

**Therapeutic Collaborations**  
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- LLC -

Presents

# **ERICKSONIAN HYPNOSIS AND INNER HEALING**

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**June 17<sup>th</sup> & 18<sup>th</sup>, 2004**

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## COLLABORATIVE, CHANGE-ORIENTED THERAPY

### Clients as Agents of Change

- The client is the single most important contributor to therapeutic outcome
- Clients have abilities, strengths, and resources
- Not the “hidden gem theory”
- Ask, “Who is this person?”

### Honoring the Therapeutic Relationship and Alliance

- The therapeutic relationship *is* treatment
- Client ratings of the relationship are the *most* consistent predictor of improvement
- The strength of the therapeutic bond is not highly correlated with the length of treatment.
- The therapeutic alliance is a more encompassing term that emphasizes a collaborative partnership
- Consult with clients about their preferences, goals, and methods for accomplishing those goals

### Clients’ Orientations and Theories as Guides to Change

- Orientations – Both problems and solutions can be influenced by family, social relationships, genetics, biology, cognition, culture, race, society, gender, religion/spirituality, economics, etc.
- Invite, Learn, Honor, and Match clients’ theories—ideas about how positive change may come about
- Let clients determine the validity of new perspectives

### A Change-Oriented

- The average length of time that clients attend treatment is 6-10 sessions
- All large-scale meta-analytic studies indicate that the most frequent improvement occurs early in treatment
- Work efficiently and maximize effectiveness by searching for openings with possibilities for solutions
- Identify and amplify spontaneous and “everyday” change

### Directions, Goals, and Outcomes

- One of the best predictors of negative outcome is a lack of structure in therapy
- Goals should in some way translate into clear, observable actions on the part of clients. Work with clients to clarify what they mean by their words, so realistic and achievable ends can be worked toward. Goals are malleable and may change from session to session
- Outcomes are distinguished from goals in that they indicate the impact of services provided, from the perspective of clients, on major areas of their lives (i.e., individually, interpersonally, socially, etc.).

### Expectancy, Hope, and Placebo

- Most begin therapy with the expectation that it will help. Hope accompanies this expectation
- The presence of hope can make a significant difference in how people deal with stress, difficulty, and problems
- Placebo relates to the effect that therapy or some aspect of it can have on client improvement simply because clients *and* practitioners believe in its healing or change properties
- Therapists can promote expectancy and hope by using processes and practices that include clients, are encouraging, and are consistent with their ideas about concerns and how to resolve them

### Means and Methods

- All therapy approaches involve the use of methods and techniques
- The effectiveness of methods and techniques is highly contingent on the degree to which they match clients’ ideas about their concerns or problems and the means and/or methods necessary to resolve them
- Means, methods, and techniques ought to arise out of client-therapist interactions and make use of the general effects that are the most significant contributors to outcomes
- If therapists have ideas about methods that may assist in facilitating change, they should be *offered*, not imposed

### Adapted from:

Bertolino, B. (2003). *Change-oriented therapy with adolescents and young adults: The next generation of respectful and effective processes and practices*. New York: Norton.

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Bertolino, B., & O'Hanlon, B. (2002). *Collaborative, competency-based counseling and therapy*. Boston: Allyn & Bacon.

## PATHWAYS FOR PROMOTING CHANGE

EXPERIENCE	VIEWS	ACTIONS
<ul style="list-style-type: none"> <li>‣ Feelings</li> <li>‣ Sense of self</li> <li>‣ Bodily sensations</li> <li>‣ Sensory experience</li> <li>‣ Automatic fantasies and thoughts</li> </ul>	<ul style="list-style-type: none"> <li>‣ Points of view</li> <li>‣ Attentional patterns</li> <li>‣ Interpretations</li> <li>‣ Explanations</li> <li>‣ Evaluations</li> <li>‣ Assumptions</li> <li>‣ Beliefs</li> <li>‣ Identity stories</li> </ul>	<ul style="list-style-type: none"> <li>‣ Action patterns</li> <li>‣ Interactional patterns</li> <li>‣ Language patterns</li> <li>‣ Nonverbal patterns</li> <li>‣ Time patterns</li> <li>‣ Spatial patterns</li> </ul>



EXPERIENCE	VIEWS	ACTIONS
<p>Give messages of acceptance, validation and acknowledgment. There is no need to change or analyze experience as it is not inherently a problem.</p>	<p>Identify and challenge views that are:</p> <ul style="list-style-type: none"> <li>Impossibility</li> <li>Blaming</li> <li>Invalidating</li> <li>Non-accountability or determinism.</li> </ul> <p>Also: Offer new possibilities for attention.</p>	<p>Find action and interaction patterns that are part of the problem and that are the “same damn thing over and over.” Then suggest disrupting the problematic patterns or find and use solution patterns.</p>

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<b>TRANCEPORTS: THE FOUR DOORWAYS INTO ALTERED STATES</b>
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◆ **Spacing Out/Defocusing**

Lying on the grass looking at the clouds  
Hypnogogic/hypnopompic states  
Meditating/relaxation states  
Listening to a boring class/lecture

◆ **Absorption/focused awareness**

Involved in a movie/television/book  
Listening to a riveting speaker  
Absorbed in music  
Absorbed in some activity or work  
Absorbed in a conversation

◆ **Dissociation/splitting of awareness and/or activity**

Playing an instrument (once you've mastered it)  
Playing a sport (once you've mastered it)  
Doodling  
Eating popcorn at the movies

◆ **Rhythmic/pattern/repetitive behavior**

Chanting  
Dancing  
Mantras  
Running  
Rocking

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<b>COMMON TRANCE INDICATORS</b>
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- ➔ **Flattening of facial muscles**
- ➔ **Change in skin color**
- ➔ **Immobility**
- ➔ **Decrease in orienting movements**
- ➔ **Catalepsy in limb**
- ➔ **Changes in blinking and swallowing**
- ➔ **Altered breathing and pulse**
- ➔ **Autonomous motor behavior (jerkiness)**
- ➔ **Faraway look**
- ➔ **Fixed gaze**
- ➔ **Changes voice quality**
- ➔ **Time lag in response**
- ➔ **Perseveration of response**
- ➔ **Literalism**
- ➔ **Dissociation**
- ➔ **Relaxed muscles**

<b>ELEMENTS OF A CLIENT-INFORMED INDUCTION</b>
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▶ **Permission/Validation/Observation/Utilization**

Any response/behavior/experience is valid

Any response can be evidence of hypnotic response or be the thing that leads to the hypnotic response

Permissive (“can,” “might”) vs. predictive (“will”) or attributional (“are”)

Observing and incorporating responses

▶ **Evocation vs. Suggestion: The Naturalistic Approach**

▶ **Matching**

Nonverbal: rhythms, postures, voice qualities, breathing rate, ongoing observable behavior  
[mirroring/cross-mirroring]

▶ **Description**

Videotalk

Truisms

▶ **Permissive and Empowering Words**

Possibility Words

Outline Words

Politician Words: unspecified as to person, place, time, thing, or action

Directing attention and guiding associations

▶ **Splitting**

Conscious/unconscious

Here, present, external/there, past or future, internal

Verbal and nonverbal

▶ **Linking**

Verbal and nonverbal

Bridging

Re-evoking trance-like experience

▶ **Interspersal**

Nonverbal emphasis on words or phrases

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## USING PRESUPPOSITION IN HYPNOSIS

### 1. Giving two or more options that lead in the desired direction.

- Would you like to go into trance now or later?
- I don't know if you'd like to close your eyes to go into trance or if you'll keep your eyes open.
- Would you like to use the recliner or stay where you're seated to go into a trance?

### 2. Presuming that something is about to happen.

- Before you go into trance, there are some myths about hypnosis that I'd like to dispel.
- Have you ever been in trance before?
- When you're in trance, you can do something nice for yourself.
- Don't go into trance too quickly.

### 3. Presuming that something is happening.

- You can go deeper.
- That's right, just continuing.
- As your unconscious mind continues to help you do what you need to do....

### 4. Presuming that something just happened.

- How was that?
- Welcome back!
- How did that trance compare with the last one?
- ....and your unconscious mind can now solve other problems that we haven't even talked about.

### 5. Implying that something is happening, will happen, or just happened by talking about its rate of occurrence.

- Don't go in too quickly.
- I don't know when your unconscious will solve that for you.

### 6. Implying that something is happening, will happen, or just happened and wondering aloud whether that person is aware of that.

- I don't know whether you have noticed that your breathing has changed.
- You probably aren't aware that your unconscious mind is doing a lot of work for you.

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<b>EVOKING HAND/ARM LEVITATION</b>
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**Analogies/Common Everyday Processes or Objects/Images**

- Helium balloon
- Ball of energy pushing underneath palm
- Block/tackle

**Anecdotes/Common Everyday Experiences**

- Industrial clock story
- Putting on the brakes from the back seat or passenger's side
- Open your mouth to get baby to open his or hers
- Trying to move a bowling ball after it leaves your hand
- Parent reaching out to hold child when stopping quickly in a car

**Presupposition/Expectation**

- "How quickly will your unconscious mind lift that hand and arm?"
- "Which hand will your unconscious mind lift first?"

**Interspersal**

- "Your unconscious mind can come up with something that can let you know it is working for you."
- "You can let your unconscious give you a hand in moving towards your goals."

**Direct Permissive Suggestion**

- "Your hand and arm can lift up to your face automatically."
- "It can lift even more. That's right."

**Amplification of Response**

- "That's right. Lifting a little more."
- "And those little movements can lead to bigger movements."

<b>EVOKING AMNESIA</b>
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**Analogies/Stories/Common Everyday Processes or Objects**

- Vault/safe/room/box/sealed envelope
- Sand flowing through fingers

**Anecdotes/Common Everyday Experiences**

- Name or fact in the tip of tongue
- Looking at a picture and not remembering being there for it
- Hearing family members tell stories about things you've done but don't remember doing

**Presupposition/Expectation**

- "How much will your unconscious mind choose to have you forget?"
- "When will you discover that you have forgotten something?"

**Interspersal**

- "And I don't want you to forget to take care of yourself in any way you need to while in trance."
- "Perhaps you think back to a time when you were relaxed and comfortable."

**Direct Permissive Suggestion**

- "You can remember to forget all that you need to forget."
- "You can leave behind in trance the things that are for trance and bring out of trance the things for your conscious mind to recall."

**Amplification of Response**

- "That's right. And you can forget other things besides your hand."
- "That's right. The left hand can continue to lift."

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<b>STRATEGIES FOR PAIN CONTROL</b>
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- 1. ANESTHESIA – Lack of feeling in all or part of the body.**
- 2. ANALGESIA – Lack of pain in all or part of the body.**
- 3. AMNESIA – Forgetting previous pain.**
- 4. DISSOCIATION – Detaching conscious awareness or experience from some aspect of experience.**
- 5. REINTERPRETATION – Changing the frame of reference or perception regarding the sensations of pain.**
- 6. TIME DISTORTION – Expanding the subjective experience of time when the person feels more comfortable, condensing time when the person feels pain.**
- 7. ALTERING SENSATIONS AND PHYSIOLOGICAL PROCESSES – Changing the sensations associated with pain (to tingling or coolness, for example) and/or changing physiological processes associated with pain (like muscle tension or blood flow).**
- 8. RE-EVOKING PAIN-FREE OR PAIN-INCOMPATIBLE MEMORIES – Getting the person involved in memories of more pleasant times or experiences or times when pain has been diminished or eliminated.**
- 9. DISTRACTION OR ABSORPTION OF ATTENTION – Refocus the person’s attention on some experience other than pain.**
- 10. DISPLACEMENT OF PAIN – Putting the pain in another location in the body or in the world.**
- 11. CREATING A COMPELLING SENSE OF A PAIN-FREE OR PAIN-DIMINISHED FUTURE – Using presupposition, analogy, metaphor, age progression, and/or imagery (positive hallucination), get the person to open up the idea that the future holds the likelihood of less or no pain.**

## THE HITCHHIKER'S GUIDE TO HYPNOSIS

### **Step 1: Take off the pressure and validate the person where he or she is and will be.**

▶ Give people permission to feel/think/experience whatever they are and what they might in the future.

*Example: "You can just let yourself be where you are. If you are nervous, that's okay. You don't have to be relaxed to be in trance. You don't have to listen to or believe everything I say."*

▶ If the person responds in some way or does something that he or she thinks might be wrong or distracting, validate it and include it in the trance.

*Example: "That's right. You can open your eyes whenever you want and look around. You may want to close them again or just leave them open and stay in trance, whatever is more comfortable for you."*

### **Step 2: Get rhythm.**

▶ Speak only when the person exhales. Even if you skip a breath or two, start speaking again on the exhalation.

### **Step 3: Create an expectancy for responding to trance induction and suggestion.**

▶ Presume that the person will go into trance and will get the intended results.

*Example: "I don't know how quickly or deeply you will go into trance. Each person is different."*

### **Step 4: Suggest some automatic changes.**

*Example: "Your hand may start to lift, just a bit at a time."*

*Example: "You may be experiencing some numbness in some part of your body. That numbness could increase until you really notice it."*

### **Step 5: Once you get a response, validate, extend, and direct that change toward the clinical goal.**

*Example: "And as that hand lifts up, you can be going deeper into trance and getting ready to relax even more. Your body can prepare to control the bleeding so that you have just enough to clean out the area an no unnecessary bleeding."*

### **Step 6: Invite the person out of trance and suggest future positive results.**

*Example: "Now at your own rate and pace, you can come out of trance and reorient all the way, bringing with you relaxation, and the ability to control your discomfort. You can continue to eliminate any unnecessary discomfort and attend only to the necessary pain."*

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## THE PROCESS OF SOLUTION-ORIENTED HYPNOSIS

- 1. Assess the complaint(s) and identify goal(s). Seed changes and create expectancy for change.**
- 2. Determine that the complaint is an automatic process. (If it is not, pursue non-hypnotic interventions).**
- 3. Introduce the notion of trance/hypnosis. Reassure and reframe if necessary.**
- 4. Induce trance, evoke resources, get responses, and help the person rearrange their experiential reality (splitting, linking, altering, deleting, creating sensations, perceptions, physiological, muscular, psychological, or emotional experiences). Offer a series of possibilities and notice which ones the person responds to.**
- 5. Link evoked resources and alterations to the future and to appropriate contexts.**
- 6. Complete the trance.**
- 7. Discuss the trance as much or as little as the person wants. Normalize and reassure if necessary. Continue seeding changes and creating expectancies for change.**
- 8. At the next contact, gather information on post-session response/results and utilize those.**
- 9. Induce trance. Continue to expand the responses that helped. Offer new possibilities if necessary.**
- 10. Repeat steps 7-9 as often as necessary until both you and the client(s) are certain your work is complete.**
- 11. Arrange for follow-up through scheduled visits, postcards, letters, phone calls, etc.**

## HYPNOTHERAPY RESOURCES

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