erickson Foundation, Inc.
 2008 Brief Therapy Conference Short Course Committee
 3606 N. 24th Street, Phoenix, AZ 85016-6500 USA

CASE REPORT

Fitting In

A private girl's school nearby my office referred a sophomore named Lana to my practice because of missed classes and academic problems.

Normally when a girl this age comes to a professional for the first time, she pays attention to her appearance. But Lana's hair was disheveled, her sweat suit looked like it needed a trip to the washing machine, and her sneakers were worn. Her clothing was too big, meant to camouflage her weight. She was definitely not comfortable in her skin. If one looked closer, underneath all this baggage was an attractive, intelligent young lady.

Based on her general appearance I assumed several things: I intuited that Lana was depressed. I asked myself, "Why does she keep her appearance repulsive?" Had someone hurt her in the past; met with abuse or neglect a creative element in her personality? Her repulsive appearance, no doubt, was to keep herself isolated enough to deflect any more harm.

Fortunately, Lana was enthusiastic

about hypnosis and wanted to experience it. Hilgard wrote that one of the important components of trance is "original task motivation instruction." In Ericksonian hypnosis, a key element of therapeutic trance induction is pacing and leading. My procedure was informed by both philosophies.

I began by asking Lana, "What about hypnosis makes you enthusiastic?" Her response was that she had heard wonderful things about hypnosis, and that the experience of trance, in addition to being relaxing, seemed mysterious and exotic. She felt hypnosis helped people to make dramatic changes in short periods of time, like quitting a lifelong habit of smoking in one session. I wholeheartedly agreed. As I mirrored this back to Lana, I repeated the words "relaxing" "mysterious" and "exotic" in pace with each of her exhale breaths. I began to add words suggesting comfort, sleep, and dreamlike feelings.

I also suggested that her unconscious mind probably knew why she was having these current problems. It would be nice if her unconscious gave her a dream during the next few days

that would illuminate the source of these problems and offer a solution that would alter the way she looked at this aspect of her past. Her enlightenment would provide a new perspective in how she would see herself in the future. I told her to keep this in the back of her mind.

I finished our trance session by telling Lana a story about how I always made myself go to all of my college classes whether they were interesting or boring, because there might be at least one useful thing from them that I could take away with me.

Two days later, Lana sent me the following email: "During our session, you told me to keep one thing in the back of my mind. Ever since I can remember, I have struggled with my weight. The memory that came to mind during our trance was one of myself at about eight or nine years old at school. A boy I've known most of my life was standing next to me and said, "You look like you are pregnant because you are so fat!" Every time I think about my weight struggle, this memory seems to pop into my mind. It was definitely an embarrassing and upsetting moment in my life.

After our session, I felt very sleepy and ended up going to bed quite early. I had a dream that I was standing in my house trying on a prom dress that I had

bought with the intention of altering it to fit. I still own the dress, but I never got to wear it to my prom because it didn't fully zip in the back and the seamstress couldn't alter it. In the dream, I put the dress on simply to see if it would fit me. At first it would not zip, and then little by little I was showing my mom how it now fit me perfectly! When I woke up this morning, it didn't immediately occur to me why I had this dream until right before I was leaving my room to go to class."

A follow-up call to the school's counseling center a month later revealed that Lana had achieved perfect attendance at her classes and had joined the school swim team. She was finally "fitting in"!

Because Lana had to take a taxi to get to our appointments, I knew I would not see her for more than a few sessions. I would have liked to spend more time discussing relationships, developmental delay issues, and her depression. I decided to use Erickson's approach of accessing unconscious resources because this has proved successful in my work in the past. Although I anticipated success, receiving Lana's email was a delight. How's that for the unconscious as helper!

Dave Norton, LPC
New Britain, Connecticut

Erickson Grant Follow up

Several months ago an anonymous donor gave \$5000 to initiate a grant competition. The donor expressed hope that the competition would promote communication and strengthen understanding of Ericksonian approaches around the world. This summer three winners were named, and the award was split equally. The breadth of their intentions, geography and projects are truly reflective of the intent of the competition. The winners briefly describe their projects:

Hayley Klein B.S., Houston, Texas, USA – As a recent college graduate with an interest in learning more about Ericksonian approaches, I was eager to submit a proposal. As I have traveled and corresponded with others in Spanish, I have noticed some hesitations and inconsistencies in the translation of psychotherapeutic terms. Ideas like "time distortion" and "deep trance," are sometimes difficult to grasp in English, so it is not surprising there is some confusion when those terms are translated. With this in mind, I proposed a *Multi-Lingual Glossary of Ericksonian Terminology*. Working with teams of experts, I compiled operational definitions of approximately 200 words in English. Now I am involved in the translation phase: Portuguese and Russian teams are in progress, and I am working to arrange translation teams in several other languages. I am hoping that the final compilation will be ready for the Foundation website early next year.

Teresa Garcia Sanchez, MA, ECP. Director of Instituto Erickson Madrid, Spain

A few months after the opening of the Instituto Erickson Madrid in 1980, I began working with a young man who had been diagnosed two years prior as having a serious neurological disease, multiple sclerosis. His symptoms were severe: strong pain, partial or total paralyzes, even blindness. Using Ericksonian psychotherapy and hypnosis, I encouraged a quick recovery from attacks, and mitigation of the powerful side effects of the medications. Now, the doctors who are treating him certify him as 95% recovered. Comparing current and old brain scans the white scars have almost disappeared! I presented this case as a scientific paper

"Hypnosis as co-adjuvant of a Multiple Sclerosis treatment" at 2009 the ASCH Congress in Boston.

The neurologist proposed that I do a research study with a larger group of patients; she maintained that this degree of recovery in patients with similar conditions is less than 10%. The Grant funds will help us to follow up with additional work and case studies. We have three former students of the Instituto Erickson Madrid who have volunteered to facilitate ongoing work with multiple sclerosis patients, and we are hopeful that more exploration of this important area will help to reveal more promising approaches to treatment.

Anatoly Tkachey M.A., The Erickson Institute of West Siberia – We have studied the therapeutic communication of Milton Erickson since the 1990s. Our attention was attracted by the fact that some non-verbal micro-communicational patterns, such as voice intonations and non-verbal activities were used literally as language. We studied some of his work and our findings were published in the report, "The Paths of Ericksonian Knowledge: Deepening, Widening the Boundaries, Going Beyond and Existing Forever". We presented at The 7th International Congress of Ericksonian Approaches in 1999 and shared our report with all the Erickson Institutes.

In what sense can we call this phenomenon language? The non-verbal patterns systematically used by Dr. Erickson dynamically composed a whole continuum of meanings that accompanied verbal communications. Dr. Erickson was able to switch subject's attention between messages in primary and secondary languages.

Our project involves analyzing audiotapes of Dr. Erickson working from 1952 to 1962 focusing on voice intonations and their use in the therapeutic process. By studying tapes year by year we will be able to track the dynamics of the use of those patterns as well as the dynamics of Dr. Erickson's methodology. The research process and the results will be published in real time via blogs so interested colleagues and professionals will be able to see it, and some might even be able to take part in the work.

INTRODUCING THE INSTITUTES

The Evolution of an Idea: The Milton H. Erickson Institutes – Past, Present, and Future

Marilia Baker

Phoenix Institute of Ericksonian Therapy

The Milton H. Erickson Foundation is soon celebrating the evolution of the thought and clinical practice of dozens of the most influential thinkers and practitioners of our time, at the 6th *Evolution of Psychotherapy Conference*, to take place December 9-13, 2009. There will be a pre-conference on Tuesday, December 8, presented by illustrious pioneers in the medical field, Daniel Amen, MD and Andrew Weil, MD, and, a post-conference Master Class with psychotherapy pioneers, Erving Polster, Ph.D. and Jeffrey Zeig, Ph.D. As we honor them all, and benefit from their lifework. It is also of significance to pay homage to the ones who planted the many seeds – the ideas – so this fruitful gathering could take place.

First, to Milton H. Erickson, MD, who, in the words of Sharon McLaughlin, MA, this *Newsletter's* Managing Editor, “was a planter of seeds. His history reflects the lessons of farm life. Erickson taught his students that ideas, like seeds, which were planted in the past and nurtured in the present, will continue to grow and flourish into the future. The network of Ericksonian Institutes is one example of such generative growth.” (MHE Foundation *Newsletter*, Vol. 21 n. 2, Centennial Issue, p. 6).

Likewise, of significance, is the evolution of the Foundation's founding director. Jeffrey Zeig's many fruitful ideas. His indefatigable sense of mission throughout the past 36 years was to realize his dream of seeing the teachings Milton H. Erickson disseminated and practiced throughout the world. It has happened exceedingly well.

Says Zeig: “The Erickson Institutes were initiated by professionals who made the request to establish them to Dr. Erickson. As I remember there were only a few authorized by Dr. Erickson in the late 70s - two in Munich, NYSEPH, Santa Rosa, and Albuquerque. When Dr. Erickson passed away the Foundation took over the function of authorizing Institutes”.

“The Institutes are an integral part of the mission of the Foundation, playing an important role in promoting and advancing Ericksonian practice. Institutes can be private practices, study groups, societies, and so on”.

“The continuing proliferation of Institutes around the world is especially gratifying. The Board of Directors of the Foundation greatly appreciates the wisdom and enthusiasm that they provide”.

Zeig's recollection is accurate. The initial Institutes Dr. Erickson gave permission to establish in 1978 has grown to 140 as of 2009. One of the first personally authorized by Dr. Erickson was Burkhard Peter in Germany (1978) who then established the M.E.G. (*Milton Erickson Gessellschaft für Klinische Hypnose*), one of the largest and most influential society of Institutes in Europe, with a network of 17 affiliated Institutes and approximately 2,000 members. As McLaughlin observed in 2001, “As a catalyst for fostering interest in Ericksonian approaches and research, MEG has been extremely influential, including offering financial support for universities conducting research in hypnosis”. At this time, MEG publishes a biannual newsletter with a circulation of approximately 30,000 professionals (See <http://www.MEG-Hypnose.de>)

Another important development in Europe since 1997 has been the creation of the *Confederation Francophone d'Hypnose et Therapies Breves* which encompasses not only the Institutes in France but also all others in French-speaking countries: Switzerland, Belgium, Quebec (Canada) and the Caribbean. Highly active, this organization counts approximately 3,000 clinician members and promotes workshops and congresses throughout the Francophone world. France itself encompasses a large number of MHE Institutes (12) that train a significant number of professional clinicians throughout Europe, Canada and Mexico. The founding

president of the *Confederation Francophone* is Patrick Bellet, MD. In addition to president of the MHE Institute d'Avignon-Provence he is also the Editor-in Chief of the *Revue d'hypnose et thérapies breves* the largest circulation journal on hypnosis throughout the francophone world.

There are MHE Institutes from Argentina (4) to New Zealand (1), with ongoing interest and expansion into Turkey, the MHEI of Istanbul, to the MHEI of Kaohsiung in Taiwan. Mexico has the largest foreign constituency of Institutes with 18 as of this date, followed by Brazil with 14 established MHEIs. For further information please go to: www.erickson-foundation.org

Mexico leads many initiatives in the Americas under the sustained enthusiasm and leadership of Teresa Robles, Ph.D. One of them was the first officially recognized (Mexico's Ministry of Education and Health) master's degree program in Ericksonian psychotherapy. Currently in its 10th year, the program continues to expand into many affiliated Institutes throughout Mexico and Brazil. Robles also has been actively promoting national and international dialogue, hosting, in 2006 in Acapulco, the 17th Congress of the International Society of Hypnosis (ISH) with worldwide participation and repercussion. (See: www.hipnosis.com.mx)

The Milton Erickson Institute of South Africa (MEISA) under the leadership of Woltemade Hartman has, likewise, been tirelessly promoting in-country and international fraternization since its founding in 2001, through its numerous conferences and congresses. In 2006, it hosted the internationally acclaimed 2nd World Congress on Ego State Therapy “The Changing Faces of Psychotherapy” and is preparing to host the 3rd Ego State Therapy gathering in February 2010. Of significant and meaningful note is to acknowledge Milton Hyland Erickson's *far reaching* seeding and influence, in the words of Woltemade Hartman and co-directors: “We have now reached the stage where our training courses have gained tremendous popularity amongst professionals in Africa and more specifically in South Africa, Swaziland and Namibia. The legacy of Milton Erickson has surely had an impact on African psychotherapists. It is said that Ericksonian principles respect African culture, African traditions, African life and African traditional healing methods as well as human dignity in general. In fact, this naturalistic, permissive and contextualized approach is democratizing the African psyche by helping clients to broach their adversities of the past and to increasingly focus on finding solutions for their future.”(See: www.meisa.co.za)

It should be mentioned that all Institutes throughout the United States and throughout the world have been unique, active and tireless in their clinical work, their teaching, and dissemination of Ericksonian thought and practice. All have significantly contributed to the ever growing numbers of interested professionals who request permission from the Foundation to establish MHE Institutes in their countries of origin. Many words of praise to each and everyone.

Last, but not least, the role of the *Societa' Italiana Milton Erickson* (SIME) also receives honorable mention in this overview. Established in 1996, it has been actively promoting Ericksonian methodologies and teachings since then, throughout Italy and the world. Camillo Loredio, MD, its founding president is also member of the Board of Directors of the Erickson Foundation. His Institute was also distinguished in Europe to be academically recognized by the Italian Ministry of Education to teach Ericksonian hypnosis and psychotherapy. Loredio and a distinguished team of professors and instructors have been actively teaching since then at the *Scuola Italiana d'Ipnosi* at SIME. This last September, SIME hosted in Rome, the International Society of Hypnosis's 18th congress “Hypnosis and Neuroscience – clinical implications of the new mind-body paradigm.”

The future is bright and encouraging. Ericksonians from all over the world continue to practice Ericksonian approaches to their best and ever increasing abilities. Erickson's words are an apt conclusion for the beginning of other seeding to succeed and to emerge in the evolution of psychotherapy fields: “Life isn't something you can give an answer to today. You should enjoy the process of becoming who you are. There is nothing more delightful than planting flower seeds and not knowing what kind of flowers are going to come up”

C O N T R I B U T O R O F N O T E

Roxanna Erickson-Klein, RN, Ph.D.

Interviewed by Sharon McLaughlin

Sharon McLaughlin (SM): How did you become involved in the work of The Milton H. Erickson Foundation?

Roxanna Erickson-Klein (REK): My parents Milton and Elizabeth Erickson raised eight children of which I am seventh. Dad literally and figuratively brought his work home with him--so it is really a matter of circumstances. Growing up in the family we all learned a familiarity with and an appreciation for his approaches to hypnosis and psychotherapy,

SM: You have worked with the Foundation for a long time...

REK: Yes, for over 20 years. The Foundation was founded in 1980; my mother and sister Kristi were both on the Board of Directors. In 1990, I took Kristi's place on the Board. In 1993, I worked with another sister, Betty Alice, on the Newsletter for a five-year interval. Now my efforts emphasize Archival work; I manage to volunteer about five hours a week on projects that I think are most important.

SM: Who would you say had the most influence on you?

REK: That is a hard question. My parents were both loving and powerful people whose influence is felt far and wide even after their deaths. In answer to your question though, I think I will identify my oldest brother Bert, as being the person who was always there to help me navigate difficult waters or to help me find meaningful guideposts. My youngest sister Kristi also has a strong internal compass that I know I can depend on. The strongest relationship I chose for my life is with Alan, my husband of 35 years. Our lifetime commitment through all our own growth and the joys of raising our five children is an extraordinary blessing.

SM: What professional activities are you involved in?

REK: I consider my most important endeavor now to continue working with Ernest and Kathryn Rossi on the compilation of the *Collected Works of Milton H. Erickson MD*. These are cen-



tral to the Archives, and the royalties help to fund more projects; Ernest with his insurmountable energy is hard to keep up with; this year there will be four more volumes published. With the unpublished works we still have on hand we foresee numerous volumes on the horizon.

I enjoy serious writing. Dan Short invited me to be third author in his book *Hope and Resiliency* about my father's therapeutic techniques. I have also worked with Marilia Baker writing about my mother. I feel great gratification when others honor me by asking that I contribute to a book. Right now, I am involved in what I feel is among the most important original projects of my professional career—I am working with my daughter Hayley to compile an Ericksonian Glossary. This offers definitions of terminology used to describe Dad's work and will have a Multi-lingual component to facilitate translation. One of the very important aspects of this project is the teamwork involved to make it a reality. I consider teamwork to be a central element of the whole Ericksonian ideology. This particular project has involved positive cooperative efforts that reach beyond anything I have had the privilege of working on in the past. Writing is enjoyable and relaxing for me. I have a lot of ideas, and have outlined some additional works that I hope to follow through to publication.

I am also back in school. I am studying counseling at Argosy University of Dallas. I want to have a deeper

understanding of how psychological interventions enhance the physical healing process. Being a student again is stimulating. My background with my parents, my work in nursing and my involvement with the Milton H. Erickson Foundation gives me a rather broad perspective of the fields of counseling and psychotherapy and how it has been influenced by the context of time over the last half century.

SM: What do you consider the most important work of the Foundation?

REK: Without a moment's hesitation it is the Archives. Few people realize the tremendous effort that is involved in the gathering and compilation of archives of any productive person. It is a very labor-intensive process that involves time, patience, resources and cooperative effort.

Archives provide central understandings about the history and evolution of ideology. Generations benefit from viewing the art of masters; Erickson's work is art within science. As scientists, we are only at the most rudimentary stages of understanding how suggestion and perception can influence our entire life course. My father's work offers us glimpses of how powerful that influence can be.

SM: How is your own work like that of your father?

REK: I get invitations to come and

teach because people are looking for experiences that resemble studying with Erickson. Yet, if I were really like him, I wouldn't be true to his ideas. Each of us who is loyal to his work developed in our own ways; he advocated finding one's own path and style, and evolving through inspiration from within. My commitment is to honor his legacy while also simultaneously developing my own unique style. I have an interest in the underpinnings, foundation, methodology, and ideology including the principles of cooperative efforts, unselfish giving and teamwork. It goes unsaid that fundamental principles involve an ethical commitment to the well being of the client and to society. There is room for everyone to achieve a high level of professionalism and to do so without compromising the basic tenets of the Erickson message.

SM: Where are you going from here?

REK: I want to finish school at Argosy, complete my internship, continue working with the Rossis on following through with the *Collected Works of Milton Erickson*, and continue working with Hayley on the *Ericksonian Glossary*. On the personal side, nothing could exceed sharing with my husband the pleasures of our children developing into a diverse constellation of productive young adults.

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Level I: Fundamentals of Ericksonian Hypnotherapy – April 29-May 2

Level II: Intermediate Skills in Ericksonian Hypnotherapy – July 22-25

Level III: Advanced Ericksonian Hypnotherapy – October 14-17*

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Video Conference by Internet

Written by José Cava Rodá Lic.Psy.

Co-Director Instituto Erickson Madrid

In February of this year, Dr. Ernest Rossi did therapy at the Instituto Erickson in Madrid, Spain from his home in California! Drs. Ernest and Kathryn Rossi had arranged for their Erickson Institute of the Central California Coast at Los Osos to join Madrid Institute in offering a 12 hour, two-day seminar using Internet video conferencing.

Before the event, the communications systems were installed and tested, though our Madrid group remained apprehensive about the technological elements of our first virtual seminar via the Internet. We wanted it to be as interactive as possible for Dr. Rossi to be able to carry out real therapeutic sessions from his California home with volunteer subjects in Madrid. Video and audio systems at both locations allowed for simultaneous bidirectional communications. People at the Instituto in Madrid could watch Dr. Rossi projected on a screen in real size. A small window showing our own camera allowed us to see our images as we projected the Madrid subject and audience into the Rossi's home. This compound presentation gave a better sense of interaction and physical presence.



Dr. Rossi did several demonstrations throughout the seminar. Steps were taken to attend to the privacy and confidentiality of our subjects; because the Rossis' use a technique which does not require extensive disclosure, many of the concerns were minimized. Translators were used in both directions. Surprisingly, our efforts were rewarded with satisfying results that were even better than expected. Subjects participating in the sessions confirmed afterwards they felt close to Dr. Rossi.

A very special demonstration took place on the first day of the program. Dr. Ernest Rossi had worked previously with a young man who shares his first name: Ernesto. The subject had been diagnosed with Multiple Sclerosis some years before and Ernest had worked with Ernesto in June of 2003, at the peak of his illness. Ernesto had gone through an amazing recovery

being treated with hypnotherapy administered by Teresa Garcia-Sanchez, Director of the Instituto Erickson of Madrid as an adjunct to his chemotherapy. Ernesto has gone into full remission and was on the stage with his girlfriend whom also actively participated in the session.

Another demonstration on the second day of the seminar was also a very rich learning experience. The subject reported feeling a very great impact of her therapy, and Rossi was able to describe the transformation in four stages of creative psychotherapeutic processes

and their associated phenomena.

In Madrid we extended ourselves to make this conference as close to real physical presence as possible using voice and image communications. The results have been better than expected, and better than acceptable. This is really great news, especially in the arena of hypnosis and psychotherapy, where real artistry is much better shown and learned through live demonstrations. We have

shown that live demonstrations are within reach.

Communicating thru Internet opens new wonderful possibilities; it is interesting and rewarding to reach out to a great variety of people and locations, sometimes far from where the speaker is. The idea of virtual conferences are becoming a reality. We in Madrid anticipate the time when a Worldwide Therapists' Leadership Virtual Conference, will bring together some of the most well known authorities in the field who can participate without travel.

Treasure Finds Way Home

By Kristina Erickson M.D.

The Erickson family is working with the Erickson Foundation to arrange for the sale of the home where Milton and Elizabeth Erickson lived in Phoenix since 1970. We anticipate the development of a museum, the centerpiece of which will be the office where Erickson worked as well. The museum also will feature other aspects of interest about his life. The office, adjacent to the home, is where Milton Erickson offered his teaching seminars to a multitude of students during the last decade of his life. Although the office has not been used since that time, Elizabeth



Jan Henley, a student of Milton Erickson's in the 1970s shown holding the Australian Aboriginal carving that was given to her as a graduation gift.

See *TREASURE* on page 12

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CONFERENCE NOTES

Onsite Registration Available! The sixth *Evolution of Psychotherapy Conference* will be held December 9-13, 2009, at the Hilton Anaheim and Anaheim Convention Center, Anaheim, Calif. A Pre-Conference workshop* with Daniel Amen, *Change Your Brain – Change your Life*, and Andrew Weil, *Healthy Aging*, will be held on Tuesday, December 8; in addition, a Post-Conference workshop on *Experiential Approaches Combining Gestalt and Hypnosis* with Erving Polster and Jeffrey Zeig will be held on Monday, December 14, 2009. The Conference is sponsored by The Milton H. Erickson Foundation, Inc.

Primary Faculty include: Bandura, Barlow, Gendlin, Glasser, John & Julie Gottman, Kernberg, Hillman, Houston, Linehan, Madanes, Meichenbaum, Minuchin, Polster, Rossi, Seligman, Shapiro, Szasz, and Zeig. *State of the Art Faculty* will include: Beck, Black, Burns, Nicholas & Janet Cummings, Dilts, Gilligan, Hayes, Hendrix, Redfield Jamison, van der Kolk, Kornfield, Lerner, Miller, Oaklander, Padesky, Pipher, Siegel, Weiner-Davis, Wing Sue, and Yapko. *Keynotes* will be presented by Beck, Chopra, Minuchin, Sapolsky, Weil, Yalom, and Zimbardo.

The full Conference brochure is available Online: www.EvolutionOfPsychotherapy.com Visit the Conference Web site for Onsite registration fees, times and location; Faculty bios; hotel accommodation information; Faculty handouts; FREE downloads and more.

For more information contact The Milton H. Erickson Foundation, Inc., 3606 N. 24th Street, Phoenix, AZ 85016-6500; Tel, 602-956-6196; Fax, 602-956-0519; Email, office@erickson-foundation.org

*The Pre-Conference workshop with Daniel Amen and Andrew Weil is not available for purchase Onsite.

The American Society of Clinical Hypnosis (ASCH) will hold the 52nd Annual Scientific Meeting and Workshops, *Hypnosis and Hypnotherapy: Shared Experiences, Shared Questions and Shared Visions*, March 12-16, 2010, at the Sheraton Music City, in Nashville, Tenn. For complete information contact ASCH, 140 N Bloomingdale Rd, Bloomingdale, IL 60108; Tel, 630-980-4740; Email, info@asch.net ; Web, www.ASCH.net/annualmeeting.htm

Psychotherapy Networker will hold its 33rd Annual Symposium, *Breaking Through: New Possibilities in a Time of Uncertainty*, March 25-28, 2010, at the Omni Shoreham Hotel in Washington, D.C. The Symposium will feature Dan Goleman, Daniel Siegel, Tara Brach, Barbara Ehrenreich, Jerome Kagan, Natalie Goldberg, and Ron Taffel. For more information visit the Web site: www.PsychotherapyNetworker.com ; or contact Psychotherapy Networker, 5135 MacArthur Boulevard N.W., Washington, D.C. 20016; Tel, 202-537-8950; Toll Free, 888-408-2452; Fax, 202-537-6869; Email, info@psychnetworker.org

The International Transactional Analysis Association (ITAA) is sponsoring the *Eric Berne Centenary Conference*, August 11-15, 2010, at the Hotel Delta, Centre Ville, Montreal, Quebec, Canada. Keynote addresses will be given by Jim Allen, Ian Stewart and Vann Joines. For complete information and updates visit the Conference Web site: www.itaa-net.org or contact ITAA, 2186 Rheem Drive #B-1, Pleasanton, CA 94588; Tel, 925-600-8110; Fax, 925-600-8112; Email, info@itaa-net.org

Marriage: Relational and Societal Perspectives, the Annual Conference of The American Association of Marriage and Family Therapists (AAMFT), will be held September 23-26, 2010, in Atlanta, Ga. For complete information contact AAMFT, 112 South Alfred Street, Alexandria, VA 22314, Tel, 703-838-9808; Fax, 703-838-9805; Email & Web site: www.aamft.org

The 8th *Brief Therapy Conference*, sponsored by The Milton H. Erickson Foundation, Inc., will be held December 9-12, 2010, at the Hilton Walt Disney World®, in Orlando, Fla. Faculty will include: Steve Andreas, Ellyn Bader, Jon Carlson, Frank Dattilio, Robert Dilts, Stephen Gilligan, Pat Love, Lynn Lyons, Scott Miller, John Norcross, Bill O'Hanlon, Christine Padesky (tent.), Esther Perel, Maggie Phillips, James Prochaska, Wendel Ray, Ernest Rossi, Casey Truffo, Reid Wilson, Michael Yapko, and Jeffrey Zeig. Keynote presentations will be given by: Judith Beck, Sue Johnson, and Robert Sapolsky.

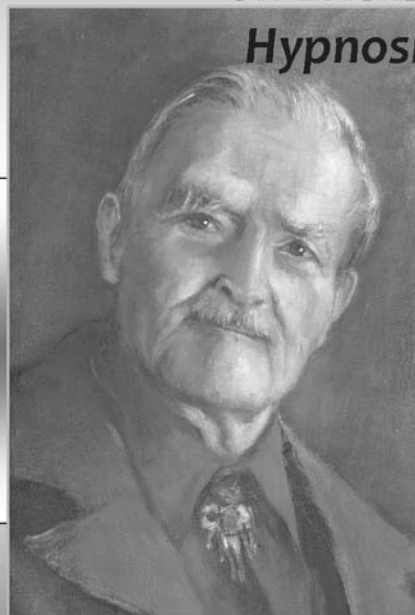
More information will be available in coming weeks, or visit the Conference Web site for updates: www.BriefTherapyConference.com . To receive the brochure when it is available contact The Milton H. Erickson Foundation, Inc., 3606 N 24th Street, Phoenix AZ 85016-6500; Tel, 602-956-6196; Fax, 602-956-0519; Email, office@erickson-foundation.org ; Web, www.erickson-foundation.org

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UPCOMING TRAINING

DATE	TITLE / LOCATION / LEADER	CONTACTS
2009		
12/9-13	The Evolution of Psychotherapy Conference / Anaheim, Calif. / Invited Faculty	1.
2010		
1/21-24	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy - Master Class / New York City, NY / Jeffrey K. Zeig, Ph.D.	2.
1/28-31	Advanced Ericksonian Hypnotherapy – Level III / Dallas, Texas / Betty Alice Erickson, MS, LPC, LMFT, Deborah Beckman, MS, LPC, Will Handy, LCSW and Special Guest Faculty	3.
2/4-7	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy - Master Class / Minneapolis, MN / Zeig	4.
2/19-21	Supervision Training in Ericksonian Hypnosis (ongoing) / Guadalajara, Mexico / Zeig	5.
2/22-26	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Fundamental</i> / Phoenix, Ariz. / Brent Geary, Ph.D., Zeig, and Invited Presenters	1.
3/1-5	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Intermediate</i> / Phoenix, Ariz. / Geary, Zeig, and Invited Presenters	1.
3/13-14	Dialogue / Rome, Italy / Giorgio Nardone, Camillo Loredio, Zeig	6.
3/15	Communication Methods for Coaches / Vienna, Austria / Zeig	7.
3/19-21	Lasting Impressions in Brief Therapy / Penzburg, Germany / Invited Presenters	8.
3/26	Key Concepts in Brief Therapy / Girona, Spain / Zeig	9.
3/27	The Art and Science of Impact / Lisboa, Portugal / Zeig	10.
4/5-15	Comprehensive training program / Singapore / Zeig, Invited Presenters	11.
4/17-25	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy - Master Class / Hong Kong / Zeig	12.

TREASURE *continued from page 10*

Erickson continued to welcome interested students from around the world into her home to see the office where so much learning and teaching took place. The small office was filled with artifacts that Milton Erickson used in his teaching; many of the treasures were gifts from students. A technique that he often used was a challenging puzzle that students would ponder over, not noticing the answer on display on a nearby shelf or wall.

After Milton Erickson's death, Elizabeth Erickson gave many of the artifacts to special students and colleagues. Some went back to the original owners, and others were carefully given to individuals who would treasure them. Although the office has retained its feel and appearance, many of Erickson's favorite teaching items have found new homes.

We expect to open the Erickson Museum in 2010. We also are hoping to have the opportunity to display artifacts that are now in the hands of private individuals. We are arranging for an agreement in which the owner of the artifact will own the object but put it on permanent loan so it can be displayed in the office. If you have an artifact that once was in Milton Erickson's office, and you are willing to put it on permanent display, please contact Roxanna Klein rericksonklein@gmail.com who is coordinating this process. We offer our gratitude to Jan Henley Ph.D., who is shown holding the carving she is now returning to the museum for display. The carving was mentioned in the seminar that is published as *Experiencing Erickson* (www.zeitucker.com). Dr. Zeig has agreed to put all the gifts that he received on permanent loan to the museum.

CONTACT INFORMATION:

1. The Milton H. Erickson Foundation, Inc., 3606 N. 24th Street, Phoenix, AZ 85016 6500; Tel, 602-956-6196; Fax, 602-956-0519; E-mail, office@erickson-foundation.org ; Web, www.erickson-foundation.org ; Evolution Conference Web, www.EvolutionOfPsychotherapy.com
2. Helen Adrienne; E-mail, HAMSW@aol.com ; Tel, 212-758-0125
3. Milton H. Erickson Institute of Dallas, 4144 N Central Suite 520, Dallas, TX 75204 ericksondallas@sbcglobal.net ; Web, www.EricksonDallas.com ; Tel, 214/824-2009
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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 2010 Spring Issue (mailed April) is February 1, 2010. All workshop submissions are subject to approval by the Erickson Foundation. For more information, please contact the Erickson Foundation at 602/956-6196; mhreg@aol.com



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***Psychotherapy Supervision:
Theory, Research and Practice***

Edited by Allen K. Hess, Ph.D. Kathryn D. Hess, MS and Tanya H. Hess, Ph.D.

2009

2nd Ed.

John Wiley & Sons, Inc. USA

631 pages.

ISBN 978-0-471-76921-7 (hard cover)

Psychotherapy Supervision: Theory, Research and Practice, edited by a family of psychologists: husband, Alan, wife, Kathy, and daughter, Tanya Hess, present wide coverage of different aspects of supervision including history, perspectives of participants, psychotherapy orientations and modalities, special populations and setting, research, and ethics.

The book begins with a conceptual review by Alan Hess that emphasizes "the need for a safe place to reflect upon the psychotherapy sessions" (p.3). He then narrates some origins of supervision, such as how Freud hosted meetings that consisted of theoretical and case discussions that provided refinement for the clinician. The text includes important concepts and foci with an emphasis on the importance of knowing one's self, drives and blind spots so "...one can listen effectively and intervene in the client's interest" (p.5).

"On Being Supervised" by Tanya and Alan Hess has brief suggestions for the

supervisee and the supervisor. One of the suggestions for the supervisor is to be aware of the student's learning level and needs. The supervisor also is encouraged to attend to verbal and nonverbal signals. Some of suggestions for the supervisee are to take an active role and to read pertinent literature.

In "Hypnotherapy Supervision," (Chapter 13), C. Alexander and Annellen Simpkins explain how hypnosis can be used therapeutically for helping with a wide variety of problems in a number of fields. We can read about the history and theories of hypnosis and how to guide supervisees into using hypnosis by learning to experience it personally.

It is interesting to read how the definition of hypnosis evolved from the time

James Braid coined the term "hypnosis," and demonstrated how by fixating attention onto one thing, the subject could enter a trance. This same chapter makes reference to Milton H. Erickson and how he called the unconscious mind "a reservoir of positive potential and that the hypnotic state activates unconscious intelligence" (p. 231). Tips and Pitfalls show how to work with supervisees' questions and resistances. This chapter also addresses how to deal with problems in supervisees, for example when they have fears and reservations about the use of hypnosis. At the other end of the spectrum are the supervisees who are overenthusiastic about the method and make unrealistic promises. .

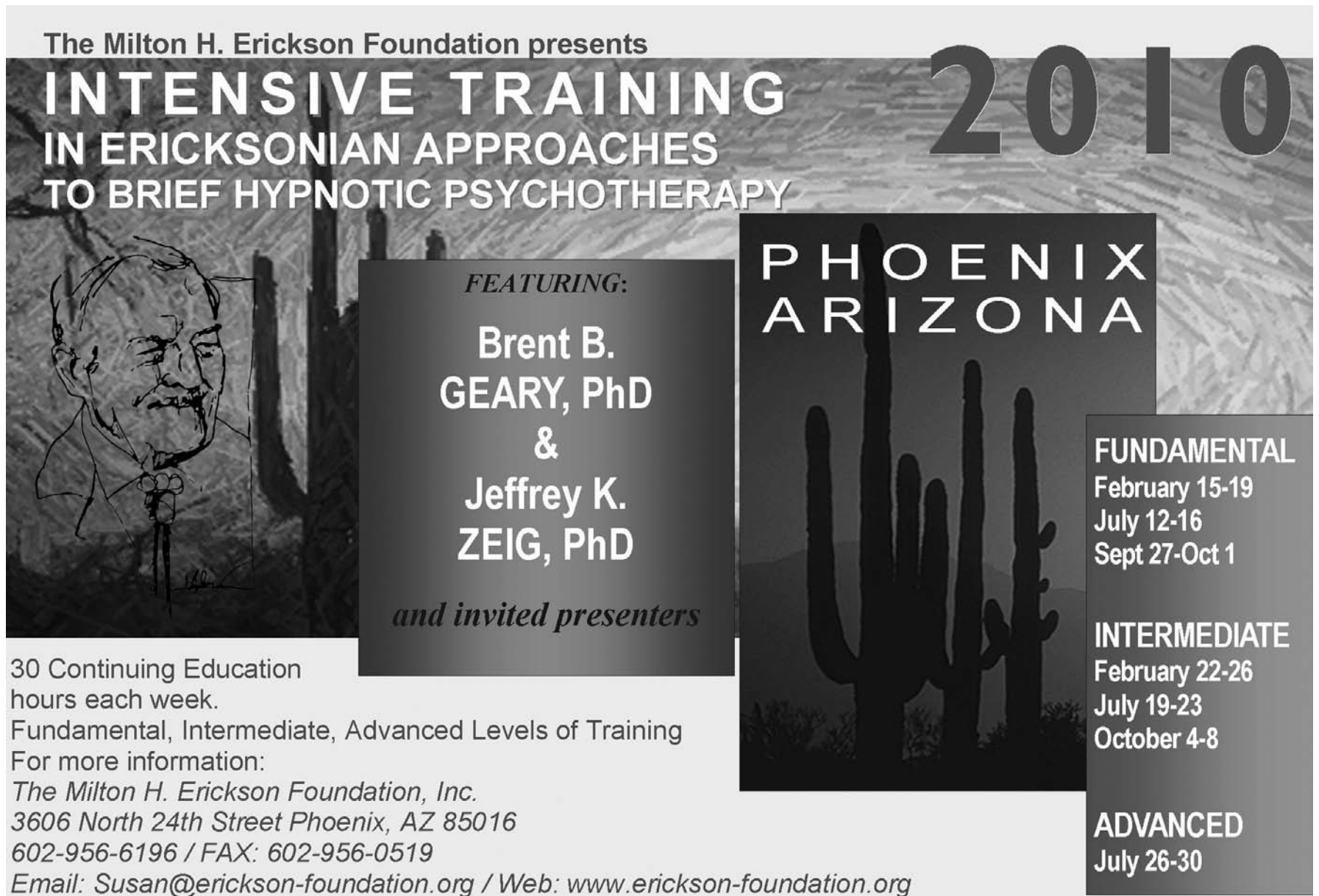
Bertram P. Karon writes about "Supervising Therapists Treating the Severely Mentally Ill." The author covers a fundamental idea in the lives of psychotic people: "Serious disorders can easily be found to have arisen from horrible life experiences," (p. 361) and yet these patients do not understand their experiences and do

See SUPERVISION on page 16

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I N T E R V I E W

Deepak Chopra, M.D.

Interviewed by Gary Ruelas

August 19, 2009

Deepak Chopra received his medical degree from the All India Institute of Medical Sciences, and completed his internship at Muhlenberg Hospital in Plainfield, New Jersey. He served as chief of staff at Boston Regional Medical Center before establishing the Chopra Center. He is a fellow of the American College of Physicians, a member of the American Association of Clinical Endocrinologists, and adjunct professor at Kellogg School of Management. He is the founder of the Chopra Center for Wellbeing, a world-renowned authority in the field of mind-body healing, and a best-selling author of over 42 books, published in more than eighty-five languages.

Gary Ruelas (GR): Dr. Chopra, you are going to be speaking at the Evolution of Psychotherapy Conference this December sponsored by the Milton H. Erickson Foundation. Dr. Erickson was a pioneer in the field of mental health with his belief in the fundamental principles of the body and mind and the use of the person's internal resources to help individuals overcome their difficulties. You have described your work in a similar vein. I'm just wondering whether or not you could elaborate on how you view the body and mind?

Deepak Chopra (DC): First of all, you know this is an artificial distinction, the body and the mind. Also the body and the environment are artificial distinctions. It's all one process – the environment, the body, and the mind is one process, and that process is a process in consciousness. Your thoughts occur in your consciousness and you experience your body in your consciousness and you experience the world in your consciousness. It is important to understand that these are differentiated expressions. The body, the world, and the mind are differentiated expressions of one consciousness.

I think the future of our understanding of human behavior, of social interactions and well-being has to be based on a more scientific understanding of our consciousness. What is our consciousness? What is consciousness? Where does it reside? And the

more we learn about consciousness the more we also begin to understand that consciousness is a transcendent realm. It does not exist in space-time. In fact, space-time is also an experience in consciousness. Consciousness is a field of possibilities; consciousness proliferates in uncertainty; consciousness constantly takes leaps of creativity; and consciousness harnesses the power of intention; of insight, of inspiration, of creativity, of choice making.

So we have to stop these distinctions – body and mind, biological organism and environment. It's one process and the process is all in consciousness. Our future evolution depends on the evolution of our consciousness. How can we go beyond these primitive responses that we have – reactive responses, fight-flight responses – to how we can be a watchful observer of our body and mind, the watchful observer of our relationships, the watchful observer of our environment. And then how can we go beyond that into the intuitive response, into the creative response, into what is called the "visionary" response, and ultimately into the sacred response, which is to get in touch with the source of all creation, the mystery that people call God.

I think there is an over-reliance on pharmacology, and an over-reliance on imaging, which is actually distracting because no amount of brain imaging actually tells you anything about consciousness.

GR: You have already segued into my second question – and thank you so much for expanding on that – regarding a profound paradigm shift that you're articulating so well.

Just as a little bit of background here; you started your formal practice and completed your residency in internal medicine, endocrinology, in the late 60's. Since then the field of psychotherapy has really changed from paradigms of analytical or behavioral paradigms to what it is today. What other changes do you see occurring in the future for mental health professionals, especially in its application to helping those who

are going through emotional and cognitive challenges?

DC: You mentioned cognitive challenges, so I think the future of therapy is called "Native Therapy," which is actually beginning to engage in the understanding of thinking. Why do we think the thoughts that we think? What is the nature of our cognitive process? How do we go beyond limiting belief systems that have been conditioned in our awareness through society and through culture and through religion? So I see therapy taking a big leap in this area.

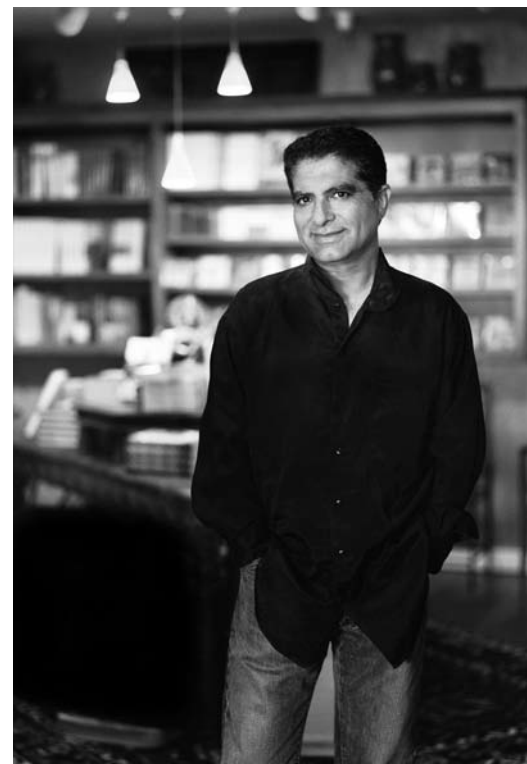
I also see therapy engaging in practices like introspection and meditation and insight and understanding the mechanics of creativity and inspiration.

So I think that we have a bright future if we look at the future of therapy in spiritual terms. It has to go beyond just mere mental understanding, and begin to understand the nature of our spiritual intelligence, that domain of awareness where we experience the transcendent and where we go beyond our personal limited self into our collective self and ultimately experience the universal domain of consciousness. I see a very bright future for therapy

with a newer understanding of consciousness.

GR: And you mentioned incorporating or addressing the spiritual domain twice now in your explanations. Would you just elaborate a little bit more for our readers?

DC: All of our sciences have been focused on what makes people unhappy and we have a lot of science on stress. But there is very little science so far--but it is emerging--on what makes people happy, what makes people loving, what makes people kind, what makes people compassionate, what makes people do things that are of service to others without selfish mo-



tivation. So I think that spirituality--that domain of awareness where we understand this domain of awareness, changes not only the way we think but also the way we behave in society and in our personal relationships, and our relationship with our environment.

GR: It really changes paradigms in many, many domains.

DC: Many. Everything from personal relationships to behavior to biology to environment –

GR: To economics.

DC: – to economics.

GR: Yes, everything. That's really a quite a direction for all of us to begin to embrace.

DC: Yes.

GR: There's been a lot of changes in the mental health field that has to do with changes in pharmacology, imaging, genomic testing. How do you see the whole direction of the mental health movement?

DC: I think there is an over-reliance on pharmacology, and an over-reliance on imaging, which is actually distracting because no amount of brain imaging actually tells you anything about consciousness. It just tells you the location of where consciousness is acting on the brain. So, you know when you imagine a beautiful sunset, there's no sunset in your brain. There are only electrical impulses. The beautiful sunset that you see is in your consciousness. Of course, there is a

See CHOPRA on page 16

Andrew Weil, M.D.

Interviewed by Gary Ruelas

July 20, 2009

Andrew Weil, received his Medical Degree from Harvard in 1968 following a medical internship in San Francisco, and worked for the National Institute of Mental Health. He is the Program Director in Integrative Medicine at the University of Arizona and a Clinical Professor of Internal Medicine and Clinical Assistant Professor of Family Medicine. He is the founder of the Foundation for Integrative Medicine and editor-in-chief of the journal *Integrative Medicine*. Dr. Weil is the author of many scientific articles and seven books: including *Spontaneous Healing*; and *Eight Weeks to Optimum Health*. He is featured on PBS: *Spontaneous Healing* and *Eight Weeks to Optimum Health*.

Gary Ruelas (GR): We are so excited that you will be speaking this December at the *Evolution of Psychotherapy Conference* sponsored by the Milton H. Erickson Foundation.

Andrew Weil (AW): Thank you.

GR: Dr. Erickson who, by the way, also lived in Arizona, was a pioneer in the field of mental health and strongly believed in the fundamental principles of the body and mind. It appears to me that your work and commitment to the field of mental health parallels Dr. Erickson's work in using natural internal resources of the individual to overcome their difficulties.

AW: Well, first of all, integrative medicine, which I helped found and is the main focus of my work, insists that people are mental and emotional beings as well as physical bodies. That dimension needs to be taken into account in understanding health and illness. So in any case of physical illness, integrative medicine physicians inquire into the mental well-being of patients and try to understand the mental and emotional factors that might have contributed to illness, and to look for ways of intervening there as well. So, I think more than regular physicians, we tend to draw on the resources of mental health professionals.

In integrative medicine we really have a strong commitment to try and develop a new field of integrative mental health. One of the initiatives of our



Center for Integrative Medicine at the University of Arizona is an integrative mental health conference – a national conference that's going to take place next March in Phoenix.

GR: That is really interesting. Where do you see this direction headed?

AW: This project is intended to try to launch a movement among psychiatrists, psychologists, social workers, and others to start a new field of integrative mental health that draws on all approaches, not just pharmacotherapeutics.

GR: Do you foresee that integrative medicine will help promote mental health?

AW: Yes, in terms of drawing on internal resources for healing, a fundamental tenet of integrative medicine, that the body is capable of healing itself and that good medicine begins with the premise that the body can and wants to be healthy, and our first job is to figure out what's blocking this healing both physically and mentally.

GR: You started your formal practice in medicine after obtaining your M.D. from Harvard in '68. Since then the field of psychotherapy has changed drastically from the analytical behavior paradigm in the late 60s, when you first finished medical school, to the current trend of relying more on psychotropic medications. What other changes do you see today in the field of mental health and especially those relevant for integrative medicine providers?

AW: Some of the good signs I see are the development of the various forms of positive psychology, the

learned optimism work, the field of cognitive behavioral therapy. I think there is beginning to be a new respectability for mind/body therapy, such as hypnosis and guided imagery. I think all of that is for the good.

But on the other side, I think the reliance on pharmaceutical for all problems remains problematic. I would say that the massive oppression and domination of the biomedical model has had a crippling effect on the field of mental health. The fact is that these drugs, and the promises made in pharmaceutical ads, just do not match the reality. And I would predict, for example, that the SSRI antidepressants will eventually be shown to be no better than placebos. I think there will be a huge massive earthquake in the field of mental health.

I further think that this idea that all mental illness derives from disordered brain biochemistries is just not true, and is very limiting in what it offers to the field of mental health.

GR: Consistent with that perspective, how do you foresee the role of psychotherapy and psychotherapists, in general, fitting in with the health trend that is moving toward integrative medicine?

AW: First of all, as I said, we physicians who practice integrative medicine really insist that people are mind/bodies. I think the great tragedy, especially in 20th Century medicine, is that mental health and medicine has become so separate. So if a psychiatrist or a mental health worker feels the patient has a physical problem, they're sent to an internist and then if the internist feels the patient has an emotional problem, they're sent to a mental health professional. There's very little ability or possibility of dealing with this as a whole. I think that in integrative medicine, we see this as only part of one picture.

So, I would say in integrative medicine there is a much, much greater role for psychotherapists of all sorts and mind/body therapists than there is in conventional medicine.

GR: Let us continue along this line of reasoning – many strides have been made in the field of pharmacology, imaging and genomic testing. How does integrative medicine fit in that picture of technology and, more specifically, what is the role of the psychotherapist and therapy in helping the mind and body function given the technological growth in the

industry?

AW: One of the most interesting areas of technological advancement is that the brain imaging studies have made it possible to understand the brain. Tibetan monks showed that placebo responses correlate with activation of specific areas in the brain. I think this is revolutionary--that this really gives a concrete reality to states of consciousness that have been dismissed as being instudiable or unreal. So, I think that an understanding of the brain can lead to expanded paradigms of medical practice and psychotherapy as a whole.

GR: You might have already addressed this issue but I want to give you a little bit of an opening to expand on this. Much of psychiatry has turned toward biological psychiatry. What are your thoughts of nonpharmacological interventions in the treatment of emotion and cognitive difficulties?

AW: I'm an enormous proponent of those. For example, I regularly use breath work and similar techniques with patients, and I have found this to be the most effective method of dealing with anxiety, panic disorders – much more effective than drugs. I think for depression, dietary treatments, the use of dietary supplements, like fish oil, aerobic exercise, all of these are examples of nonpharmacological approaches that can be strikingly effective.

GR: You are conducting a workshop at the Evolution Conference in December on healthy aging and mind/body medicine. What would you hope a psychotherapist or a non-physician healer could garner from attending your workshop?

AW: I think the strategies for promoting healthy aging are really strategies for general wellness. So I will offer information about eating, about resting, about exercise, about stress neutralization that is readily applicable to all patients.

GR: Okay.

AW: So it's really about lifestyle.

GR: Lifestyle, medicine, and growth promotion, and such.

AW: Exactly.

GR: Well, Dr. Weil, thank you much for taking time out of your busy schedule to enlighten our readers about your philosophy and view of integrative medicine and mental health.

CHOPRA

continued from page 14

relationship of what is happening in the consciousness and the brain, but it is that the consciousness affects the brain and not vice-versa. We will, of course, rely at times on these new imaging tools and also on pharmaceuticals. We will also realize that 80% of the pharmaceuticals we use are optional or are of marginal benefit. Unnecessary testing and the over use of pharmaceuticals are some of the reasons for the huge economic burden of healthcare. The sooner we realize that, the better off we'll be.

GR: You've brought up an interesting point and much of psychiatry has shifted toward a trend towards biological psychiatry. Would you care to elaborate on that?

DC: Yeah, I think there's just so much confusion right now about what is prevention, what is early detection, what is healthcare. Most of what is propagated as early detection – and I'm not even talking about psychiatry, but in the field of cancer, for example – is useless. The age-adjusted mortality from cancer has not changed in our country since 1930, despite billions and billions of dollars that have been invested, because we're not looking at the right things. We're not looking at behavior, we're not looking at relationships, we're not looking at environment. We have an overreliance on what we can use – the magic bullet for everything. We want instant gratification, and we've conditioned ourselves to believe that all of these medical interventions are useful. They're not. They're short-term, and perhaps in the short term they can help – the pharmaceutical approaches – but on the long-term incidents of chronic illness, they have very, very little effect, whether it's a psychiatric illness or physical illness.

GR: What do you believe or what would be your suggestion for practitioners if they wanted to begin to embrace more of this perspective?

DC: They will not embrace it unless they take it as a personal endeavor for their own well-being. You know, there's a high incidence of disorders among psychiatrists, including addiction and alcoholism, also amongst doc-

tors. Nobody really embraces a shift for other people unless they have benefited personally from it.

GR: So, everything becomes a personal journey.

DC: It begins as a personal journey before it becomes a transpersonal journey.

GR: A transpersonal journey.

Now, you're going to be presenting at the Evolution of Psychotherapy Conference and many of our readers are going to want to attend and listen to your presentations. What would your wish be that they would gather from coming to your presentations there?

DC: My wish would be that they should go away after my talk with the insight that they can harness their inner intelligence in a way that makes them better healers, and that they have a deeper understanding of what causes people to change behavior, what causes people to change emotional responses, what causes people to improve their relationships, what causes well-being in the deeper sense.

GR: What would you have outlined as maybe pivotal points in your own professional journey?

DC: Well, it's a long journey. Because I trained in neuroendocrinology, I was already seeing the relationship between mind and body at an early time in my career. I also knew that you could have two patients who received the same treatment from the same doctor for the same illness and they could have completely different outcomes. So, I was looking for what really made people change and what made them happy. You know, I realized a long time ago that the ultimate goal of all other goals is happiness – what's the science behind happiness – and I'll talk about that at my lecture.

GR: Well, thank you, Dr. Chopra. You have really enlightened me personally.

DC: Well, thank you.

GR: And I look so forward, as I think our readers will, to your presentation.

DC: I'm looking forward to it too, thank you.

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SUPERVISION continued from page 13

not trust the therapist to help them. Phrasing is highlighted and therapists are encouraged to use sentences such as "I wonder if ...", "Anyone would feel ..." (p. 370), so that patients do not experience an interpretation as an accusation. Similarly, supervisors should make the supervision experience a safe place for supervisees to grow personally as they learn.

Chapter 22, "Teaching Interventions with the Sexually Disordered" by Barbara K. Schwartz describes treatment of sex offenders as a form of prevention. By treating the perpetrator, we prevent the crime. Thus there are extra challenges for novice therapists concerning the typical therapeutic relationship and the therapeutic relationship with this population.

Also in chapter 22, the Gender and Sexual Orientation in Supervision section reviews gender issues in the supervision literature. Schwartz shows how to train supervisees to become more familiar with the issues so they can work effectively with these populations. This is an important chapter since the author points out that there are "several contradictory findings related to gender, power communication, and discourse styles" (p. 561). It covers gay, lesbian, and bisexual issues in supervision and states that training programs about LGB issues "may be limited, inadequate, and sometimes biased" (p. 567).

Having the opportunity to read this book has been delightful. I have learned new concepts and remembered learnings from my past. I really recommend it.

Reviewed by

Maria Escalante de Smith MA
Cedar Rapids, IA

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Maps of Narrative Practice

Michael White

2007

W. W. Norton & Company, Inc.

New York, USA.

304 pages

ISBN 13: 978-0-393-70516-4 (hardcover)

Editors' Note from C. Alexander Simpkins, PhD and Anellen Simpkins, PhD: Michael White's work has left us a fruitful legacy that continues to nourish the world. Readers can find a review of Maps of Narrative Practice from Rubin Battino in the Spring 2009 issue. Here, Maria Escalante offers another perspective on White's final work, a gift to us all.

Maps of Narrative Practice addresses Narrative Therapy and guides readers to understand and implement this method in their practice. The book lays out the six main areas of narrative practice: externalizing conversations, re-authoring conversations, re-membering conversations, definitional ceremonies, unique conversations and scaffolding conversations.

"Externalizing conversations" helps people understand that when they have a problem they are not the problem themselves. The identity is experienced as separate from the problem. "Re-Authoring Conversations" is about telling our stories as we speak about problems, predicaments and dilemmas. As White explains, "These themes often reflect loss, failure, incompetence, hopelessness, or futility" (p.61). By re-authoring conversations, people may include some of the more neglected but potentially significant events and experiences that are "out of phase" with their dominant storylines. These events are "exceptions". (p. 61).

"Re-Membering Conversations" explains that identity is founded upon an "association of life" rather than on a core self. This association is composed of the significant figures of a person's past, present and future.

During therapy with children, I have combined Ericksonian Psychotherapy and Narrative. If we utilize a narration while interspersing suggestions for promoting change we may help the child access her inner resources.

Definitional Ceremonies "are ritu-

als that acknowledge and 'regrade' people's lives, in contrast to many rituals of contemporary culture that judge and degrade people's lives" (p. 165). The use of ceremonies provides people with the option for telling or performing the stories of their lives before an audience of carefully chosen outsider witnesses. This chapter also refers to the "outsider witness." Here White makes a list of people who volunteer to join him in his work with others.

In Narrative Therapy I love the idea of "exceptions." As White states, "The identification of such out-of-phase aspects of lived experience can provide a point of entry for the development of alternative storylines on people's lives." (p.219). Perhaps, if someone can look beyond the problem they will find a solution a lot faster. These exceptions are also referred to, as "unique outcomes."

The book is filled with dialogs. A conversation that is worth studying is the one between White and Peter, a 14-year old who is referred to him. The dialog evolves as White asks questions that lead the boy to discover how well he could cope with frustration. (p. 222).

"Conversations that Highlight Unique Outcomes" emphasizes the importance of people's initiatives in their lives and how "one is likely to have a good life when only 97% of one's initiatives in living are stalled or "when 3% of one's initiatives survive." (p.232).

In "Scaffolding conversations" White explains that when people have difficulties they engage in actions "that are keeping with familiar conclusions about their lives and relationships" (p. 263). People may become stuck in a "zone of proximal development" (p.263). By utilizing conversational partnerships, this zone can be traversed. The conversations are the scaffolds that help people proceed across this zone. A chart (Figure 6.3, p. 288) shows a 45 minute dialog that began in "the known and familiar" and ended in the level of learnings and realizations.

Michael White passed away on April 4, 2008. His legacy will stay forever. Thanks Michael for giving us the wonderful gift of Narrative Therapy.

Reviewed by
Maria Escalante de Smith MA.
Cedar Rapids, Iowa

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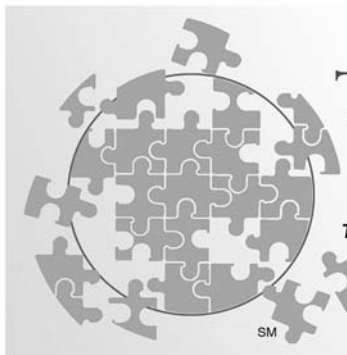


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B O O K R E V I E W

How Can I Forgive You? The Courage to Forgive, The Freedom Not To

Janis Abrahms Spring, Ph.D., with Michael Spring

2005

Perennial Currents

ISBN 0-06-000931-4(pbk.)

254 pages

How Can I Forgive You? is a practical self-help book with clear instructions for people injured by a relationship. The scope is sensibly broad: "A spouse who is unfaithful or abusive; a friend who turns away when needed most; a sibling who refuses to help care for an elderly parent; a parent too depressed or too drunk to care for a child; and even a therapist who hurts as deeply as an offender." It is a perfect homework assignment that can be assigned to patients of strategic, Ericksonian therapists.

Janis and Michael Spring have extensively researched the area and produced a thorough and scholarly work that can be utilized alike by therapist of any orientation including, cognitive, behavioral, analytical, humanistic, family, theological, and contextual therapists. It is refreshing that the authors challenge some of the ideas of these approaches in their, "Search of a working model of forgiveness that serves real people seeking to survive and transcend the misery of real-life transgressions."

This book can be considered radical because it speaks against the fundamentalist tenants that believe good people must forgive without question. The Springs call this "cheap forgiveness." Their model of genuine forgiveness asks as much of the offender as it does of the offended. It's not about the offender *feeling* better but *being* better. They create a safe relationship where trust can be rebuilt and forgiveness earned, not gifted.

The book is both well thought-out and well-written. The brief introduction first debunks dubious assumptions of the past. For example, "We all know how to forgive. If only we open our hearts, forgiveness will flow." The Springs' work against such lofty and absolute terms. They present their ideas with down-to-earth language that offer many more possibilities of resolution than just to forgive or not to forgive.

The organization of the book is divided into four parts: (1) "Cheap forgiveness, An Inauthentic Act of Peacekeeping That Resolves Nothing," (2) "Refusing to Forgive, A Rigid Response That Keeps You Entombed in Hate," (3) "Acceptance, A Healing Gift To Yourself That Asks Nothing of the Offender," and (4) "Genuine Forgiveness, A Healing Transaction, An Intimate Dance." The first three parts are intended for the hurt party. The fourth part is divided into two sections: The first shows the offender what it takes to earn forgiveness; the second shows the hurt party what it takes to grant forgiveness. An Appendix Follows: "How the Offender's Childhood Wounds Shaped the Way He Treated You." This last section helps the hurt party see that the offender's behavior is more a statement about him, not her. The book has a useful notes section and an extensive bibliography and index.

As a cognitive behavioral therapist, this book appealed to me because it is rich in clear steps based on critical thinking; ways to recognize and dispute errors in thinking; critical tasks to be done in order to forgive or not; ways to let go of hurt; and most important, ways to be "better equipped to stay centered, maintain yourself respect, and rise above the violation." I gave the book to couples and have received glowing feedback from my patients that have read it. Another strength is that this book is about sensitive relating, written by a couple. I wholeheartedly recommend this book.

Reviewed byAlbina M. Tamalonis, Psy.D
New York, NY***Brief Psychotherapies:
Principles and Practices***

Michael F. Hoyt

Phoenix, AZ: Zeig, Tucker & Theisen, Inc.

ISBN 978-1-934442-29-6, 2009, 259 pages, \$27.95

When it comes to combining scope, clarity, wit, and humanity, Michael Hoyt is better than anyone. *Brief Psychotherapies: Principles and Practices* may be his best book. The opening chapter, "Brief Psychotherapies: An Introduction," provides a succinct overview of general principles. He then describes, with numerous case examples, several approaches--psychodynamic, Redecision, Ericksonian, MRI strategic-interactional, and solution-focused--that deliberately attempt both to increase the effectiveness and decrease the time required to do the work we do with our clients.

In the next chapter, which nicely complements the first, Hoyt provides a useful framework for organizing the tasks and skills associated with the different phases (pre- early, middle, late, follow-through) of treatment; draws parallels between the structure of each therapy session and the overall structure of therapy; and provides numerous questions that can be asked at each juncture to help focus therapy toward goals, resources, and solutions.

The next chapter contains some fascinating examples of how Hoyt uses language and metaphors from literature, music, movies, and other arts to help shape experience. Chapter 4, "Psychotherapy in Organized Healthcare," emphasizes the use of brief therapy to amplify and utilize resources in the service of promoting the health of patients and their families; it also describes emerging professional practice opportunities in today's healthcare environment.

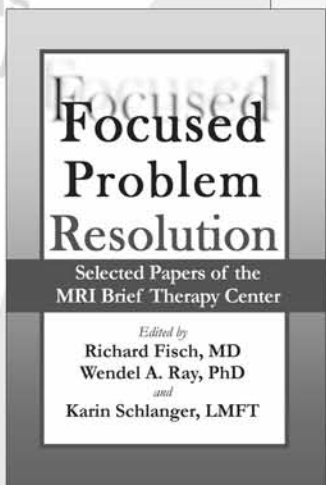
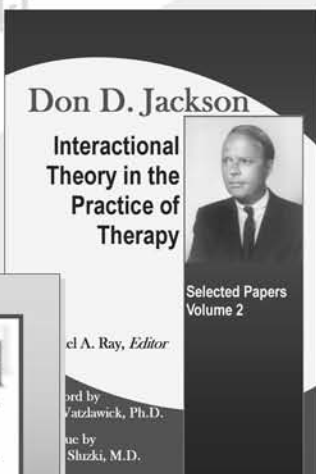
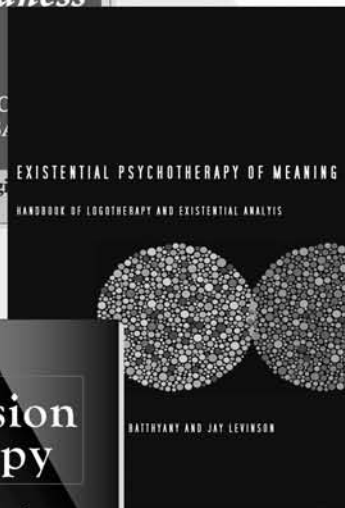
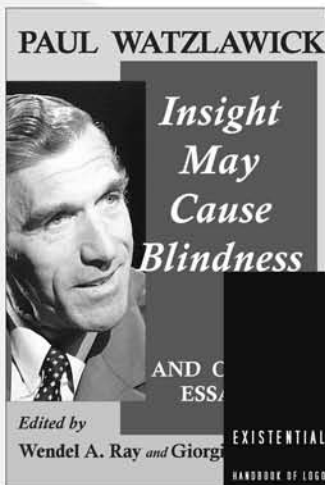
Chapter 5, "Everyday Constructivism," is a virtuoso description of some of the possibilities and challenges we face when using constructivist approaches. Hoyt moves masterfully back and forth, recounting both personal and clinical episodes. He quotes from Blake, the Buddha, Walt Whitman, Shelley and Shakespeare (as well as Erickson, Jay Haley, Cloe Madanes, Paul Watzlawick, Michael White, and others); tells jokes and spins anecdotes; and cogently discusses psychotherapy and philosophical constructivist conundrums under such rubrics as "Healing vs. Treatment," "Direction vs. Discovery," "Joining vs. Believing," "Intra- vs. Inter-," "Idiomorphic vs. Nomothetic," and "The Ineffable Lightness of Being." The writing is charming and deeply insightful. How he knows so much and can organize it in such an accessible manner is a mystery.

Chapter 6, "Solution-Focused Couple Therapy," is an update and expansion of a chapter that appeared in Hoyt's fine 2004 book, *The Present is a Gift*. He provides an extensive review of the principles and practices of the solution-focused brief therapy (SFBT) approach, with special applications to work with couples. Features include excerpts from interviews with Steve de Shazer, an elaborate literature review, myriad typical solution-focused questions, connections between solution-focused therapy and other competence-based methods, and a fine case history. Anyone interested in SFBT will find this chapter more than worth the price of the whole book. The last chapter contains the brief acceptance speech he made in 2007 when he received the prestigious APF Cummings Psyche Prize for lifetime contributions promoting the primary role of psychologists in organized healthcare. An appendix providing "Questions for Discussion and Study" and the concluding section of References are themselves rich resources for students, teachers, and scholars.

This book is a treasure trove, providing a wide range of practical, how-to skills based on fuller recognition of the powers of language and imagination plus the principles of caring, collaboration, and respect for clients' competencies. There is much here to savor and enjoy. I would like to see it on the desk or bookshelf of everyone interested in brief treatment--it's that good!

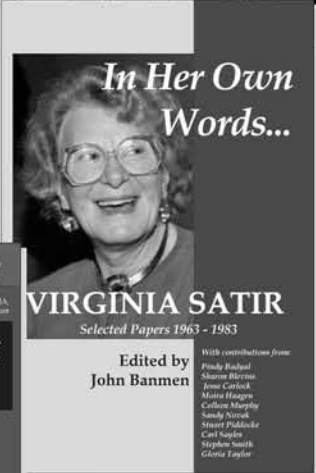
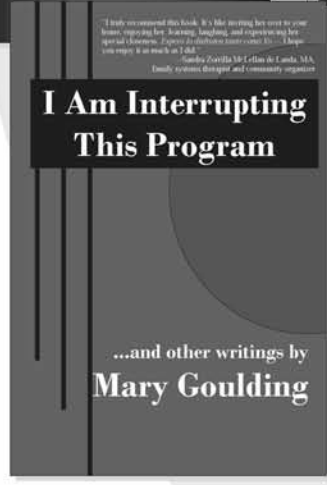
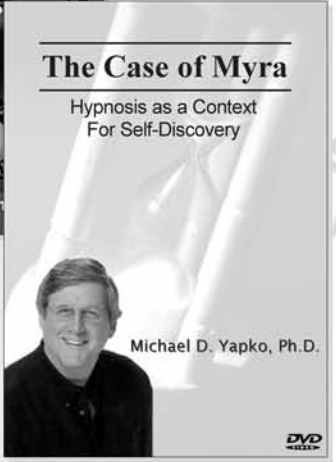
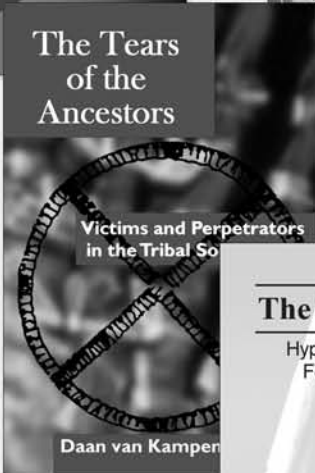
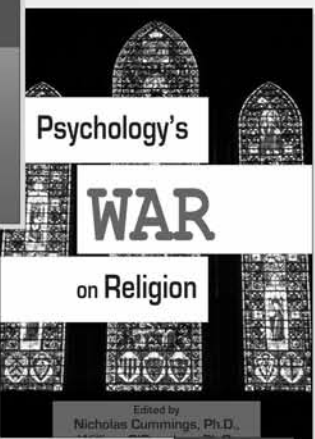
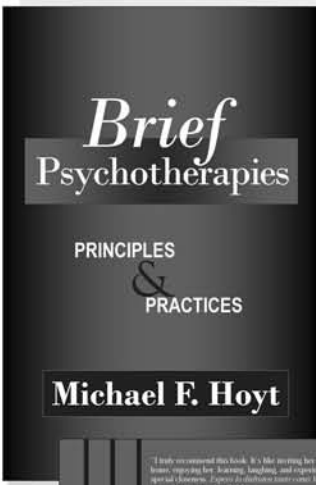
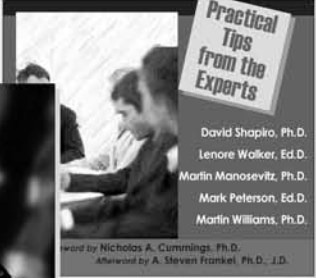
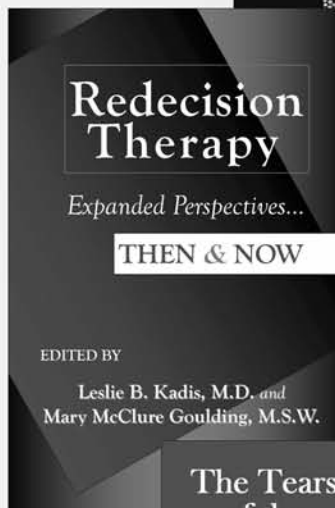
Reviewed byJohn Frykman, Ph.D. (JohnFrykman@comcast.net)
San Francisco, California

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B O O K R E V I E W

***Prisoners of Our Thoughts:
Viktor Frankl's Principles for Discovering
Meaning in Life and Work***

Alex Pattakos, Ph.D.

Berrett-Koehler Publishers, Inc., San Francisco

2008

www.bk-life.com

196 pages

ISBN: 978-1-57675-406-1

Prisoners of Our Thoughts is an inspirational and personal book that expresses Victor Frankl's approach in a clear, useful, and teachable manner. The book presents Logotherapy principles in a persuasive format for application to work as well as to personal life for meaning enhancement and fulfillment. The Logotherapy model has been thought through, adapted and applied by Pattakos to many purposes beyond the therapeutic context, such as counseling for values-oriented, business management and employee life-enrichment.

The current book is an expanded paperback edition that includes twelve chapters, organized around seven core principles of Logotherapy. The principles are attitudes and suggestions for living to make a meaningful life possible. First, exercise the freedom to change your attitude. Then, realize your will to meaning. Detect the meaning of life's moments. Don't work against yourself. Look at yourself from a distance. Shift your focus of attention. And finally, extend beyond yourself. An exercise for finding and contemplating personal meaning in the chapter called a "meaning moment" is found at the end of each chapter, followed by a challenge to apply it. The chapter ends with another short exercise for encouraging extending the meaning personally. This book was used in training programs for guidance of aid workers in Indonesia after the tsunami and in New Orleans after the disastrous effects of hurricane Katrina.

The first chapter gives an overview of the book, describing the organizing principles while offering both Pattakos' personal perspective and his insights about work-life. The second recounts some key aspects of Frankl's own life and work, pointing to the wide importance and value of his approach. Pattakos explains how he came to live his life in accord with the teachings of Logotherapy, finding inspiration and solace for himself and others through its insights. Personal and historical narratives, vignettes, and vivid metaphors characterize, entertain, and communicate multiple meanings. The third chapter briefly refers to the seven principles of Logotherapy in the book. The fourth exhorts readers to choose their existential attitude toward their lives, which is their choice. A fifth chapter focuses on actualizing the will to meaning, followed by a chapter on love and work. The seventh chapter concerns intentionality, explaining how negative intentionality can be turned around for freedom from symptoms and self-preoccupation. The eighth chapter teaches about humor and other means of healthy detachment from the baggage that we all wish that we did not carry with us. The ninth chapter covers how to turn attention outward, especially at work. To Pattakos, work has value and meaning, exemplified in his statement, "We do, therefore we work." (p. 162). The tenth chapter shows how to live life in a larger meaning context. The eleventh extends the principle attitudes into daily life, and the last chapter recounts how these have been applied in life situations to bring change.

The book has excellent exercises and illustrations for use in therapy or business situations. For example, an x-y grid as a diagram of life is offered. The x-axis represents the range from meaning to despair. The y-axis represents the range from failure to success. Clients then can be mapped and guided. We found this book to be well-written and especially instructive of Logotherapy applied to work-life. Frankl believed in the mission of this book. We highly recommend it.

Reviewed by

C. Alexander Simpkins, Ph.D. and Annellen M. Simpkins, Ph.D.
San Diego, California

B O O K R E V I E W

***The Neuroscience of Human Relationships:
Attachment and the Developing Social Brain***

Louis Cozolino

2006

W. W. Norton & Company

New York, London

447 pages

978-0-393-7054-9

The Neuroscience of Human Relationships presents a paradigm for understanding psychodynamics and social development based in some of the latest findings about the brain. No longer can we conceive of ourselves as separate and isolated from others and the world. Neuroscience has found evidence that we are interdependent and related at many levels. The brain and body evolved by interacting with the environment. The brain/body system develops over the lifespan through multiple layers of interacting systems. This interactive interdependence can be traced down to the synapses between neurons, continually engaged with each other, laying the foundation of all our experiences. Cozolino proposes a metaphor for social life: the social synapse, which assumes that our social life is encoded in the neurobiology of the brain. Interpersonal interaction takes place at the social synapse.

This book cogently describes this neurobiological theory of the development of human relationships. Included in every chapter are vivid case vignettes that illustrate the theory as applied to therapy. Part I presents the premises of neurobiology and traces its evolution over millions of years. Part II describes the structures and functions of the social brain with an overview that helps to explain our emotionally charged social brain from neurons to brain systems and hemisphere laterality. Part III shows how neuroplasticity gained from experience bridges the social synapse to influence the quality of attachments that we form in our social world. Part IV helps to clarify the theory with evidence about our visual system: the linking of gazes through face recognition, a wired-in process of the brain. Also covered are mirror neurons and empathy. Part V delves into disorders of the social brain, explaining how early stress and trauma can interfere with the natural process of forming healthy, loving attachments leading to psychological problems. Fear, anxiety, and the inability to maintain healthy bonds can be traced to problems in the early developmental process. Part VI provides ways to influence the disturbed social brain to bring about healing. Just as neurons have a three-messenger system from neurotransmitters to protein activation to gene transcription, so also do humans have a three-messenger system: We receive information across our social synapse through interaction, much of which is unconscious. This input activates multiple neural networks to regulate homeostasis, reward, stress, and attachment. These reactions, in turn, stimulate new neuronal connections and brain growth to express as well as to create our social world. Mental illness understood in this way, can be corrected by providing healing experiences that stimulate the human messenger system, while also stimulating the brain messenger system. At every level, change can occur.

Having spent 15 years immersed in the field of neuroscience ourselves, we have found mounting evidence for the great promise that the neurobiological approach can offer to our field. Psychotherapy can bring about change, not just in thoughts and feelings, but also in brain structures and functions. *The Neuroscience of Human Relationships* is a well-presented guide into this fascinating field. Cozolino clearly shows how and why psychotherapists should be learning more about it. We highly recommend this book to anyone who wants to stay current with the newest ways to stimulate human potential!

Reviewed by

C. Alexander Simpkins, Ph.D. and Annellen M. Simpkins, Ph.D.
San Diego, California

C D R E V I E W

The Couples Conference; Love and Intimacy

San Diego, California
May 1-3, 2009

Full Conference Program
Interactive CD-ROM

Milton H. Erickson Foundation, Inc
www.erickson-foundation.org
www.couplesconference.com

The Couples conference CD is a collection of recordings with accompanying handout material that covers the three-day *Love and Intimacy Conference*. The faculty was comprised of ten experts in the field. Included on the CD are Janis Abrahms Spring, Ellyn Bader, Frank Dattilio, John Gottman, Pat Love, Cloé Madanes, Esther Perel, Terry Real, and Jeffery Zeig. All the presenters have a unique perspective to offer with their personal innovations and practical tools. Listeners will find a rich resource for deeper understanding of the most current research findings and newest methods.

The format of the presentations includes two preconference workshops, seven keynote addresses, 15 workshops, and two conversation hours. The CD is well organized, has broad computer compatibility, and is easy to use. The audio recordings are listed next to the power points, so you can easily follow along with visual cues as you listen. Here are a few highlights from just a few of the many presentations.

A pre-conference presentation from Steven Frankel, PhD, JD offers what you need to know about law and ethics for licensure renewal. Frankel presents this material with humor and charm to make it easy to learn.

Terry Real, LICSW presents his work on Relational Life Therapy (RLT). He believes that traditional couples therapy has some major design flaws, which RLT corrects. Being connected in an authentic relationship is our birthright. The cause of all mental disorders is disruption of intimacy. The restoration of connection is the cure through an active minute-to-minute mindfulness practice. His keynotes and

workshops present this method clearly, giving therapists theory, useful diagnostic tools, and doable techniques to incorporate into their practice.

Janis Abrahms Spring, Ph.D. addresses forgiveness in relationships that have experienced a deep hurt. She offers theory, techniques and poignant case examples. Typically, we think of two options: to forgive or not to forgive. Abrahms Spring offers alternatives. Acceptance is an option when the offender won't change. Hurt parties can accomplish acceptance for themselves without asking anything from the offender by learning to take responsibility for their own recovery. Her workshop offers ten concrete steps to develop acceptance. Genuine forgiveness is an option when both the offender and the hurt party are willing to truly change. She presents steps to bring about forgiveness that will repair the relationship for both parties.

Pat Love, Ed.D. provides presentations on a number of important issues including gender and gay marriage. In a warmly personal style, Love describes the latest research findings about the contemporary changing state of marriage. She offers specific ways that therapists can modernize to meet the situation well. She explains how information from research can become a source for our technique. We all know that thoughts cause feelings, and so research that we react to emotionally can stimulate creative ideas for techniques. Furthermore, new research has validated much of what we know intuitively in therapy. Listeners gain an understanding of how to best utilize the interconnections between mind and brain, and also between research and practice.

Esther Perel, M.A., L.M.F.T. addresses sexuality. Many couples suffer from dwindling desire even though they love each other: They are too busy, too tired, or too stressed for sex. Perel questions a number of assumptions about sexuality and love such as the idea that intimacy begets sexuality. Too much closeness stifles desire. Eroticism needs mystery. It should be distinguished from love that tends to seek security. Better sex reconnects us with

our alive, playful, verve of life. Her workshops guide therapists in how to help couples rekindle the mystery that makes for a good sex life. She also provides clinical applications for many kinds of sexual problems with tapes of her innovative work with clients.

Ellyn Bader, Ph.D. offers guidance for working with attachment and differentiation, using what she calls a "developmental lens." One of her unique and important contributions has been to point out the importance of differentiation in couples work. When partners appear too warm and friendly they are often hiding their fears of facing the emotionality that will arise if they express their differences. Bader provides ways to help couples express these threatening issues while maintaining their individuality to ultimately bring couples closer.

John Gottman, Ph.D. draws upon his 37 years of research and therapy experience with couples. He has observed the psychological and physiological responses in healthy and disturbed heterosexual, gay, and lesbian couples over the lifespan. He learned to predict with 90% accuracy whether a couple would stay together or divorce. From these findings he explains his list of factors that tend to lead to problems such as negativity, defensiveness, contempt, and stonewalling. His research also revealed that many styles of marriage work, even avoidant or combative ones. Some conflicts may never be solved, but in good relationships, couples can repair. With a mix of facts, humor, and sound advice, Gottman offers specific approaches to help.

The title: *The Couples Conference, Love and Intimacy*, describes it well. Listeners can share in the experience of warmth and closeness, as they listen and learn. This CD is packed with many hours of useful information. We highly recommend this stimulating learning tool for any practitioner who works with couples.

Reviewed by

C. Alexander Simpkins, Ph.D. and
Annellen M. Simpkins, Ph.D.
San Diego, California

AMEN

continued from page 1

chotherapy has undergone many changes. What changes do you see occurring and in what direction do you see in the future for mental health professionals, particularly in the field of psychotherapy?

DA: When I graduated, we did cognitive therapy. I did a lot of hypnosis; I did biofeedback; I did psychodynamic psychotherapy. I'm still waiting for there to be a really good integration of neuroscience and psychotherapy. In my book, *Change Your Brain, Change Your Life*, I talked about actually targeting psychotherapeutic interventions to different brain problems. If people have low activity in their prefrontal cortex, then you really need to do goal-setting exercises with these people because they don't have an internal supervisor. They tend to flee from one activity to another, and really don't have an integrated sense of themselves and what they're all about. If patients have high activity in their anxiety centers in the brain, these people tend to do really well with hypnosis and deep relaxation techniques and meditation and cognitive therapy geared toward stopping the automatic negative thoughts that are involved with predicting the worst possible things that could happen to them.

As we go to integrating neuroscience and psychotherapy, one of my hopes for psychotherapy is to really understand the person's individual brain vulnerabilities and target the treatments specifically to them. Then we won't have schools of "I'm an EMDR therapist" or "I'm a cognitive therapist." We will have people who have multiple skills who can target the specific psychotherapy to the individual person's brain.

We won't send someone to couples counseling until they have a sense that both of their brains work right, because it hurts people to do a treatment that's ineffective. It hurts them because they become demoralized and too often what I see is we send people for psychotherapy or we send them for couples counseling when one of the partners has ADD or they've had a brain injury. There is no way they are going to learn the sophisticated concepts that we're trying to teach them. And so they end up being ineffective, then diagnosed with a personality disorder in large part because the therapist

Positive Psychology and Psychotherapy Featuring Martin Seligman Ph.D.

Interviewed by Randall C. Wyatt Ph.D.

Psychotherapy.net
San Francisco California
ISBN 1-60124-098-8
77 min

Positive Psychology and Psychotherapy is an informative and interesting interview that offers practical tools to use with clients. The individual version of the DVD can only be used privately, and there is an upgrade for institutions wanting to use the interview for teaching purposes.

I found this DVD practical and useful. It consists of two people who like each other discussing one man's work. The interview allows viewers to gain insight, while feeling as if they are included. Seligman and Wyatt are both professionals using every opportunity to make the experience intriguing and instructive for the viewer. Wyatt's extensive knowledge about Seligman's work plus his interview style, invite viewers to know what they would want to know if they were personally interviewing Seligman.

His openness and genuine desire to be helpful to others comes through as does his honesty and authenticity.

The chapters include 1) Talking about Revolution 2) Authentic Happiness 3) Signature Strengths 4) Learned Optimism 5) Positive Psychology in Practice 6) Buffering Suffering 7) Gratitude Visit 8) Grafting on the Therapy Skills 9) Passing the Martin Seligman Test 10) Where was I meant to be 11) Learned Helplessness 12) Couples Benefiting from Positive Psychology.

I gleaned new research data and practical tools that can be used in my practice from each of the chapters. The chapter, "Passing the Seligman Test" featured Seligman as a person who is open, honest, and willing to be known. If I wasn't sold before viewing this segment, he completely won me over with his self-disclosure and authenticity. The chapter on couples included little bits of useful information about doing couples therapy that therapist might not know unless they were extensively surveying current best practices.

Seligman, in his affable and personable way, offers many useful tools to help you be even more effective with your clients. His positive psychology approach augments work you are already doing with a positive emphasis that leads to more happiness and life satisfaction. He discusses his web site that offers free tests to use with your clients. I found them full of information and useful ideas. These ideas are free at AuthenticHappiness.org.

Not only did I find the DVD well done, I was also impressed with Wyatt's interviewing skills and Seligman's personable presentation. I found myself liking both Seligman and Watt and enjoyed their chemistry. Yes, Seligman is promoting his work and his ideas, but much of what he is promoting is accessible for free. His openness and genuine desire to be helpful to others comes through as does his honesty and authenticity. I recommend this DVD as a useful tool. It has given me much to think about and many practical tools in an interesting format that was pleasant to watch.

Reviewed by

John D. Lentz D.Min
Shepherdsville, KY

Through Conflict to Connection Imago Connects: The Sense of Love

Based on the book *Getting the Love You Want*

By Harville Hendrix, Ph.D.

Imago Relationships International 2006
60 minutes

With Separate 64 page Couple's Handbook

Through Conflict to Connection presents the concepts of Imago therapy as developed by Helen LaKelly Hunt Ph.D. and Harville Hendrix, Ph.D. The theory is presented in clear ways with very competent therapists leading three couples through conflicts to connections that are meaningful. It is produced and edited with such skillful professionalism that stimulates interest and intrigue.

The couples begin by telling what chemistry they had at the beginning of their relationship, and then discussing how they developed conflicts. Using short clips in the introduction that portray clear relationship strengths and then learning how they frustrated each other, provides an excellent understanding of the strengths and the weaknesses of the couples you are about to see go through the process. The skillful editing and producing of this DVD edits out any pauses and extraneous verbiage so that what you are left with is vivid, dynamic scenes. Each session keeps a steady intense pace, while explaining the theory in easy to understand ways.

Any experienced therapist will recognize the genuine expertise and wisdom these people have as they explain and guide the couples and the viewers attention to important concepts.

The first step in the theory involves structured dialogs that focus on the self while avoiding blame and criticism of the other. The second step is listening and reflecting back what was heard when your partner spoke. The third step has the couple demonstrating empathy toward each other for what has been said. The whole process leads to developing genuine intimacy and avoiding the hang-ups of past conflicts. The final step is to guide the couples into stretching to a desired behavior that helps heal. The behaviors are to be specific, measurable, achievable, relevant, and time-limited.

The interventions are masterfully presented and then explained in clear terms that make the whole process understandable and reproducible. The relationship experts Jill Abramson, LCSW, Ben Cohen, Ph.D. Eugene Shelly, M. Div. Carol Kramer Slepian LCSW and Steve Slepian LCSW present the theory with such clarity that it seems simple. Any experienced therapist will recognize the genuine expertise and wisdom these people have as they explain and guide the couples and the viewers attention to important concepts.

The Couple's Workbook is designed for couples to use with guidelines for exploring new methods of dialoging and understanding their conflicts. It will assist couples to recognize new possibilities. But the material is more than merely therapeutic: It is also educational. Even non-trained leaders can apply these methods. I would recommend this excellent program, not only to therapists who want to learn and use this process, but also to churches, synagogues, and mosques to assist their members to relate well and move through conflict to connection!

Reviewed by

John D. Lentz D.Min
Shepherdsville, KY

D V D R E V I E W

Working with Arab Americans

Naji Abi-Hashem, Ph.D.

APA Series V: Multicultural Counseling

Hosted by John Carlson, PsyD, EdD

DVD

100 minutes

www.apa.org/books

ISBN: 978-1-4338-0305

Working with Arab-Americans, by Naji Abi-Hashem offers a clear, helpful guide for working with Middle Eastern people. This DVD is an especially important tool for these times when misunderstandings are widespread. Abi-Hashem is a Lebanese native and an experienced, articulate psychotherapist who is well-versed in Arab culture. The DVD begins with an interview given by Jon Carlson, followed by a therapy session with an Arab-American client, and finally a discussion between Abi-Hashem and Carlson that explicates key points.

According to Abi-Hashem, Westerns have misconceptions about the Arab world. Generally, people fail to recognize that its rich cultural, religious, and geographical range is wide and varied, ranging from the Eastern Mediterranean to North Africa and Pakistan. Each region is different, even in the sections that share the Arabic language or Muslim religion. Also, not all the people are Muslim. In fact, many religions are represented in this part of the world. Furthermore, countries such as Iran are Persian, not Arabic. Thus, therapists should begin by becoming acquainted with diversities and distinctions to overcome any stereotypes they may hold.

Abi-Hashem has straightforward advice for how to work with these clients. First is to be welcoming, warm, and friendly. Here we see evidence for the universal importance of having a strong therapeutic relationship, a key nonspecific factor of psychotherapy. Therapists can relax some of the rigid boundaries, even walking outside with clients to make them feel at ease and cared for. Therapists should inquire into background to help the client become more at one with it, and this process begins by not setting arbitrary boundaries between the client's culture and your own. Another helpful tip is to be willing to be a mentor: Sometimes clients seek advice, and therapists should be willing to give it.

These individuals often struggle with tensions between their culture of origin and culture of residence. Abi-Hashem distinguishes three levels of tension: intrapsychic, interpersonal, and intercultural. Therapy can intervene to resolve differences at all three levels and find a harmonious identity that includes both cultures.

In the therapy session, we see Abi-Hashem's warmth and sensitivity as he skillfully works with a young, Catholic Jordanian male who is having conflicts with his parents and with his own place in American culture. He experiences his father as overly strict and critical of American "bad" influence and gets into heated arguments with his parents. On the other hand, the client objects when Americans refer to him as Arab, considering it a racist epithet. Therapy guides the client to reinterpret his parent's intentions, while also helping him to develop better coping styles for his personal identity, in his family interactions, and with the culture at large. Through his strong therapeutic alliance, Abi-Hashem helps this client explore and reconcile his tensions. Abi-Hashem concludes that ultimately, we all share in a common humanity, and therapy helps to bring out its best qualities. By the end of the DVD, we have a clear understanding of how typical psychological problems take on additional dimensions from cultural tensions, and we learn how to address them. We highly recommend this DVD for all therapists who are likely to treat this population. You will find unique insights into Arab-Americans, but also a broader wisdom that can be generalized to working with many multi-cultural clients.

Reviewed by

C. Alexander Simpkins, Ph.D.

Annellen M. Simpkins, Ph.D.

San Diego, CA

D V D R E V I E W

Hypnosis as a Context for Problem-Solving

Clinical Demonstration by

Michael D. Yapko, PhD

Brief Therapy Conference, San Diego,

Dec. 4-11, 2008

The Milton H. Erickson Foundation, Inc.

BT08-DVD5

60 Minutes

Hypnosis as a Context for Problem-Solving is a one-hour gem of strategic hypnosis. Yapko helps a woman, Mari Carmen (MC), suffering from guilt about the way she once treated her mother during the end stage of her of life. "I took advantage of this and used my power in a negative way...as payback...this image of me makes me very sad," revealed MC. Yapko masterfully assesses and treats the all too common problem: people who hurt themselves through misrepresenting an entire relationship by defining it through a single negative moment.

Yapko's devotion and commitment to hypnosis is clear: "Hypnosis is the most overlooked and underutilized of processes, but has the greatest potential." During his concise introduction, Yapko clearly lays out the process he will demonstrate: the interplay between the client's inner exploration and the absorption of outside ideas from the therapist, which elicits new associations that he then uses to further enhance learning.

In picking a subject, Yapko peppers the process with humor, "Now is not the time to work on the fact that you have a more than casual relationship with sheep." Throughout the session it is inspiring to see him succeed in keeping the mood upbeat while being respectful of MC's depressed affect. MC was teary during most of the hypnosis.

During the intake, Yapko quickly focused in on the problem and its solution by asking pointed questions. If one can savor ones learning from this DVD by repeated viewings, one can catch the three times he seeds the ideas by Socratic questions which he later asks her to change her troublesome perspective. These ideas prefigure the

three themes of Yapko's suggestions: Not doing what someone wants is not the same as payback; continuing to think of someone as great even if there are periods of difficulty; and one moment in time does not define a relationship.

Yapko starts the hypnosis induction using what is familiar to MC, meditating and focusing inward on her breath. He quickly adds suggestions of change and learning: "You can discover that the firm lines that define experience become less firm...and when you get absorbed and focused it makes it so much easier to learn something..." True to his words in the introduction, "Integrating hypnosis with clinical practice is about creating a context where a person has the opportunity to discover aspects of themselves that were previously unfamiliar," Yapko artfully uses MC's experience with her son and mother to make it clear that she already "demonstrated a sophisticated skill... of setting aside what you don't feel so good about in a relationship in order to describe the fact that you still love this person."

Near the end of the hypnosis, Yapko informs the client, "In just a moment I'll ask you what you are experiencing right now and each word you say can deepen your experience". Yapko is checking the new association formed, and then he cleverly uses them to fortify the learning. In this DVD he further asks about a smile he notices and expertly ends MC's experience on a cheerful note. I give this DVD an unqualified recommendation for therapists at any level who want to leave their depressed clients smiling. Yapko has about a dozen of these demonstration DVDs available on his website (www.yapko.com), each of which shows useful techniques he employs.

Reviewed by

Albina Tamalonis, Psy.D.

New York, NY, USA

Outcome-Informed Clinical Work

Scott Miller, Ph.D.

Brief Therapy Conference, December 13, 2008
San Diego, CA

BT08-DVD12 56 min

The Milton H. Erickson Foundation, Inc.

This DVD is a clinical demonstration of Outcome-Informed Clinical Work by Scott Miller working with an audience volunteer. He starts with information about his method, and states that early change in a session is predicative of later change. The session continues with the volunteer filling out a beginning-of-session form. (This and the end-of-session forms can be downloaded from www.talkingcure.com.) There are four items on this scale for the client to rate: individually, interpersonally, socially, and overall. The conclusion was that things were going generally okay with the client, but that she had a specific concern.

The client's basic issue was that "Sloth" was making it hard for her to get things done at home, but not at her office and in her work. Sloth convinced her at home that there is too much to do. Miller listens attentively, and takes notes throughout the session. Miller uses exaggeration, and asking her what she does to keep Sloth under control. One thing that helps is telling her mother and some friends.

Miller then asks the client to fill out the end-of-session form, which has four parts: relationship (did you feel heard?); goals and topics (were they worked on?); approach or method (was the therapist's approach good?); and overall (overall satisfaction, and was anything missed?).

One crucial question was, "What prevents him from coming to the office now?" The answer was that her work in the office is structured and Sloth is not invited in. She hears Miller in his suggestion that before leaving her office, she plan to change her vision of what will happen at home. She works out a way to do this for herself.

The client stated that she had a problem with ADD. Was this an excuse or an explanation? In response the client felt this needed to be evaluated.

Towards the end of the session Miller does his standard practice of taking some time to think about what to do next, and urges the client to also think about what has been going on. Miller then asks the client to fill out the end-of-session form, which has four parts: relationship (did you feel heard?); goals and topics (were they worked on?); approach or method (was the therapist's approach good?); and overall (overall satisfaction, and was anything missed?).

There appeared to be some satisfaction with the session, and the client was going to continue to work on this concern.

My only critique of the session was when Miller started to do Narrative Therapy work with the client's externalization of the controlling "Sloth" in her life and then went to other things. I would have liked to have seen him continue in that direction. The main message an observer gets from watching this demonstration is the ease and usefulness of the beginning- and end-of-session evaluation instruments. Download them and use them with your clients to obtain effective feedback so that you can function in a more informed fashion. It is always a pleasure to watch Scott Miller working, and I recommend this DVD.

Reviewed by

Rubin Battino, MS,
Yellow Springs, OH

Using Hypnosis in a Brief Therapy Demonstration

Clinical Demonstration by Stephen Lankton, MSW, DAHB

Brief Therapy Lasting Solutions
December 13, 2008

The Milton H. Erickson Foundation Inc.
Phoenix, Arizona

www.erickson-foundation.org

BT08

DVD7

This DVD masterfully demonstrates how brief therapy can incorporate hypnosis through a clinical case presentation. Lankton creatively displays conversational inductions, as well as more formal induction methods, both woven into a clinical interview of brief therapy. This DVD appeals to beginners and experienced practitioners alike, from the novice who wants to see how hypnosis is done to the more advanced practitioner who can appreciate the skillful expertise. The demonstration also could be used for teaching students a number of practical aspects of hypnosis. Because it is so well done, the viewer may feel invited to gain personal wisdom from watching the work the client accomplishes.

This DVD shows Lankton's mastery of hypnosis, brief therapy, and clinical work. Before Lankton begins therapy with the subject, Myra, he explains the early history of brief therapy and how entwined Milton H. Erickson was in the earliest roots of the discipline. His information is succinct, informative, and useful especially for understanding what comes next in the demonstration that weaves hypnotic devices into a brief therapy interview.

Perhaps one of the things that would be the most useful to viewers of all levels of expertise is the way he demonstrates weaving different hypnotic devices into the interview by using Myra's words and experiences, providing a wonderful demonstration of conversational induction! While remaining sensitive to her imagery, he gives her experiences that you know will help her to have more options and become able to achieve her goals. Even long-time practitioners will appreciate how skillfully and seamlessly Lankton weaves the information he is offering into a trance induction that incorporates Myra's imagery with slight variations, to produce a positive trance that is helpful to her on multiple levels.

Lankton proves himself to be resourceful, utilizing information Myra offers to apply several different types of trance deepening methods. These techniques might look like separate interventions, and could be thought of in that way, yet the overall effect is to deepen the ongoing trance as well as to intervene in specific areas. For instance, Lankton has Myra visualize an early scene when she first noticed having difficulty letting people be close to her. The technique looks simple enough for a novice to employ. But then he masterfully deepens the trance with more formal trance induction procedures. He sprinkles factual information about trance and the changes that people typically go through physically in a way that makes you want to use trance often because of the obvious benefits.

For those people who already like Lankton's work, this is a wonderful example to learn from and use for teaching. For folks who haven't experienced Lankton's blend of humor, sophisticated language skills, and adept manner of demonstrating care for and about the client, you have a wonderful opportunity to experience a real master at work. I loved this DVD and recommend it.

Reviewed by

John D. Lentz D.Min.
Shepherdsville, KY

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was ineffective because he was dealing with the wrong issue to start with. And then people wind up hurt rather than helped.

GR: You are saying that brain science lays the foundation so that psychotherapy can take off more easily or actually be implemented?

DA: Correct. Trying to program a computer that is not fully optimized is very hard.

GR: How can this level of integration of neuroscience and psychotherapy become accessible to psychotherapists who do not currently have this available to them?

DA: For complex people, they can certainly send them to someone like me to get a neuropsychiatric evaluation to see if this person's brain is intact or needs help before you embark on a plan. That is for the complex people in your practice but not necessarily for every patient.

I think all psychotherapists should have brain-system training. It is the

rare mental health program that actually teaches any meaningful neuroscience, and ultimately if you're doing psychotherapy, you're trying to change someone's brain. You can develop skills to go after neurological systems, but first you have to know about it. It's not hard. In my book, *Change Your Brain, Change Your Life*, every therapist who reads the book can understand it and apply it in their practice. We've created a brain system checklist. Based on how people answer the questions or how their spouse would answer the questions on them, you can develop an idea of what their scan might look like, what their vulnerabilities might be, and then target treatment to the checklist.

GR: So, not everybody has to actually receive a scan to benefit from some of the concepts of which you are speaking and writing?

DA: Absolutely.

GR: The field of psychiatry has shifted toward what they describe as biological psychiatry and psychopharmacology. What are your thoughts about that direction and in the treatment of emotional and cog-

nitive difficulties?

DA: It is actually very disturbing to me. I think it is driven by the HMO model of providing service where I have to see my patients in 15-minute blocks in order to make the same income I was used to making 25 years ago. We have become pill-pushers and not really biological psychiatrists. We're pharmacologists. Biological psychiatrists really focus on the biological reasons for the presenting symptoms. They ask questions like, "How is my patient's vitamin-B level," "How are their fatty acid levels," "What natural supplements can I use to optimize brain function and decrease mental illness?" We're not doing that at all. Biological treatment is putting someone on a gluten-free, casein-free diet – a totally biological intervention. We don't do that. Getting someone to exercise is biological intervention. We don't do that. What psychiatrists do is say if patients have a particular symptom cluster, "I think they should take Abilify" or they have this other symptom cluster, they should take Lamictal and Abilify or if they have this other symptom cluster and take Lamictal and Abilify and Lexapro and Ritalin.

Where we should be back to is what I was trained on as an intern at the Walter Reed Army Medical Center: How do you take a bio-psycho-social evaluation – and I would add spiritual approach – to your patients. What is the underlying biology?

GR: Right.

DA: I get identified with brain scans because I'm noted for that. But that's only one piece of a biological evaluation. You should know about their hormone levels, their family history, their diet, and their level of exercise. All of those are biological factors. And then, of course, you should know about the psychological factors: What's their development like, how do they think? And the social factors: Do they have a job, are they married to someone who has ADD?

GR: So, you're actually talking about taking the time to help to transform the individual?

DA: It's absolutely critical. I mean, I have a new book coming out in February called, *Change Your Brain, Change Your Body*. Did you know that brains of people who are overweight

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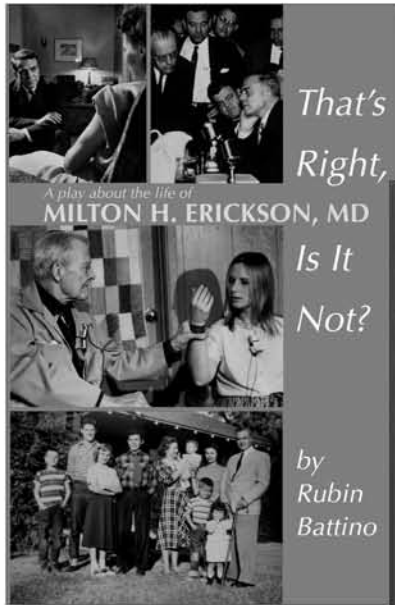
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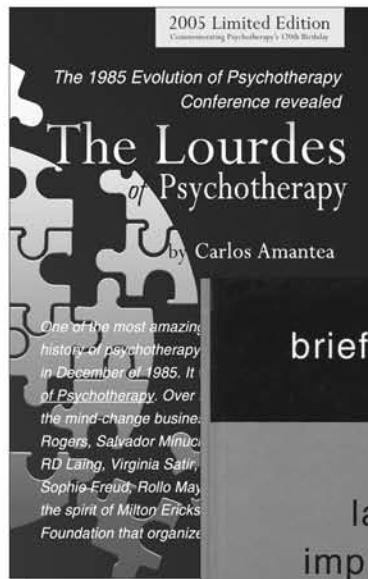
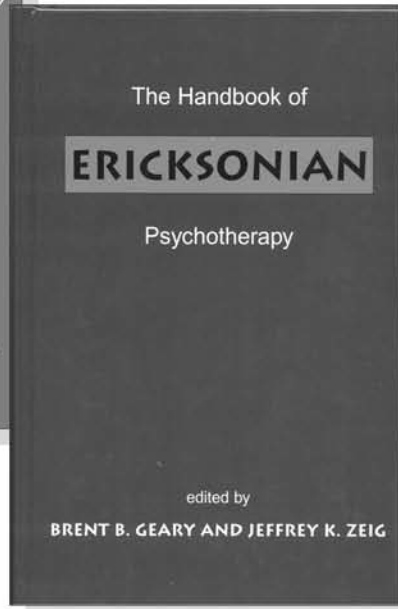
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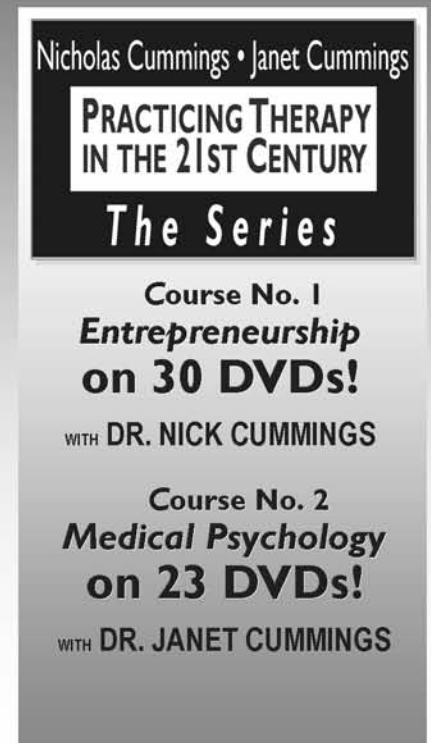
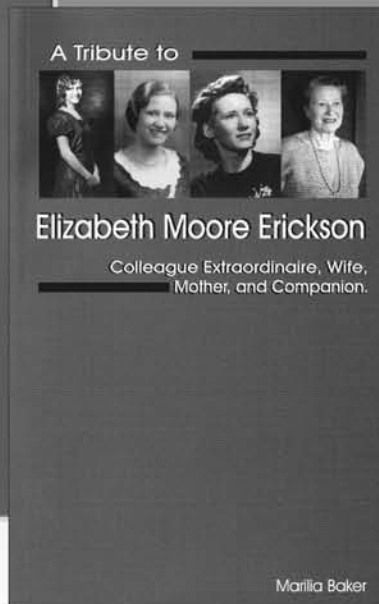
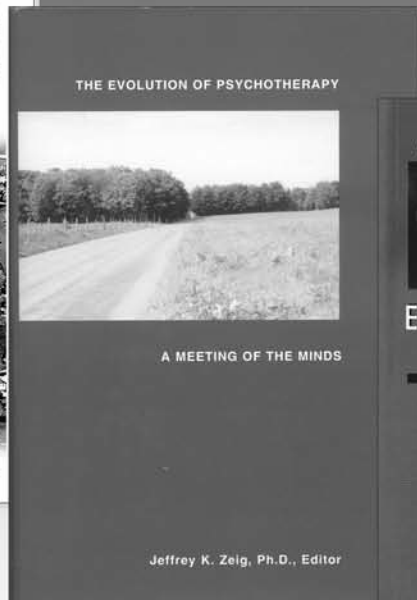
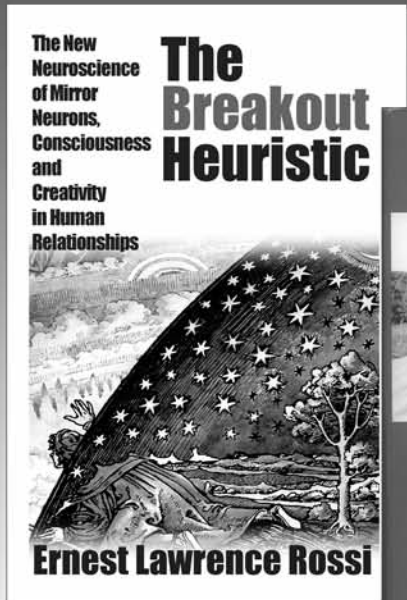


*That's
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look eight years older than people who are of a healthy weight? For people who are obese, their brains actually look 16 years older. The incidence of mental illness and Alzheimer's disease radically goes up if you don't have control over your eating. Food can be your biggest poison or your best medicine. Two-thirds of our country now is overweight or obese. It's really quite a national crisis. And the incidence of being overweight or obese in children has gone up from 4% in 1982 to 32% today. It's horrifying. It is a bio-psycho-socio-spiritual problem. You really have to think about it like that, within spirituality, because people rarely have any connection with what their motivation to be healthy is.

GR: Going back to the pharmacology, do you think that the medications being used can have a toxic effect on brain function?

DA: I'm sure of it, though not all of them. Some of them really help nicely to balance brain function, but you have to give it to the right brain.

We just published a study on stimulants. We did two SPECT scans on people, one at rest and one the next day when they tried to do a concentration task. What we found is people who deactivate their frontal lobes from rest to concentration get less activity in their frontal lobes, and 80% of the time they have a positive response to a stimulant. If, on the other hand, you activate your frontal lobes, 80% of the time you have a bad response to a stimulant.

You need to tailor the medicine to the brain type. Now having said that, when I was in my psychiatric training Xanax came out onto the market, and so I used a lot of it until I started looking at people's brains, because Xanax brains look like alcohol brains and it's not a happy thing.

My goal in life has really shifted from just decreasing your symptoms to decreasing your symptoms and improving your brain function. If I decrease your symptoms with Xanax, but I don't improve your brain function, I discourage healthy brain function.

GR: You are going to be conducting a workshop as well as holding some seminars at the Evolution

of Psychotherapy conference. What would you like for the attendees to take from your workshops?

DA: Well, my hope is that they will get a completely new paradigm for really integrating a bio-psycho-socio-spiritual model using the work that we do, and learn how to apply it in their office the next day. And I hope they get really curious enough to learn more about it.

GR: On a personal note, what would you identify as a pivotal point in your own journey?

DA: The biggest one for me was in 1987 when I was the chief of mental health at Fort Irwin in the Mojave Desert. We had an old Autogen biofeedback temperature trainer and I had one lecture in biofeedback at my training. We got it out and played with it and figured out how to make it work. We taught people to warm their hands, and when you learn to warm your hands your stress goes down. It is a very interesting physiological response. And when I learned about it, it was really that ah-ha moment, that I can do a better assessment for my patients – physical assessments on their

bodies and their brains. That's where I learned about neuro-feedback. If could do better assessments, then I could teach them to change their own physiology without using medication. I could teach them skills, not just give them pills. In 1991, when I went to my first lecture on brain SPECT imaging. I immediately got the importance of it.

And then getting my own brain scanned, I realized, "I want a better brain." Even though I had never done drugs and did not drink, my brain was not all that healthy and I didn't have a healthy lifestyle. I was drinking diet soda like she was my best friend and not exercising and thinking I could get by on four hours of sleep at night. Because of that scan, I started to clean up my own life, and felt better and younger and my brain looked better and younger. It just changed everything.

And my mission in life now is not just about treating mental illness, it's about optimizing brain functions.

GR: Perfect. Thank you.

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