Guidelines for Training in

Ericksonian Hypnosis and Psychotherapy

Adopted on 9 December 1999 by: The Affiliated Societies

and Institutes of The Milton H. Erickson Foundation, Inc.

2632 E Thomas Road, Suite 200

Phoenix, AZ 85016-6500

FAX: (602) 956-0519

E-mail: institutes@erickson-foundation.org

Web site: www.erickson-foundation.org

Jeffrey K. Zeig, Ph.D., Director

Guidelines Prepared by:

Rubin Battino, M.S.

Milton H. Erickson Society of Dayton

c/o Department of Chemistry

Wright State University

Dayton, OH 45435

FAX: (937) 775-2717

(937) 775-2477 (work)

(937) 767-1854 (home)

E-mail: RUBIN.BATTINO@WRIGHT.EDU

Harriet Hollander, Ph.D.

Milton H. Erickson Society of New Jersey

889 Lawrenceville Road

Princeton, NJ 08540

FAX: (609) 921-0758

(609) 924-2508 or 6529

I. Introduction

The affiliated societies and institutes of the Milton H. Erickson Foundation, Inc., perceived a need for the establishment of guidelines for training in Ericksonian hypnosis and psychotherapy at their meeting in December 1994 at the 6th International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy. The co-authors of this document were appointed as an *ad hoc* committee to prepare such guidelines in cooperation with the affiliated societies and institutes (Affiliates). After much discussion these recommended guidelines were adopted by consensus at the Affiliate's meeting in Phoenix on 9 December 1999. Each Affiliate is the responsible group for establishing its own curriculum based on these recommendations, and for attesting to a student's completion of a given course of study.

II. Eligibility for Training

Training is open to professionals in health-related fields including physicians, doctoral level psychologists and dentists who are qualified for membership in, or are members of, their respective professional organizations (e.g., A.M.A., A.P.A., A.D.A.). Training is also open to professionals with mental health-related degrees (e.g., M.S.W., M.A., M.S., M.S.N., M.Ed.), including pastoral counselors, from accredited institutions. Bona fide graduate students in accredited programs in the above-cited fields need to present a letter from their department certifying graduate student status as of the commencement of training. For graduate students a minimum of the equivalent of one year of full-time graduate work is to be certified by their department. Attendees at training programs worldwide must meet local standards of licensure or certification to practice in their own health/mental health field, and are bound by the restrictions and limitations of such licensure.

III. Qualifications of Trainers

Each Affiliate establishes its own standards for those qualified to do training. The Affiliates will maintain a list of those they consider qualified to be trainers. The Affiliates will set up their own written standards as to what additional training and experience is needed beyond those required for advanced training to become a trainer within their own group.

IV. Recommended Training Curricula

In addition to meeting eligibility standards for training, the successful student will have the following *minimum* hours of training in the categories listed. Each Affiliate has the authority to issue a certificate under its own name attesting that the student has completed the course of study for each level of training. The Affiliates may have training requirements in excess of these minimum recommendations. The training is divided into three categories: fundamental, intermediate, and advanced. Some Affiliates have added a first course in fundamental hypnosis for four levels of training. Each level requires 40 hours of classroom instruction which include supervised practice of the materials taught. Learners are expected to *document* an additional 80 hours of study and/or practice per level. The topics to be covered at each level are listed. It is strongly recommended that each student at the advanced level work with a client before his/her peers, and under supervision. Appendix A gives sample detailed information for training for the asterisked topics.

Although the following topical outline appears to be centered on hypnosis, it is clear that Erickson was first and foremost a psychotherapist who used hypnosis as but one aspect of his work. The *language* of hypnosis, for example, can be used whether a client is in or out of the trance state. Erickson's philosophy of attempting to create a new therapeutic approach for each unique client should not be overlooked. Also, the Erickson approach can be considered to be more a way of listening to a client, thinking about his/her problem and reacting to it, rather than a mere list of techniques to be learned. Topics need to be illustrated by case studies.

A. Fundamental Training (40 hrs)

1. *History of Hypnosis
2. Erickson biography; overview of original source material
3. What makes hypnosis "Ericksonian?"
4. *Myths and misconceptions of hypnosis

5. *Major theories and approaches to hypnosis
6. Definitions of hypnosis
7. *Ethical and legal considerations
8. Rapport building skills
9. Pacing and leading
10. *Indications of trance
11. *Common everyday trance
12. *The principle of utilization
13. *Language of hypnosis
    a. Presuppositions
    b. Negation
    c. Binds
    d. Ambiguity
    e. Delivery
14. *Using direct and indirect methods
15. Relaxation methods
16. Introduction of the idea of a hypnotic intervention
17. *Basic inductions
    a. Eye fixation
    b. Hand levitation and limb catalepsy
    c. Sand bucket
18. *Solution-oriented vs. problem-oriented
19. Context of hypnosis within therapy
20. *Legal and ethical issues

B. Intermediate Training (40 hrs)

1. Observational and feedback skills
2. *Basic Metaphor
3. Reframing
4. Ratifying trance
5. *Deepening trance
6. *Resistance and its utilization
7. Scales of hypnotic susceptibility
8. Advanced inductions
    a. My friend John
    b. Conversational
    *c. Crystal gazing
    *d. Confusion
    *e. Nonverbal methods
9. *Hypnotic phenomena
    a. Amnesia and hypermnesia
    b. Posthypnotic suggestions
    c. Time distortion
    *d. Age regression and age progression
    e. Dissociation
    f. Catalepsy
    g. Anesthesia and analgesia
    h. Hallucinations
10. *Self hypnosis methods
11. *Working with hypnotic dreams
12. Tailoring treatment
13. Depression and anxiety treatment

C. Advanced Training (40 hrs)

1. Advanced metaphor
2. *Dealing with abreactions

3. *Pain control and advanced pain control
    a. Theories of pain
    b. Glove anesthesia
    c. Displacement
    d. Imagery
    e. Dissociation
    f. Time Distortion
    g. Scaling
4. Group inductions
5. *Ideomotor methods
6. *Rossi's "Moving Hands" method
7. *Special populations, e.g., psychotics, couples, families, substance abusers
8. *Habit control
9. *Phobias and traumas
10. Paradoxical approaches
    a. Ordeal therapy
    b. Ambiguous function assignments
11. Advanced induction: the early learning set
12. Confusion technique
13. Interspersal technique
14. Personal development of the clinician

D. Training Materials

In addition to materials selected by specific institutes, at each level the training should include original source materials on Ericksonian hypnosis and psychotherapy. These will include a selection of Erickson's papers and books, as well as audio and video materials. In addition, materials prepared by experienced Ericksonians should also be used. Relevant case studies and research from the literature such as journal articles need to be presented.

Although attendance at Ericksonian Congresses, meetings, or workshops is not required, such participation is encouraged.

E. Certification

Each Affiliate will prepare its own certificates which will attest to the extent and level of training that a student has taken. Each Affiliate will maintain syllabi of their training programs and standards, and these will be sent to the Foundation for filing whenever adopted or modified. A model form for attesting the completion of each level of work follows:

> This attests that _____ has completed a course of study of _____ hours at the _____ level at the Milton H. Erickson Institute of _____ _____.

V. Guidelines for the Ethical Practice of Hypnosis and Psychotherapy

These guidelines obviously owe much to the standards developed by relevant professional societies. In addition, practitioners should be familiar with *Trance on Trial* by A.W. Scheflin and J.L. Shapiro ((1989) New York: The Guildford Press).

1. Who Should Be Trained? - The guidelines of The Milton H. Erickson Foundation are recommended for selection of trainees in clinical hypnosis (see Section II). Training would be open to professionals in health-related fields such as physicians, doctoral level psychologists and dentists who are qualified for membership in, or who are members of, their respective professional organizations. Training is available to master's degree level professionals with health related degrees from accredited institutions. This would include nursing, social work, pastoral counseling, and mental health counseling. Full-time graduate students in any of the above areas would be eligible for training upon presentation of a letter from their department certifying them as full-time students at the time of training. Attendees at training programs worldwide must meet local standards of licensure or certification to practice in their own mental health-related field.

2. Do No Harm - Therapists must be aware of their own biases and limitations and, under no circumstances, jeopardize the well-being of the client. Each client should be encouraged and aided in the healing process. Therapists must exercise expertise and due caution in attempts to explore or modify painful issues and psychological wounds and scars. The client's personal strengths and integrity must be supported and enhanced through therapeutic work.

No exercise, assignment, or task will be of a nature that could cause harm or risk to the client or others. Clinicians must be mindful that their own systems of values, religion, or politics does not interfere with therapeutic goals. If conflict arises, the client must be referred to another therapist.

3. Respect - Respect must be shown for the client's wishes, value system, beliefs, religion, person, status, and property.

4. Legal Matters - There are many aspects to working within legal constraints and they will be considered separately.

a. *Credentials* - Therapists' credentials are to be clearly and openly available. These include diplomas, evidences of training if relevant, and any certifications or licensures. It is unethical to represent oneself, either through omission or commission, as having training, skills, certification, experience, or expertise when these, in fact, do not exist.

b. *Informed Consent* - Prior to using hypnosis, you need to find out what your client knows about the field, and any misconceptions or fears they might have. When hypnosis has been explained to them and they overtly give permission for the use of hypnosis, then you can proceed. In many states, this informed consent must be in a written form. Terms must be used that are accurate and that fully describe the interaction. Substitution of terms such as "guided imagery" and "relaxation" are appropriate only when those techniques are solely used.

Informed written consent is required when a session is either audio taped or videotaped. The form should clearly state who will have access to the tape and how it will be used. If there are any observers present, either in the same room, or behind a one-way mirror, or listening in another room, then the client must give clear permission for them to be present.

c. *Confidentiality* - The client/therapist relationship is a privileged one and the bounds of these privileges are strictly defined by the law. Since some of the legal constraints are federal and some local, practitioners must become aware of what they are in their location. In general, notes and files may not be subpoenaed except under unusual circumstances. Also, practitioners can only be required to testify under special circumstances. It is generally expected that practitioners will not discuss a particular case except in case conferences or with a supervisor. These consultations are considered to be in the client's interest. However, the supervisor and the participants in the case conference are enjoined to maintain confidentiality. Care should be taken to preserve case notes and client files in a secure manner that prevents casual inspection.

d. *Minors* - Any work with minors, however defined in your state, is best done with the consent of the parents or a parent or legal guardian, preferably in writing.

e. *Referrals - Psychotherapeutic* - You should refer to another therapist when the client presents problems outside of your area of expertise.

f. *Referrals - Medical* - You need to be sensitive to medical complications in any of the psychological problems you encounter. If you suspect medical connections, immediately ask clients to consult with their personal physician. Hypnosis is frequently used for pain control - this should be done with caution, as well as informing the client's physician if under medical treatment.

5. Fees - You should be aware of what the prevailing fee structure is in your community and your fee structure should be written and available.

6. Entertainment - The Society for Clinical and Experimental Hypnosis (SCEH) statement on entertainment is excellent:

> The clinical and scientific utilization of hypnosis is an important contribution to mankind's health. It should not be used as a source of entertainment. No members of SCEH shall offer their services for the purpose of public entertainment nor shall they collaborate with any person or agency engaged in public entertainment. They shall not cooperate with or participate in lectures, demonstrations or publications of lay or stage hypnotists...

Hypnosis should only be used by professionals for professional purposes.

7. Advertising - The SCEH code of ethics states, “No members of SCEH shall offer their professional use of hypnosis via newspapers, radio, television, or similar media.” Telephone and professional directory listings should be accurate as to services offered, training, certification, licensure, and professional credentials. This also applies to business cards and brochures or flyers.

The SCEH code of ethics states the following about publications and appearances: “Members making statements or writing an article for publication in the lay press, or appearing on radio, TV, or similar media, shall behave in conformity with the requirements of their professional society and with the code of ethics of their professional society.” Further, “Members ... shall use their influence and prestige to avoid exaggerations or false statements about hypnosis.”

8. Extra-Professional Contacts with Clients - Practitioners must refer to their individual licensing boards for specific guidelines. In general, however, practitioners are required to refrain from sexual relationships with current and former clients or students, as well as therapeutic relationships with previous sexual partners. They are also required to refrain from all exploitative relationships, multiple relationships with clients, and from sexual harassment of all kinds.

9. Termination - The client maintains the right to terminate the professional relationship at any time without jeopardizing confidentiality or other patient rights. Therapists will strive for a planned and mutually agreeable conclusion to therapy, taking into consideration on-going and future needs of the client.

Appendix A

NOTE: This section consists of *examples* of detailed training information in case Affiliates deem it advisable to have a more elaborate model of training standards. Some Affiliates may provide *learning objectives* for each area topic; others may add more detail.

A.1,4. **History and Theory of Hypnosis**

Learning objectives

Participants will learn about the history and theory of hypnosis.

Participants will become familiar with the neurophysiological and behavioral characteristics of trance.

Participants will learn how historical, theoretical, neurophysiological, and behavioral information about hypnosis can be utilized in trance inductions.

Theory and History of Hypnosis

The theory and history of hypnosis can be traced back to its use by the Egyptians, by the Greeks, by the Church in exorcism rites, in Buddhist traditions, and in tribal cultures including Native American groups. Beginning with Mesmer, who sought to give a scientific basis to the phenomenon of trance, theoretical questions are raised about the nature of hypnosis. Central questions are whether hypnosis exists as a robust psychophysiological response, whether the locus of control resides with the trance operator or the subject, and the characteristics of the hypnotized subject's response to suggestion. A historical review might cover the investigation of these questions by the Royal Commission, and the subsequent decline of interest in Mesmerism. Braid re-initiates interest in medical hypnosis and Esdaille employs hypnosis for surgical procedures. Hypnosis again loses credibility after Elliotson emphasizes telepathic features. Hypnosis becomes less important for surgery with the discovery of ether for anesthesia.

Hypnosis becomes a focus again with Charcot and the Parisian school who see trance as a manifestation of mental illness, specifically hysteria. Binet believes that magnets are required for trance induction. Janet recognizes the dissociative aspect of hysteria and multiple consciousness. Charcot's views contrast with the views of the Nancy School which sees hypnosis as a natural, easily induced phenomenon resulting from suggestion, not "animal magnetism" or the operation of "magnets." (Coue, Liebault, Bernheim). Practitioners use hypnosis for the alleviation of pain and mental distress.

Hypnosis is used by Breuer and Freud, who study Bernheim's methods, to treat conversion symptoms. Freud abandons hypnosis in favor of free association, partly to avoid the limited use of suggestion as a way of trying to change conversion symptoms of hysterics, and to achieve more direct control over transference reactions. Freud did not use hypnosis in the complex, interactive psychotherapeutic way that Erickson eventually pioneered. Hypnosis resurfaced during World War II when Brenman and Gill used it to treat war neurosis (post traumatic stress disorder).

The modern recovery of hypnosis occurs in Hull's laboratory when Hilgard and Erickson were students. They developed widely different approaches to clinical hypnosis. The modern theory of hypnosis, held by both Hilgard and Erickson is that the hypnosis is an altered state, in which there is divided consciousness or dissociation, a narrowing of attention and an increased susceptibility to suggestion. They differed on the questions of hypnotizability and suggestibility. Hilgard considered hypnotizability a biologically distributed ability. Erickson considered most normal persons hypnotizable at the appropriate time with the appropriate operator. Weitzenhoffer, who worked with Hilgard to develop the Stanford Scales of Hypnotizability, makes an important distinction between trance and suggestibility. In the latter half of this century there is extensive research on hypnosis. Orne discovers "trance logic" distinguishing hypnosis from simulation of trance. T.X. Barber, Sarbin and Coe, contribute to alternative explanations of hypnotic phenomenon, involving demand characteristics of trance and interpersonal influence. Research suggests that hypnosis involves increased activity in the non-dominant hemisphere, activation of the limbic system,

changes in heart rate and blood pressure. Trance may be affected by biorhythm. Learning that occurs in dissociated states is state dependent and may be accessed in trance.

1. Barber, T.X. (1969). *Hypnosis: A Scientific Approach.* New York: Van Nostrand Reinhold.
2. Erickson, M.H. (1980). *Collected Works.* E.L. Rossi, Ed. New York: Irvington Press. *especially, General and Historical Surveys of Hypnotism), Vol. III., pp.-20. Explorations in hypnosis research (with a discussion by T.X. Barber, R. Dorcus, H.Guze, T. Sarbin and A. Weitzenhoffer) Vol II, pp. 313-33-7.*
3. Hilgard, E.R.(1975). *Hypnosis in the Relief of Pain.* Los Altos, CA. William Kaufman. pp.2-6.
4. Janet, P.(1925). Psychological Healing. New York: MacMillan Company.
5. Sarbin, T.R. & Coe. *Hypnosis.(*1972). New York: Holt, Rinehart, & Winston.
6. Rossi, E. L. (1986). *The Psychobiology of Mind Body Healing.* New York: W.W. Norton & Company.
7. Weitzenhoffer, A.(1989). *The Practice of Hypnotism.* New York: John Wiley and Sons.

A.9,10. **Trance Phenomena and Neurophysiological and Behavioral Correlates of Trance**

Learning objectives

Participants will learn about trance phenomena and behavioral correlates of trance through their own experience.

A group trance demonstration may be used to illustrate neurophysiological and behavioral correlates of trance and basic trance phenomena. The structure of the trance induction can be used to model and orient subjects to the next training topic, techniques for inducing a trance.

Trance phenomena, which will be apparent in the various demonstrations throughout the training, include narrowing of attentional focus, increase in suggestibility, divided consciousness, economy of movement, hypermnesia, catalepsy, somnambulism, amnesia, positive and negative hallucinations, responsiveness to post-hypnotic suggestions, partial age regression, involuntariness, hidden ego states (the *hidden observer* that watches the subject in trance).

1. Erickson, M.H. (1980). *Collected Works.* E.L. Rossi, Ed. New York: Irvington Press. especially, *General and Historical Surveys of Hypnotism*), Vol. III., pp.-20.
2. Hilgard. E.(1977). *Divided Consciousness.* New York: Wiley.

A.3. **Myths and Misconceptions about Hypnosis**

Learning objectives

Participants will learn about the myths and misconceptions about hypnosis in order to explain trance to clients

Participants will also learn about similarities and differences between hypnosis, biofeedback, group trance and EMDR.

The major myths about hypnosis concern hypnosis as a robust, naturally occurring phenomenon, the issues of operator control, hypnotizability and subject suggestibility. Historically there was concern that criminal or unethical activities could be suggested hypnotically. Now concerns about control and suggestibility coalesce around the question of hypnotically induced pseudo memories. Erickson found it difficult, if not impossible, to induce pseudo memories, although he introduced a shadowing ego support figure, a projection of himself, in the *February Man*. Orne demonstrated that hypnosis was a unique phenomenon in which trance subjects and simulators could be distinguished by trance logic. Sheehan and others have found that memory distortions can be induced with and without trance although highly hypnotizable subjects are more likely to believe in hypnotically induced distortions.

Participants may also want to obtain clarity about the relationship of hypnosis to biofeedback and meditation which appear to invoke similar capacity to drive alpha rhythms and to EMDR which is unlike hypnosis. Individual trainers may explore with participants the neutral value of hypnosis, hypnotic trance as a therapeutic intervention in its own right as well as the creative possibilities for the integration of psychodynamic and cognitive approaches into hypnotic trance work.
The above topics can be treated as a unit or integrated into other training modules.

1. Erickson, M.H. & Rossi, E.L. (1989). *The February Man.* New York: Brunner/Mazel.
2. Orne, M.T. (1959). The nature of hypnosis: Artifact and essence. *Journal of Abnormal and Social Psychology.* Vol. 58, 277-299.
3. Sheehan, P.W. Confidence,(1988). Memory and Hypnosis. in *Hypnosis and Memory.* Helen Pettinati, Ed. Guildford New York: Guildford Press.
4. Shapiro, F. (1995). *Eye Movement Desensitization and Reprocessing.* New York: Guildford Press.

A.11,12,13,16 C.6. **Inducing trance: The principle of Utilization**

Learning objectives
Participants will learn to observe common everyday trances as they develop spontaneously.
Participants will learn to induce conversational trances.
Participants will learn to use direct and indirect methods of inducing trances.
Participants will learn direct and indirect approaches to suggesting relaxation.
Didactic material can be drawn from Erickson's biography in the *Collected Works* and sources listed in the bibliography. Trance induction training involves rapport building skills, pacing and leading, observing indications of trance (outlined in the previous section) and practice in the language of hypnosis, such as the utilization of presuppositions, negation, binds, ambiguity, truisms and techniques of delivery such as Zeig's "gift wrapping" and "seeding" techniques.
Basic induction techniques may include eye fixation, sand bucket technique, conversational inductions, and utilization of the relaxation process. Rossi's fail-safe approach to hypnotic induction may be used in connection with teaching how to make a therapeutic hypnotic intervention. This technique introduces participants to arm levitation and catalepsy.

1. Erickson, M.H. & Rossi, E.L. (1979). *Hypnotherapy.* New York: Irvington Publishers.
2. Rossi, E.L Video E297-V9 . *A Sensitive Fail Safe Approach to Hypnosis.* Phoenix: the Erickson Foundation.

B.8.e. **Non-Verbal Trance Inductions**

Learning objectives
Participants will learn to induce a trance using non-verbal feedback.
Teaching techniques involve the use of calibration exercises, practice in giving non-verbal feedback utilizing client body language, conveying unconditional positive regard.

1. Erickson, M.H. Collected Works. (especially, *Pantomime Techniques in Hypnosis and the Implications. vol. pp. 331-339: Respiratory rhythm in trance induction: The role of minimal sensory cues in normal and trance behavior*. Vol. I, pp. 340-360).
2. Grinder, J. & Bandler, R.(1981). *Trance-Formations.* Moab, Utah. Real People Press.

B.2. C.1. **Story Telling and Metaphors**

Learning objectives
Participants will learn the purpose of using story telling and metaphors to induce a trance.
Participants will learn how to use a story to make a therapeutic intervention.

Participants will learn how to use a story to access the client's inner resources and to give post hypnotic suggestions.
The purpose of the story is to provide an indirect method of accessing the unconscious. Stories can be used to introduce suggestions, access client memories and resources, to reframe and find solutions to a problem and to project future approaches to behavioral change. The phenomena of amnesia and hypermnesia can be introduced as they appear in story induced trances.

1. Erickson, M.H. Collected Works. (especially, Lankton, S.R.,& Lankton, C.H. (1983). *The Answer Within.* New York: Brunner/Mazel.
2. Zeig, J. Ed. (1994). *Ericksonian Methods. The Essence of The Story.* New York: Brunner/Mazel.
3. Zeig, J. (1990). Seeding. in *Brief Therapy.* J. Zeig & S. Gilligan Eds. New York : Brunner/Mazel.

Resistance and its Utilization
Participants will learn the importance of respecting and utilizing resistance to trance and trance suggestions.
A client's resistance to trance is accepted as in the client's best interests. Utilizing the resistance involves reframing, ratifying trance indications and working with binds, presuppositions, and future orientations, as well as accepting resistance at face value in the service of building therapeutic trust.

1. Erickson, M.H. Collected Works. (especially, *On the Nature of suggestion, including posthypnotic behavior, double binds, indirect suggestion and two level communication*, Vol. I pp. 381-478.

2. Erickson, M.H. (1986). *Seminars, Workshops & Lectures of Milton Erickson.* E. L. Rossi and M. O. Ryan. Eds. Vol. III. Mind Body Communication. New York: Irvington Press. (*especially, Accepting resistance as any other symptom. Pp.151-154)*

3. Gilligan, S.G. (1986). *Therapeutic Trances: The Cooperative Principle in Ericksonian Hypnotherapy.* New York: Brunner/Mazel.

B.8.d. **Confusion Technique**
Learning objective
Participants will learn to induce trance using confusion techniques.
Participants will learn when and when not to use confusion techniques
The purpose of using confusion techniques is to absorb the energy of the client's inner dialogue and unwonted resistance to trance. The technique is most useful with clients who earnestly desire trance but who cannot let go of obsessive ruminations that prevent trance. Confusion techniques are not helpful with confused patients or those with a tenuous hold on reality.

1. Erickson, M.H. Collected Works. (especially, *The confusion technique* , Vol. I pp. 258-296).

B.8.c.,11. **Hypnotic Dreams, Crystal Gazing Screen Techniques**

Learning objective

Participants will learn to use a hypnotic dream as a treatment intervention.

Erickson used the hypnotic dream to access client resources for change. The dreamer, in trance, allows the unconscious to formulate a dream which will have elements of the patient's problem. The dreamer redreams the dream seeking some solution. The technique should be used cautiously to protect the personality of patients who are fragile. In a similar way, subjects learn to use the crystal gazing technique and related techniques such as the three doors, rescripting plays, and seeing a problem or scene on screen. The techniques can be powerful indirect suggestions for future orientation in time, and incorporate elements of the past, present and future and the behavioral changes that separate and/or link them. Participants will relate the utilization of these techniques to the phenomenon of post-hypnotic suggestion.

1. Erickson, M.H. Collected Works. (especially references to *techniques of crystal ball gazing*, Vol. III, pp. 41, 199, 10, 17 , 24, 38., *Hypnotic Approaches to Therapy*, vol. pp. 76-95, *Hypnosis as a Treatment Modality*, pp. 58-66).
2. Rossi, E. L. (1985). *Dreams and the Growth of the Personality.* New York: Brunner/Mazel.

B.9.d. **Age Regression and Age Progression**

Learning objective

Participants will learn to induce age regression and age progression through direct and indirect suggestions.

Age regression is a common trance phenomenon which appears spontaneously and in response to direct suggestion (go back to a time when you were a teen-ager, small child, in the third grade) and to indirect suggestion (little children on the first day of school, etc.). Age regression is used to access memories and resources. Age progression is a form a self-induced post-hypnotic suggestion involving ego strengthening (this problem is solved when this pain is healed).

1. Erickson, M.H. Collected works. (especially, *Age regression*. Vol. III. pp.104-122.
2. Watkins, J. The affect bridge: a hypnoanalytic technique. *International Journal of Clinical and Experimental Hypnosis,* 19, 21-27.

B.5. C.5. **Ideomotor Signals and Trance Deepening**

Learning objective

Participants will learn to set up ideomotor signals.

Participants will learn direct and indirect approaches to trance deepening.

Ideomotor signals have two functions. The primary function is to help the clients access their internal states and in this function ideomotor signals serve as trance ratifiers. The second function is to keep the connection with the operator non-verbally; signal if you want to continue exploring that matter, or signal if you are ready to change what you are experiencing. It is often helpful to demonstrate how ideomotor signals can be used in connection with trance deepening; i.e., signal when you have reached a trance depth deep enough to know that you are in a state of hypnosis, or signal if you are ready to go deeper. There are many direct and indirect approaches to trance deepening which will vary with the preferences of individual trainers. Suggestions involve utilization of binds, suppositions, reframing, metaphors, dissociation and other techniques already mentioned.

1. Erickson, M.H. Collected Works (especially, *Historical note on the hand levitation and other ideomotor techniques*, Vol. I. pp. 135-137).

2. Erickson, M.H. (1986). *Seminars, Workshops & Lectures of Milton Erickson.* E. L. Rossi and M. O. Ryan. Eds. Vol. III. Mind Body Communication. New York: Irvington Press. pp. 201-203.

C.3. **Pain Control**

Learning objectives

Participants will learn techniques of hypnosis applicable to a range of painful conditions: phantom limb , dental work, childbirth, arthritis, cancer, headache, reflex sympathetic dystrophy, and pain associated with acute injury..

Participants will also learn to differentiate the kinds of hypnotic strategies to use with conversion symptoms and other pain.

Specific hypnotic techniques may include: glove anesthesia, displacement of sensation, dissociation, time distortion, scaling, anesthesia and analgesia, and ways to change the pain image itself.

1. Barber, J.& Adrian, C. (1982). *Psychological Approaches to the Management of Pain.* New York: Brunner/Mazel.
2. Bonica, J.J. (1990). *Principles of Pain. New Jersey. Elsevier.*
3. Melzack, R. & Wall, P. (1988). *The Challenge of Pain.* New York: Penguin Books.
4. Erickson, M.H. Collected Works. (especially *Hypnotherapeutic approaches to pain*, Vol. IV. pp.235-311. *Pseudo orientation in time*, Vol. 397 -427), *Time distortion in hypnosis* with L.F. Cooper, Vol. II, 221-299).
5. Gainer, M.J.(1992). Hypnosis for Sympathetic Reflex Dystrophy. *AJCH. Vol.34.227-232.*
6. Hammond, D. C. (1994). *Medical and Psychological Hypnosis : How It Benefits Patients.* Des Plaines Ill. ASCH.
7. Hilgard. E.(1977). *Divided Consciousness.* New York: Wiley.

B.9. **Hypnosis and Memory**

Learning objective

Participants will learn about the current research on the relation between suggestion, hypnosis and memory.

Research on hypnosis, suggestion, reports of abuse and the retrieval of memories culminates in the pseudo memory controversy. Erickson published an article on accusations of abuse by young women who eventually retracted their stories. Contributions to questions of retrieved memories and the issue of therapist suggestion are in some of the suggested readings below:

1. Bowers, K. S. & Hilgard, E.R. (1989).in *Hypnosis and Memory.* Helen Pettinati, Ed. New York: The Guildford Press.
2. Bennet, H. L. 1989). Perception and memory for events during adequate general anesthesia for surgical operations. in *Hypnosis and Memory.* Helen Pettinati, Ed. New York: The Guildford Press.
3. Ceci, S.J. and Bruck, M. (1993). Suggestibility of the child witness: A historical review and synthesis. *Psych. Bull. Vol.* 113. 403-439.
4. Braun, B. (1988). The BASK Model of Dissociation. *Dissociation.* Vol. I.1. 4-23, Vol. 1.2 16-23.
5. Spiegel, D. & Cardena, E. (1990). New uses of hypnosis in the treatment of posttraumatic stress disorder. *J. Clin. Psychiatry.* Vol. 51 Supplement. 6. Erickson, M.H., Collected Works. (especially, *Negation or reversal of legal testimony*, Vol. III. pp.221-229).
7. Hammond, D.C., Garver, R.B., Mutter, C.B., Crasilneck, H.B., Frischolz, E., Gravitz, M.A. Hibler, N.S., Olson, J., Scheflin, A., Spiegel., Wester, W. (1994). *Clinical Hypnosis and Memory: Guidelines for Clinicians and For Forensic Hypnosis.* American Society of Clinical Hypnosis Press: Des Plaines, ILL.
8. Loftus, E. & Ketcham, K. (1991). *Witness for the Defense.* New York: St Martin's Press.

9. Saywitz, K.J., Geiselman, R.E. and Bornstein, G.K. (1992). Effects of Cognitive Interviewing and Practice on Children's Recall Performance. *Journal of Applied Psychology*. 744-756.
10. Ceci, S.J. and Bruck, M. (1993). Suggestibility of the child witness: A historical review and synthesis. *Psych. Bull. Vol.* 113. 403-439.
11. Yapko, M. (1994). *Suggestions of Abuse.* New York: Simon & Schuster

C.2,9. **Trauma, Dissociation and Abreaction**

Learning objectives

Participants will learn how trauma and dissociation are related.
Participants will learn hypnotic interventions for trauma.
Erickson pioneered hypnotic approaches to resolving trauma. He emphasized that trauma leads to an altered state and that resolution must therefore occur in an altered state.
Participants will learn how to make hypnotic interventions that permit supportive abreactive experiences or partial abreactive experiences to prevent overwhelming the ego.
Participants will learn how dissociation can be utilized to protect the personality, as well as the importance of timing and limiting interventions regarding traumatic memories.

1. Erickson, M.H. Collected Works. (especially, *Dual Personality*, Vol. III, pp. 229-271).
2. Hilgard. E.(1977). *Divided Consciousness.* New York: Wiley.
3. Dolan, Y.(1991). *Resolving Sexual Abuse.* New York: W.W. Norton & Co.
4. Herman, J.L. (1992).*Trauma and Recovery.* New York. Basic Books.
5. Janet, Pierre (1901).*The Mental State of Hysterics.* New York and London: G.P. Putnam's Sons. The Knickerbocker Press.
6. Janet, Pierre (1925). *Psychological Healing*. Great Britain: Unwin Brothers, Limited, London and Woking.
7. Koss, M.P. (1993). Rape. *American Psychologist.* 1062-1069.
8. Kluft, R.,(1990). *Incest related syndromes of adult psychopathology*. American Psychiatric Press. Washington, D.C.
9. Koss, M.P. (1993). Rape. *American Psychologist.* 1062-1069.
10. Putnam, F. (1989). *Diagnosis and Treatment of Multiple Personality Disorder.* Washington. American Psychiatric Press.
11. Saywitz, K.J., Geiselman, R.E. and Bornstein, G.K. (1992). Effects of Cognitive Interviewing and Practice on Children's Recall Performance. *Journal of Applied Psychology*. 744-756.
12. Terr, L. (1987). Case Study: What happens to early memories of trauma? A study of twenty children under age five at the time of documented traumatic events. *Child and Adolescent Psychiatry*. 96-104.
13. van der Kolk, B.A. Greenberg, M, Boyd, H. et al.: Inescapable shock neurotransmitters, and addiction to trauma: toward a psychobiology of post-traumatic stress. *Biological Psychiatry.* 20. 314-325. 1985.
14. Spiegel, D. & Cardena, E. (1990). New uses of hypnosis in the treatment of posttraumatic stress disorder. *J. Clin. Psychiatry.* Vol. 51 Supplement.

B.16. **Self-hypnosis**

Learning objective

Participants will learn safe approaches to self hypnosis.

1. Erickson, M.H. Collected Works. (especially, *My friend John*. Vol. I, pp. 340-360).

A.17. **Strategic Approaches and Brief Therapy**

Learning objective

Participants will become familiar with the use of strategic interventions and the ways to use solution focused brief therapy.

Strategic interventions, brief therapy and solution focused therapy trace their origins to Erickson's work and have been extensively developed by Haley, de Shazer, and others. Training may include practice with paradoxical approaches, ordeal therapy, and ambiguous function assignment.

1. de Shazer, S. (1985).*Keys to Solution in Brief Therapy.* New York: Norton.
2. Haley, J. (1973). *Uncommon Therapy.* New York: W.W. Norton.
3. Haley, J. Ed. (1985). *Conversations with Milton Erickson. Vols. I. II. & III.* New York: Triangle Press.
4. Madanes, C. (1987). Behind The One Way Mirror: Advances in The Practice of Strategic Therapy. San Francisco, Jossey-Bass.
5. Yapko, M. (1989). *Brief Therapy Approaches to Treating Anxiety and Depression.* New York: Brunner/Mazel.

A.6. C.11. **Ethical Issues**

Learning objectives

Participants will review the current ethical standards for treatment with hypnosis. See the next section for basic recommendations on ethical guidelines. Participants may also wish to review the guidelines for memory recovery of the American Psychiatric Association, the American Psychological Association, and the American Association of Clinical Hypnosis.

Other topics at the discretion of the trainer and time permitting include:

C.11. Forensic hypnosis, including refreshment of witness testimony and the legal issues associated with false memories.

1. Scheflin, A. W. & Shapiro, J. L. (1989). *Trance on Trial.* New York: Guildford Press.

C.8. **Habit Control, Eating Disorders**
Depression

C.9. **Panic Disorder**

C.9. **Phobias**

C.7. **Work with Families**

C.7. **Hypnotic work with Children for Enuresis, Encopresis, Separation Anxiety, Headache, Nightmares, Nail-biting, Traumas.**

C.7. **Work with Special Populations**