

GPSCH HypNews

Newsletter of The Greater Philadelphia Society of Clinical Hypnosis
Volume 10 Number 2-3 Spring-Summer 2014

FROM THE PRESIDENT - Eileen M. Casaccio, Psy.D.

Thanks to all who voted for the officers of the 2014 - 2016 Board of Governors. As I conclude my two year term as President, I know that I am leaving the presiding of the Board in the capable hands of Karen Clark-Schock, Psy.D. She will be supported by an enthusiastic group including: **Michele Lyons-Fadel, LCSW as Vice President and Program Chair**, Jeff Celebre, Ph.D. as reelected Treasurer; Michael Silverman, Ed.D. as Secretary; Kayta Curzie Gajdos Ph.D. as reelected Member at Large; and finally, Shyamli Godbole, M.D. as new Member at Large. Congratulations to all! Their willingness to volunteer their time, energy and talent is truly a gift to the Society. Please get to know them at the meetings and workshops. They don't bite (as far as I know), and a little warmness and fuzziness goes a long way in helping to make all their behind the scenes hard work worthwhile!

It's been an interesting, growth producing couple of years on the Board. Administrative challenges were addressed with vigor, thus allowing the programs you enjoy to continue, with all but a few small hitches. As you may know, our Administrative Director of over eight years, Subha Robinson, returned to full time work as a CPA. Although the Board hoped that her successor, Leslie Primavera, could stay on with the Society, she found her duties at another post to require increased demands of her time, thus resulting in the rendering of her resignation. An Administrative Search Committee (consisting of me, Stephen Glass, ED.M. and Jeff Celebre, Ph.D.) was formed and the scouring of the countryside in search of a person, who is ultimately the king pin in the whole GPSCH operation, begun. The quest was successful in that Suzanne Malik, of ample aptitude, was recently retained by the Board. Her specific contact information can be found in the "You've Got Mail" section of this newsletter. You will see Suzanne's shining countenance at the registration table next time you attend a GPSCH event. Please extend a warm welcome. Since her office is virtually "virtual," actual

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people contact is a perk in this administrative position.

Another Chinese character study of crisis and opportunity presented itself with the fluctuating winds of the American Psychological Association's whims on deciding which groups are deemed worthy of being a continuing education sponsor and therefore having the ability to issue the coveted APA Continuing Education credits and which are not. Within my two year term, not one but two sponsors we were partnering with were flagged by APA. We then needed to again search the hills and dales of Philadelphia to find an entity that would co-sponsor our programs and issue our CE credits. So, if you happen to see unfamiliar names alongside the familiar "GPSCH" at the top of your APA CE certificate, such as "Women's Mental Health Associates" or "Cora Services," you won't say, "What the #@%\$" and start to reach for the phone. Instead, you'll calmly file your CE certificate away until the licensing board comes a-calling for them every two years. It's just a suggestion.

The good news is, our finances are in order. Thanks in advance for paying your dues following the first notice which will come out in May. Also, the Board tries to keep workshop registration fees as low as possible at the same time trying to fly in nationally recognized speakers from around the country for the all day events.

One more thing before I pass on the gavel. GPSCH has amazing members who do awesome things like give presentations at local, national and international conferences. Others write journal articles. Others are just plain awesome about whom inquiring minds want to know. Please don't be shy in submitting what you have accomplished to Stephen Glass, ED.M. at Stephen.Glass@crozer.org so that it may be published in the GPSCH HypNews. We are proud of our members and want to show you off! Awareness of your accomplishments also provides inspiration to the fledgling mental health professionals whom we are hoping to attract to our Greater (not the Lesser) Philadelphia Society of Clinical Hypnosis.

Happy Spring!

Eileen M. Casaccio, Psy.D.

MEMBER NEWS

Welcome New Members
Diane H. Browne, PsyD - Full Member

This section is for you. Let us know what you are doing or have written, presented, taught, or if you have been honored in some way. Share the good news! Please submit Member News and other items of interest for "You've Got Mail" as well as Letters to the Editor to Stephen.Glass@crozer.org.

"YOU 'VE GOT MAIL"

New GPSCH Administrative Director and GPSCH USPS Mailing Address
After an exhaustive search, the Board of Governors is pleased to announce that **Ms. Suzanne Malik** is our new **Administrative Director**, effective April 14, 2014.

Contact Suzanne at New GPSCH Mailing Address:
GPSCH
P.O. Box 551
Berwyn, PA 19312-0551

Other GPSCH contact information remains the same:
Telephone: 610-527-3710
Email: gpsch@verizon.net
Website: www.gpsch.org.

2014-2016 Board of Governors

On March 14, 2014 the Nominations and Elections Committee met to count the ballots. Votes were unanimous in favor of the proposed Slate of Officers.

President - Karen Clark-Schock, Psy.D., ATR-BC

Vice President and Program Chair - Michele Lyons-Fadel, M.S.S., L.C.S.W.

Secretary - Michael L. Silverman, Ed.D.

Treasurer - Jeffrey E. Celebre, Ph.D.

Member At Large - Kathleen Curzie Gajdos, Ph.D.

Member At Large - Shyamali Godbole, M.D.

The new Board of Governors will take office at the conclusion of our Annual End of Year Lunch Meeting, Sunday, May 18, 2014. Congratulations!

Eileen M. Casaccio, Psy.D.

Chair, Nominations and Elections Committee

Bylaws Amendment Proposals

By a show of hands vote at our March 9, 2014 meeting, members voted to approve the amendment proposal to change the title and numeration of Life Member status. The amendment proposal to amend Bylaws to include a Retired Member status was tabled for further discussion of eligibility qualifications for Retired Member. Members may vote for the revised Retired Member amendment at our Sunday, May 18, 2014 Meeting.

Stephen G. Glass, ED.M.

Chair, Bylaws Committee

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October 8 - 12, 2014 - SCEH 65th Annual Workshops and Scientific Program in Antonio, Texas. For more info: www.sceh.us.

March 27 - 31, 2015 - ASCH 57th Annual Scientific Meeting and Workshops in Jacksonville, Florida. For more info: www.asch.net.

Workshop News

At its March 9, 2014 meeting, the Greater Philadelphia Society of Clinical Hypnosis welcomed Catherine G. Fine, Ph.D. who presented a Sunday morning workshop on Cognitive-Behavioral Hypnotherapy for Dissociative Disorders. Dr. Fine maintains a private practice specializing in Trauma and Dissociative Disorders in the Philadelphia region. She is faculty at Temple University School of Medicine. Dr. Fine has held the presidency of Greater Philadelphia Society of Clinical Hypnosis, the American Society of Clinical Hypnosis and the International Society for the Study of Trauma and Dissociation. She publishes in the areas of treatment of dissociative disorders, hypnosis, cognitive behavioral therapy, ego state therapy and sexual dysfunctions as sequelae of childhood sexual abuse.

Dr. Fine presented a didactic lecture at Roxborough Memorial Hospital with the aim of providing a framework of fundamental considerations in the treatment of dissociative disorders with cognitive-behavioral hypnotherapy. She began by discussing the history of the relationship between hypnosis and Cognitive-Behavioral Therapy and how conceptualizations of the mind and psychopathology have been juggled. Dr. Fine summarized major theories of clinical hypnosis which lead to a comparison of similar techniques and theoretical positions between cognitive-behavioral and hypno-therapeutic modalities. Dr. Fine highlighted that "all therapies for dissociative disorders are hypnotically informed therapies; therefore the Cognitive Behavioral model applied to dissociative disorders is by definition and in practice a Cognitive Behavioral Hypnotherapy."

Dr. Fine then provided a comprehensive summary of characteristics of dissociative disordered patients, the Stages of Dissociative Identity Disorder Treatment (Kluft, 1991) and the Tri-Phasic model of trauma treatment (Herman, 1992) as well as dissociated self states (parts).

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While straddling hypnosis and learning theory perspectives, she addressed treatment goals when working with patients with dissociative disorders (including the importance of de-hypnotizing/grounding), the role of fear, fear conditioning and avoidance learning in the establishment and maintenance of dissociative symptoms. Dr. Fine identified standard cognitive-behavioral interventions in the treatment of people with dissociative disorders and offered insights and precautions associated with implementing these interventions. She explained the fundamentals of the BASK model (Braun, 1988) and made specific recommendations about the use of this model in organizing how clinicians conceptualize dissociative disorders. She applied the BASK model to identified interventions including attending to mental structures/ego states and reconfigured ego states. In summary, Dr. Fine illustrated the "hypno-therapeutic interview" between dialogue and hypnotic intervention that is ever-present when working with people who have dissociative disorders. Attendees reported finding the conceptual foundation laid by Dr. Fine to be quite helpful and they appeared eager for more specific instruction in Cognitive-Behavioral Hypnotherapy techniques for working with dissociative disorders.

Stephanie G. Fine, M.Ed., Psy.D., BCB

ACADEMIC CALENDAR

2014

- | | |
|---|--|
| SUN SEP 14
10 AM - Noon | Hypnotic Inductions
Michele Lyons-Fadel, MSS, LCSW |
| SUN OCT 12
10 AM - Noon | Mirror, Mirror in the Brain: Storytelling and Hypnotic Suggestion in Psychotherapy; A Case Illustration
Stephen G. Glass, ED.M. |
| SAT-SUN
NOV 8-9
ALL DAY
WRKSHP | Integrative Applications of Hypnosis for Mind-Body Healing and Pain Management: Psychoneuroimmunology, Neurobiology and the Power of the Healer's Beliefs
Mark B. Weisberg, Ph.D., ABPP |

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DEC No Meeting

2015

JAN No Meeting

FEB No Meeting Scheduled Due to Unpredictable Weather

SUN MAR 7 TBA
10 AM - Noon

SAT APR 11 TBA
ALL DAY
WRKSHP

SUN MAY 17 TBA
10AM - 1:00PM

Sunday Meetings are held at Roxborough Memorial Hospital
GPSCH Training and Workshops are at Thomas Jefferson University

For additional information, please contact GPSCH Administrative Director
Suzanne Malik at gpsch@verizon.net or 610-527-3710.

FROM THE EDITOR - Stephen G. Glass, ED.M.

FOR YOUR CONSIDERATION

Request for Hypnosis

The following is a hypothetical email exchange between Alice, social service agency counseling center social worker and Joe, hospital based psychologist:

Hi Joe,

I hope you are doing well. Things are good for me. I just got back from vacation. How are you?

So, I'm wondering if you happen to practice hypnotherapy in a private practice setting. I see a client here at the agency who has some repressed memories from childhood/possible abuse and really wants to access them. She actually has brought up hypnotherapy to me, and I instantly thought of you. I think you both would also have a good clinical relationship. She is quite bright and has a great sense of humor. I feel like hypnotherapy might be able to do what I can't do. She and I have discussed it, and she would love to get connected to a hypnotherapist in the area to help her with this issue. Would you be able to see her, or would you know of someone who could?

Alice

Hi Alice,

Good to hear from you. Glad you are back in town. Things here at Memorial are fine. Life continues pretty much business as usual with me.

Yes, I do utilize hypnosis in my private practice. She sounds like an interesting and enjoyable patient. At this point, we should apply the brakes lest anyone embark on what some might consider a fool's errand. Let us say that I or someone else would proceed as your client has suggested and it was determined that she, in fact, was abused. Then what? She would still need to process the material within the context of sound psychotherapy and

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sound psychotherapeutic relationship (that would be you). Hypnosis in and of itself is not indicated for the presented request. I would not recommend it. Rather, I would suggest that she proceed with you, an already established relationship that I assume is trustworthy by her assessment. The material that she/you suggest exists will come about if/when she is ready/willing/able. Like the old Paul Masson wine TV commercial suggested, "We will sell no wine before its time." You would not want to have a rapid accessing of traumatic material, repressed or otherwise, via hypnosis or other means because it would outstrip the patient and therapist's ability to effectively deal with it; it would re-traumatize the patient; and it would damage the previous trustworthy therapeutic relationship. In working with trauma patients, "The slower I go, the faster I get there" (Kluft) is the name of the game. There is also the issue of historical truth versus narrative truth. Recalled memories are not replays of video tapes or DVDs. Memory consists of: events that, in fact, have occurred; things we think happened, but did not; fantasies, wishes and dreams; things that others say or may suggest happened but may not have; and/or the conflation of all of the above. The memories recovered via hypnosis may have more details and be quite vivid. However, memory for events uncovered in hypnotic trance is no more valid than events recalled outside of hypnosis. The vividness and greater abundance of details encountered in hypnosis do not increase the veracity of the recalled events, just the confidence that the recollections are accurate even though they may not be.

So, we are back to the beginning. Hypnosis would be a procedure utilized within the context of psychotherapy to facilitate and maintain the patient's emotional equilibrium/quiescence while approaching traumatic material, dealing with it frontally, processing it and laying foundation for proceeding with subsequent trauma work. It should not be used for a fishing expedition despite patients' pleadings. It is not so much "hypnotherapy might be able to do what I can't do" as much as it should not be done for the client's stated purpose. Actually, you are quite well equipped to proceed with the client as she might allow given the work that you have already done. You have the skills to "quiet" her and to teach her grounding techniques that you/she may employ should you decide to pursue abuse issues in the course

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of treatment with you. I would ask how her thinking that she had been abused affects her current functioning and the reason(s) that brought her to treatment in the first place. Whatever that was, she obviously is comfortable with you to introduce this topic for your consideration. She merely offered a different, specific means to achieve the stated objective (not uncommon among patients who believe that they may have been abused and have ideas about hypnosis). I would suggest that you would be successful by following her lead regarding the possibility, not certainty, of past abuse and having her consider how, as a supposition, it may be affecting her current functioning.

You are quite well qualified to treat her. Also, I believe that you would do well to consult your onsite supervisor for suggestions. Yes, I would be willing to see her for a consultation. But, I believe that you would be more successful if you were to inform her that you have consulted an experienced psychologist you know who is an Approved Consultant in Clinical Hypnosis certified by the American Society of Clinical Hypnosis and has training and experience working with trauma/abuse survivors. And based upon that consultation, we believe that she is quite bright and the two of you have a good therapeutic relationship. As well, given what she has disclosed so far, it would appear prudent to continue the counseling she currently has with you since I know you to have the knowledge, skills and Wise Mind to proceed with her in a way that will be safe, comfortable and effective.

Best wishes for smooth sailin'. Let me know how things go and if I can be of further assistance.

Joe.

What would you have done in the first place if you were Alice? If you were Joe, what would have been your response: the same; similar; or different?

- SGG

Errata - My sincere apology goes to **Michele Lyons-Fadel, LCSW** whose name was inadvertently omitted in the "From The President" section of the Spring-Summer 2014 issue. In the President's original copy, Michele's name

appeared in first position of soon to be elected officers supporting the new GPSCH President for the Board of Governors 2014-2016 term. Michele's name, degree and title were mistakenly not moved to the final draft for printing. The third sentence printed accurately:

She will be supported by an enthusiastic group including: Michele Lyons-Fadel, LCSW as Vice President and Program Chair; Jeff Celebre, Ph.D. as reelected Treasurer; Michael Silverman, Ph.D. as Secretary; Kayta Curzie Gajdos, Ph.D. as reelected Member at Large; and finally, Shyamli Godbole, M.D. as new Member at Large.

Stephen G. Glass, ED.M.
Editor, GPSCH HypNews

