With great appreciation

HOW SKILLFUL ASSESSMENT INFORMS ERICKSONIAN HYPNOTHERAPY

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Disclaimer:
"Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your professional standards."

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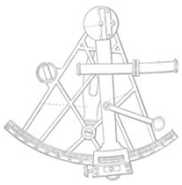
PURPOSE OF ASSESSMENT

- Identify needs
  - Individualize treatment approach
  - Insight into needs the client does not yet recognize
- Predict behavior
  - Spot opportunities for progress
  - Discern client limitations
- Strengthen therapeutic alliance
  - Communicate understanding
  - Work collaboratively as a team



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FAILURE TO ACCURATELY ASSESS

- When you don't know the client's needs, your words and actions lack relevancy
- If you can not predict behavior, then you do not know where you should be headed
- If the alliance is lacking, then your efforts are disregarded

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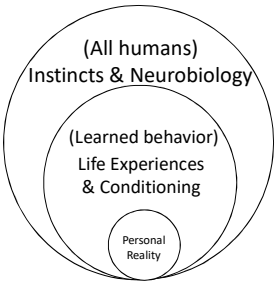
START BROAD/OBJECTIVE GO TO SPECIFIC/SUBJECTIVE DESCENDING SCALE

Therapists who work with the greatest precision start with universal experiences, refine the profile based on impactful life events, and then consider unique, subjective interpretations.
Ericksonian assessment is not meant to arrive at pre-baked solutions to problems. It is the client who develops the solution, you simply need to know how to set, and navigate, a therapeutic course.



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BASE RATE KNOWLEDGE: Any creature in this circumstance would…

Step 1

- What is the most probable behavior based on a knowledge of social psychology, emotional states, and biological psychology?
- Resist assumptions based on superficial details or self-descriptors.
- *"What does a curious animal do?"*

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What does a secure, fully relaxed animal do?

Go into trance.

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PATTERNED BEHAVIOR: Given _X_ & _Y_, then _Z_ tends to occur

Step 2

- What responses can be predicted based on behavioral habits or patterns?
- Some patterns can be seen in fractal micro-expressions.
- Some patterns emerge from personal narratives.

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EMERGENT SELF-KNOWLEDGE: Thoughts laden with emotion

Step 3

- We avoid knowledge of ourselves when it produces negative emotions (i.e., fear, anger, anxiety, guilt, embarrassment, shame, disgust)
- We also hide knowledge of others from ourselves (e.g., the man who refuses to see his wife's affair).
- Strong desire has the opposite effect—we see things that are not there, even when we know it can't be true (how con jobs work)

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LIMITATIONS OF THE RESEARCH AND POTENTIAL RISKS

- Anytime a practitioner uses academic research-based knowledge, transference interpretations (Ogrodniczuk, et al., 1999), or observation of patterned behavior to conceptualize a client's personality profile, there is a risk of offending or alienating the client by insisting on the accuracy of this actuarial knowledge above and beyond the client's established self-concept. Premature disruptions to core self-concepts can increase the probability of negative treatment outcomes. For this reason, therapeutic assessment never seeks to demolish subjective truths using objective evidence or theory.
- Emergent self-knowledge has a line of research that stretches all the way back to the very beginnings of psychotherapy, when Hippolyte Bernheim began to work with memory recovery and used the term *'psychotherapy'* in the title of a 1891 book that described the use of suggestive therapeutics to access deeper levels of self-knowledge. Peirre Janet also famously experimented with accessing repressed memories or buried emotions and debilitating self-attitudes. Later, Freud would popularize this form of therapeutic assessment within the context of psychoanalysis.

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LIMITATIONS OF THE RESEARCH AND POTENTIAL RISKS

- However, modern research suggests that expressive-experiential therapies can lead to the exacerbation of painful emotions (Lilienfeld, 2007), if proper safeguards are not in place, while recovered-memory techniques run the risk of producing false memories of trauma (Lynn et al., 2003). Data from *recovered-memory legal claims* reveals that suicidal ideation increased nearly seven-fold and that psychiatric hospitalizations increased over five-fold over the course of therapy (Dineen, 2001). For these reasons, steps must be taken to mitigate each of these risks (see slide #34).

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ACQUIRING BASE RATE KNOWLEDGE

1. Study

- Erickson studied farm animals
- Erickson studied statistics for certain populations (e.g., certain criminals)
- Erickson studied the social history for patients before meeting them or learning of the problem behavior
- Therapists who work with highly specialized populations get better outcomes (know probable behavior)
- Social psychology is essentially the study of human instinct

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RECOGNIZING PATTERNED BEHAVIOR

2. Observe

- Any action, thought, emotion that has been conditioned to occur without conscious intent
- Request a description of the problem behavior in at least 3 different settings
- Test patterns that seem to be occurring in the office (3x)
- What happens just before a problem occurs and right after?

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UNCOVERING EMERGENT SELF-KNOWLEDGE

3. Ask speculative questions

- *"What would someone need to know about you to do really good therapy?"*
- *"What is the probability that you will do _X_ or _Y_?" (0-100%)*
- *"If I were to talk to someone who really knows you, what would she say?"*
- *"What is that little voice, in the back of your head, telling you?"*
- *"Is there anything that you might be holding back from telling me?"*

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POLICE PROFILING

- **What are his needs?**
- 1940-1956 the "Mad Bomber" detonates 31 bombs across New York City—the police have no leads
- Psychoanalytic psychiatrist (James A. Brussel) is asked to build a profile (read his letters, saw crime scenes):
  - Patriotic, foreign-born male of eastern European descent who is Roman Catholic, well-educated but without a college degree
  - middle-aged, unmarried, but perhaps living with a sibling in Connecticut
  - clean-shaven, neatly dressed, neither fat nor skinny
  - a skilled mechanic who was well-behaved, courteous and friendly but lost his job
  - while having an obsessional love for his mother, he would harbor a lasting hatred for his father

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POLICE PROFILING (the clues)

- needed to have experience as a mechanic in order to make the metal components in the bombs, vindictive tone suggests he felt unfairly treated by his former employer
- hiatus during the war suggested strong patriotism
- this type of crime (i.e., planting bombs) was most often committed by males
- his behavior fit the type of paranoia that tends to peak around age 35 (+ 16 years = mid 50s)
- institutionalized paranoids tend to be neither fat nor skinny
- wrote using block letters except for rounded "W's," which resembled breasts, his slashing and stuffing of theater seats suggested pent-up sexual urges
- the obsessional love for his mother would interfere with courtship, likely to be living with an older female relative who reminded him of his mother

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POLICE PROFILING (the clues)

- as a severe paranoid, he would be a loner with no friends
- Slavic terrorists were known to favor the use of bombs. Being of Slavic extractions, he would most probably be Catholic
- Connecticut had a high concentration of residents of Slavic descent, the bomber's letters were posted midway between Connecticut and New York City (mailed on his way to work)
- the formal tone and old-fashioned phrasing of the letters sounded as if they had been written in a foreign language and translated to English
- Dr. Brussel told police that, upon the offender's discovery, *"chances are he will be wearing a double-breasted suit. Buttoned."*

George Metesky, son of Lithuanian immigrants, unmarried, mild-mannered, courteous, average size, Connecticut resident, living with two older sisters, a former mechanic, had attended high school but had not graduated, 53 years old with no real friends of either sex, was a disgruntled employee, upon seeing the police, Metesky immediately confessed to planting the bombs, was still wearing his pajamas, but when police told him to get dressed he went to his bedroom and returned wearing a double-breasted suit, fully buttoned.

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CLINICAL PROFILING

What is needed?

- 19-year-old male, freshman in college, self-referral
- D: "What do you want from therapy?"
  - "I don't know. I can't really say what is wrong with me."
- D: "Are you happy with your grades?"
  - "Yes"
- D: "Have you ever had a girlfriend?"
  - "No"
- D: "Are you afraid that something is wrong with you because you've never kissed a girl?"
  - "Yes"
- D: "Would you like me to tell you how to kiss a girl for the first time?"
  - "Yes, please."

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CLINICAL PATTERN RECOGNITION

What is needed?

- Female 31, son age 12, works full-time, her new boyfriend has no job, she requests couples counseling
- D: "What do you both want from therapy?"
  - Male: 8 minutes of blaming her for his misery
- D: "Will you please step outside?" (to male)
  - Female: "I don't know if I will ever be able to make him happy"
- D: "I'm not going to do couples counseling with you. When he comes in, I will explain that it was my idea not to do counseling. You need to leave this relationship. If you stay, he will destroy you and your son."
- D: "I don't think couples counseling will do any good for your problem. I will not charge you for the last 15 min."

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COLD READING DURING CIA INTERROGATION

What is hidden?

- The subject is a young male, he has been interviewed for 4 hours, given 6 hours of psychological testing including a polygraph. Everything is passed with perfectly normal scores. There is no history of arrest or any trouble. Throughout it all, he is confident and cheerful.
- The interviewer sees that he had a motorcycle license but no mention was made of owning a bike. He takes the interviewee into a dark room, shines a light on his face, tells him that they know all about the motorcycle and that the time has come for him to be honest.
- He becomes hysterical, confesses to a double life and a history of criminal activity.

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COLD READ DURING FAMILY THERAPY

What is hidden?

- The mother is distraught because her 19-year-old son nearly jumped from a bridge in NY. He has a long history of severe medical symptoms, which remain undiagnosed. He stares at the ground as his mother describes his suffering.
- Dan: *"I have been watching you and noticed that you are not saying everything you are thinking. Did you know that you have an unconscious mind, and that it can tell me things without you knowing so?"*
- Boy: *"Can I speak with you in private?"* (Mother is sent away) *"So you know that I have been lying?"* Dan, *"Yes, I do."*
- Boy: *"I just can't take it anymore. My parents have spent half their retirement on medical testing for fake symptoms. I just wanted to stay home one day from school. I didn't know what it would turn into and now I don't know how to get out. Will you please help me!"*

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UNSTRUCTURED INTERVIEW STYLE

- The client often does not know how much to share
  - *"Please tell me the parts of your life that you think are relevant to the problem."*
- Stories convey emotion and therefore help to create a context of understanding.
  - Almost always, you should inquire about how the problem started and what else was happening at that time.
- Stay current: *"Has anything important or unusual happened since our last visit?"*

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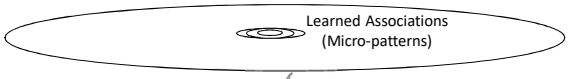
Assessment on a Descending Scale

High probability (Profiling)



Emotionally laden (Emergent self-knowledge) 

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MITIGATING THE RISK OF PSYCHOTHERAPEUTIC METHODOLOGIES

It should be noted that approximately 10% of the treatment population report mental deterioration following participation in psychotherapy (Boisvert & Faust, 2003). This problem can be addressed by adhering to the following principles:

- Use a formal, written survey at the end of each session to assess therapy effects and the status of the therapeutic alliance (Miller, et al., 2005) or (SAS-B, available at www.iamdrshort.com/sas.htm).
- Never force knowledge, theories, ideas, or memories onto the client. Give a privileged status to the client's own self-knowledge and estimation of what he/she is ready to discuss or explore.
- Provide a context in which the client can inform you of his/her psychological limitations and then respect those boundaries (e.g., treatment contract).
- If there are painful memories that the client wishes to modify, make certain to obtain informed consent, seek to modify emotional reactions or problematic images associated with the event, while leaving the factual nature of the storyline intact. Never suggest the existence of a negative event that the client has not already identified as factual.
- Avoid any technique or procedure in which the client might feel trapped, threatened, verbally condemned, belittled, violated, emotionally injured, controlled, shamed or humiliated. The use of therapeutic directives, ordeals or psychological shock can result in mental deterioration or death if it violates any of these principles.

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