Tailoring

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SPEAKERS
Roxanna Erickson-Klein, Dan Short

Dan Short 00:34
Roxy, thank you for coming to share your time with us here and to help us learn more about this idea of tailoring, what it is. As someone who's wanting to develop this skill, what kind of things they need to pick up and I know with the teaching you've done with the years of therapy you've done, not to mention living in the home with Milton Erickson as his daughter. There's quite a bit you can share with us.

Roxanna Erickson-Klein 00:58
Well, thanks. It's a pleasure. I'm always willing to share my ideas.

**Dan Short 01:05**
Yes. Okay. So in the to get started with this in the most basic terms, what is tailoring?

**Roxanna Erickson-Klein 01:12**
Tailoring is the way that the interrupt modifies their behavior is in order to make a closer connection with a client.

**Dan Short 01:23**
Okay. Okay. And so this means in modifying our behavior, does this mean in modifying your techniques and modifying... What all are we modifying?

**Roxanna Erickson-Klein 01:32**
Well, basically, the therapist comes in with ideas and thoughts about how to conduct therapy, and the patient comes in with hopes and expectations and needs. And so there is that initial connection. And in the initial interview, there has to be some sort of clarity about whether the skill set of the therapist and the way of doing therapy really is going to meet the client's needs. So, so in the initial interview, there is discussion about the expectation about the hopes, about the way that the therapist does therapy, that begins to express itself in ways that will then guide the progress of therapy as it unrolls. Since there isn't a really clear code framework for Ericksonian therapy, there is a lot of variations about how much cognitive of the inside can be expected, how much review of the patient's problem, how much emphasis on various aspects of it. All of this needs to be looked at, in the context of the patient's expectations. So, they, so as that is discussed and negotiated and understood, what tends to come out is a lot of elements that are, that kind of show the
therapist things about the client's belief system and their expectation. And then it's a matter of using those ideas that the client brings to the office and to use them in a productive positive way.

**Dan Short** 03:47
Okay, and like Jeff had mentioned before, these things, some of these competencies are overlap or kind of dovetail into one another. And so if we want to be good at utilization, we need to be ready to tailor the therapy experience to the needs of the client?

**Roxanna Erickson-Klein** 04:04
Absolutely. And so when you're seeking to better understand the client's needs, I start out with inviting the client to describe their problem in their own words, as much time as it takes, and their own hopes and their expectations, whether it's realistic or not realistic. I wanna hear their story from their point of view, and I want to really listen to what they're expressing. As they express that the therapist is going to begin to hear information about the client's perception of the world. And some of the presumptions are, you know, very overt, their belief systems, etcetera. And sometimes it's very small information there, whether they're referring to visual images, whether they're more kinesthetic or whether they're a sensory oriented, whether they catastrophize, so what their hopes and expectations are, and whether they don't like to talk or do like to talk. And so all of this information that is passed along kind of indirectly, through the behavior of the client is then offered information so that the therapist can then begin to tailor their way of communicating with the client.

**Dan Short** 05:52
Now this sounds like the exact opposite of what we think of when we think of classical or traditional hypnosis because when I'm thinking of traditional hypnosis, I'm going to have an induction method that should work with you, I'm going to do my induction method, when you're in a trance and kind of open to suggestion, I will, it's communications a one way street, and I'm seeking to influence you. And so everything's gonna be traveling this way toward the subject to have whatever outcome occur that we need to remove the warts or whatever it is decrease the pain. What I hear you saying in this approach, the influence is more like a two way street. And there's ways that the clients, you're allowing yourself to be influenced and highly responsive to some things the clients saying and doing.

**Roxanna Erickson-Klein 06:39**

So early in therapy. One is gathering information, what ways of expressing stuff is meaningful to the client, what did they value? What are they looking for? What are their expectations? And in the same time, in addition to other than that information, the therapist is also assessing whatever problem that client brings in and what might be the therapeutic suggestions. Because truthfully, people come into therapy many times because they don't know what to do. And they want to be told what to do. So so it's kind of a balance of finding a way to offer suggestions. But to offer them in a way that the client can really hear those suggestions and really let them soak in a meaningful way.

**Dan Short 07:37**

In a meaningful way. And this is like, even if you are telling the person what to do, or being a little more directive, you've done so in response to what the clients communicated to you, versus maybe say someone who's trained in a
strict way to be non directive. They wouldn't go there. They wouldn't make that adjustment and give the client specific concrete things to do.

**Roxanna Erickson-Klein 07:59**
Exactly. Exactly. So you have to have balance of permissive and directive suggestions that the therapist can make. And most of the time my default is permissive. I don't know when, I don't know if, I don't how, those are permissive suggestions. And most the time, that's kind of the base where I start. On the other hand, sometimes clients come in and they want to be told you will stop smoking cigarettes or you will lose your craving for alcohol or you will not have this other undesirable behavior, and they really are seeking an authoritative directive...

**Dan Short 08:50**
and they want you to use harsh terminology...

**Roxanna Erickson-Klein 08:55**
Right, sometimes even really negative suggestions. So, so part of tailoring is listening for what the subject is hoping for, expecting. What the subject believes is going to most to help them and then to involve that in the suggestions that are offered. And it's not only the therapeutic suggestions, it's also the context of hypnosis. When the client comes in, sometimes they're asking, they're saying, you know, I need hypnosis for, you know, whatever it is that they realized that they needed for. And so part of working with the client is educating them about what... you have to know that this may or may not be useful for what and how it's going to look, what it's going to look like. So part of it is actually some negotiation about the therapist's therapeutic style, and, and bringing that kind of the first session, bringing all of that on the table.
So if a client asked you to do something, it's impossible I want to lose 100 pounds in one week or if they ask you to do something that's unethical or something like that night, you're gonna you're gonna negotiate?

Well, it's not only good things that are so overtly. Some clients come in, they want a past life regression. You know, that's what they're requesting. They're very clear about it. I don't do that. And, so, there has to be the initial negotiation for what is or is not available in this therapeutic encounter.

But even with the negotiations still, there's a two lane two way street of influence. We are willing to be influenced by the client and by their needs.

Well, you, certainly there has to be an understanding of whether whether we're a match. And you know, it may be that this therapeutic relationship isn't the optimal one for this particular client. And so, so in the process of gathering the information about what the expectations, what the hopes are, concurrently gathering, the way they express therselves, the way their posture, their hopes, what they're willing to express, what the... all those details of information, that becomes useful if the therapeutic alliance is formed. And if the agreement to work therapeutically, together goes forward. By the time that agreement is cemented you have all of these kind of details of information. This is how the client expresses themselves, what they're expecting, this is what they're wanting. This is what their hopes are. And you've got that gives you a lot of good material to work with. So if you go from there into just therapeutic suggestions or if you go from there into a hypnotic work together, you've got
some working materials a starting place. Now, as you continue to work, you need to do some additional tailoring, you're going, you don't know everything you're going to observe how the client responds to the suggestions that are made, you're going to observe, the therapist is going to observe to the best of their ability, and notice what responses the client is giving. And then use those responses to shape where they're going from there.

Dan Short 13:01
This you, you caused me to think of something interesting, an exercise I do with therapists and they think they're going to hate it. And they think it's going to be impossible, because what I'm asking to do is some some hypnosis with each other, but they only have 60 seconds. And then I call time. And they've got to get feedback from the other person and find out is there something I, was talking too fast? Or was I... do you need me to be more directive or whatever, get feedback, you have, like 15 or 20 seconds. And then we pick back up with the hypnosis, you have 20 - 60 more seconds, and then you come back out of it, get more feedback, 15 or 10 seconds, and then we'll do the last 60 seconds. And people think it's going to be impossible with the interruptions and whatnot to make something happen. And they're always shocked, shocked and amazed by the experience that occurs, and by the fact that it's not a problem to go right back in, right. And you can just literally ask the person do you need me to do this differently? Like, is this working for you?

Roxanna Erickson-Klein 13:58
and it sounds like, sounds like a lot of fun. It's not the only way. There is. I mean, some people do really well with their with interactive trance. And interactive trance can, you know can give ongoing feedback.

Dan Short 14:16
Either with your finger signals,

**Roxanna Erickson-Klein** 14:19
Either fingers signals nodding, or verbal conversation. Some of my colleagues do have a lot of the interactive trance work.

**Dan Short** 14:30
Then you're not having to guess. Then you...

**Roxanna Erickson-Klein** 14:32
Well, it but it's a matter of style. I don't do interactive trance. And so I, you know, it's not my style. So it's a matter of the therapists knowing what their own style, knowing what their strengths are, working from their strengths to elicit the best responses from the client.

**Dan Short** 14:52
And of course, we're not just talking about hypnosis here. We're talking about therapies in whole and I imagine you do quite a bit of soliciting feedback from your clients, so that you know how to tailor...

**Roxanna Erickson-Klein** 15:02
In therapy. Yes, yes. Yeah, I don't go for the verbal feedback in any hypnosis, and partly, or mostly, or even entirely, because I believe that change takes place in the unconscious mind. And that belief of the unconscious being the the pivotal point of change. It's it's kind of a spectrum and I am very deep in the one never needs to know what their problem is. Never, may never have that aha moment. May never even believe that they had the problem to begin with. But change can take place unconsciously. So I'm, I'm aware of what my perspective is and so the, so for that reason, in my viewpoint, by the time you
bring it up to verbal feedback, you're you're pulling in some degree of conscious awareness. Some degree, not... That is one of those areas of debate. Yes. Now there's several people arguing that there are some value in speaking to... Oh there is a lot of people who really believed that and that's a very, very valid argument. It's not my style.

Dan Short 16:37
Okay, gotcha. So, one of the beautiful things about ericksonian therapy is that people are invited to, are able to work from their style from their skill sets, from what they do well.

Roxanna Erickson-Klein 16:47
Exactly, exactly.

Dan Short 16:49
Freedom for the therapists, freedom for the client. If I could, if I say it rightly, there's a sort of like a slogan. That's a, you'll hear a lot of ericksonian therapists say the index speaks this idea of tailoring therapy and they'll say, well, Milton Erickson would invent a new therapy technique for each client he saw and I don't know if it was Christie that said that first or if it's... No he did. He had said that.

Roxanna Erickson-Klein 17:18
Yeah, he he was fairly adamant that the therapeutic or theoretical framework, models, just put limits on the therapy for one to give their clients. And so he, he, he stated, I invent a new, a new therapy for every client that I work with. He called them patients for every patient that I work with. And so he so really, he really rejected the notion that there was any framework that could go across the broad spectrum but the, you know, from a pragmatic point of view
and from trying to learn to glean the strengths of his work, having this loose framework with basic tenants of basic principles is really, really helpful.

**Dan Short** 18:17
What I was gonna say, as we were discussing this is that your father was a creative genius, and especially when it came to conducting psychotherapy. So how do the rest of us create a new technique for every client we see? How do we...

**Roxanna Erickson-Klein** 18:33
Well we do it through through tailoring. He'd say, you know, you're listening to this specific client, their specific needs, their specific expectations, hopes, dreams, aspirations, whatever it is that they're bringing to the office and working specifically with what's going on with that. Client right now.

**Dan Short** 19:02
Okay, so you shift your focus of attention away from the textbook or away from the training course that you were at, on to the person in front of you as an individual.

**Roxanna Erickson-Klein** 19:11
As an individual with unique needs, with unique skills, with unique talents and tailor what you're doing, how you're interacting with them, what you're saying, what you're, how you're reaching out how you're communicating, you're adjusting in an ongoing way as that client changes over time as well. That's the other thing they come in, you know, at the beginning of therapy and you're working with them in one way and over time, you know, the those need change. Now, one example I will give about that is there was one severely alcoholic young woman that I worked with over a period of years. It took her
a couple of years to get sober. And by the time she was fully sober she had had a really tragic life circumstance. But she had lost her family, lost all her material goods, lost her looks, lost her teeth, lost her sense of well being, just lost everything, you know, that that gave her identity. But as I continued to work with her, she, you know, we we had different stages initially the focus of attention was getting her sober, you know, that was all the intention was working on that. And then over time, it reached a point where, you know, giving her support to get appropriate clothing so that she could walk onto the street and not feel shunned by everyone around her was was quite important. And as we've reached that point, I started seeing her in public settings. I want to meet you at... there was an ice cream parlor. And

**Dan Short** 21:16
So instead of in the office, you met her at the ice cream parlor.

**Roxanna Erickson-Klein** 21:19
I wanted to be seen with her in public. I wanted her to be seen in public and to notice what it was to have people around her who were accepting her like a normal person.

**Dan Short** 21:34
You made that possible by being there because you helped with security with...

**Roxanna Erickson-Klein** 21:38
Well, yeah, she couldn't. She wasn't ready to do it without the support of, of someone like me. But, so that was a step and she didn't quite feel ready for it. But, you know, you know that that's the therapeutic coming together where I'm assessing, well this is what your needs are, you need to develop social
skills. Even though you may not feel like you're ready. This is, it's time to take this step.

**Dan Short** 22:12
Something you negotiated with her?

**Roxanna Erickson-Klein** 22:14
Oh, absolutely. Absolutely. And part of that was done through, you know, she trusted me. And she wanted to continue therapy. And I was shifted from being permissive and accepting, whereas the initial rules were gotta get you sober, you know, and then I shifted over to it's time to develop some social skills.

**Dan Short** 22:41
So I know there's other other approaches, you know, we hear about like protraska stages where you know, this phase in the therapy, you're going to be this way. In this phase, you're gonna be this way, in your phase you can be... But with those, that's not necessarily tailoring because that's something that's applied to everybody. Or I know in the in the interpersonal approach to psychotherapy, the the idea is that the person is going to come in more dependent with less of ego development. And then as therapy goes, the therapist backs off and becomes less directive, more non-directive because the client now had, can kind of take over things and function more autonomously. But that's also not tailoring because that's what you're doing with every client. What you're describing is, this is something done with this one person because this is what this person needed.

**Roxanna Erickson-Klein** 23:30
Right. The individuality, the uniqueness of therapy, you know, for I could see that she needed that little extra push to get on to the next stage of
development. And so I modified the way I was working with her. Now typically, when one's talking about tailoring. They're typically talking about things like the client's expressive style and whether they talk about the big picture or whether they're talking about details, whether they just spit it out or whether they're really detailed and laborious in the way they're describing something...

**Dan Short** 24:13
or NLP they'll have the kinesthetic versus...

**Roxanna Erickson-Klein** 24:15
Yeah, absolutely. Yeah visual auditory kinesthetic, whether you use your senses but it but it's the it's really quite detailed. And NLP is quite good at looking at those elements that go into tailoring, it gives a very actually very helpful framework for noticing what the client... how they're accessing the world, how they're conducting themselves in the world. But it's taking those things in addition to their expectations. Do they have expectations no matter what they do, life is just gonna be the same. Or they have expectations that if they work really, really hard, they... things will get better. Or are the expectations are you gonna wave a magic wand and do the work for them? So all of those elements are part of the tailoring picture. The all of those elements make the therapy for one particular person, very, very different than it is for the next client that's coming in the door.

**Dan Short** 25:34
And that captures the essence of it.

**Roxanna Erickson-Klein** 25:36
Right.
Okay. Is there anything for people who are new to this idea or trying to develop the skill? Is there anything that you would warn us about or we need to be careful about when tailoring therapy to do it well?

Well, the thing that I consider to be most important is to know as a therapist to know your own strengths and weakness. To know what you feel is important and to be true to yourself. And, so if somebody comes in and their expectation is they want to do a past life regression, to to feel okay about saying, you know, we may not be a match and but then when you're working, you know, if you're trying to adjust to meet the needs of the client, you're you know, you've overextended in a way that may not be appropriate either for you or the client. But the, from my perspective, the most, the most important thing is not to get lost in the details. Did you lose sight of what the client is really asking for, what they're really hoping for? And so, when somebody comes into my office, as I said, I spend a whole lot of time with this initial interview, what are their hopes? What are their expectations? And all of those other details? Are they visual, are they kinesthetic, you know, do they use their senses? Are they, do they catastrophize? Do they use a lot of words? Are they comfortable with periods of silence? All of those details are kind of secondary. To me the most important thing is what are their hopes and where is that coming from? Is it is coming from a belief that that it can happen and do you know, are they ready? Do they have hope? So keeping kind of aligned with where, what is this client really need from my, you know, expertise? Do they need a little bit of hope to get them through the day? Do they need hope that you know that there is a better future awaiting them? Or, you know, or or is it something else?
Dan Short 28:16
And we're not getting cognitive overload when we think this way, I'm not having to pay attention to 300 variables that I memorized that I need to individualize around. What does this person hoping for? And I can ask myself this question with a conscious mind, but I don't even have to necessarily, for sure, completely answer it by the conscious mind. Because I will be able to get a feel...

Roxanna Erickson-Klein 28:36
Soaking it, soaking it in unconsciously. And so, my style, and again, I come back to that because I think it's really fundamental. My style, is to invite the client and tell me his story beginning to end whether it makes sense or doesn't make sense, their truth as they choose to express it. I want to hear the whole story beginning to end. And as they tell their story, I'm soaking it in, and I'm going into my own naturalistic trance, I'm not fretting and worrying and checking boxes about whether they're visual or auditory. I'm just taking it in my own naturalistic way, and trusting that I'm gathering enough information so that if we move into a formally hypnotic trance, that something will guide me to meet up with this client in a therapeutic way.

Dan Short 29:42
What I hear you saying is it's not enough to know a person symptoms. You need to know the person's life story, or at least some significant pieces of their life to know them as an individual.

Roxanna Erickson-Klein 29:53
And not necessarily. I've actually had clients that have come in... Here's another example of tailoring. Client comes in and he says, I've been in therapy
for a long time. I've seen a lot of therapists, none have been able to help me. Yes, but I believe that hypnosis can help me.

**Dan Short** 30:16
That's his hope. Okay.

**Roxanna Erickson-Klein** 30:17
So I want you to use hypnosis on me but I don't want to tell you what my problem. Okay. I agreed and you know, I had enough communication with this fellow. I agreed. Okay. I'm willing to work with you. Obviously couldn't give him any guarantees. I hope that he would have enough trust in me later point in time to share, you know, whether it was successful.

**Dan Short** 30:50
Choose a lot of open ended suggestions.

**Roxanna Erickson-Klein** 30:52
Well it'd have to be open. I didn't even know what we were working. I didn't know what we were working with. And the only thing thing that I was able to gather was that, was that he, you know, he had some regrets about his childhood and that his grandmother had been a strong figure. And so he felt that by listening to me, in a hypnotic state, he could re-access his grandmother, and get things kind of sorted out in their own way. And I thought, okay, I can work with that.

**Dan Short** 31:25
Tailor the therapy to his needs.

**Roxanna Erickson-Klein** 31:28
Right. So I worked with him and after a few sessions, he was willing to tell me what his problem was about. Never wanted to talk about the details of it or how it fully expressed himself, but, he still comes in to see me about once every two or three months. He says he needs a tune up. And so when he comes in, you know, I say, is there anything I need to know or do you know anything you'd like to tell me. And most of the time, he gives me little snippets of his life. He changed careers, he moved, he changed relationships. He's in a job that he is much more satisfied with. He made a lot of changes, and he credits it all to me, even though I truthfully didn't make any suggestions in any of those directions.

**Dan Short  32:28**

And my guess is if you hadn't been willing to tailor the therapy, it wouldn't have worked. This wouldn't have... fighting with this person's needs, you would have gotten nowhere. He wouldn't have come back.

**Roxanna Erickson-Klein  32:37**

He'd been to multiple therapists, and they... Apparently he wasn't getting what he needed. But now he feels like because I'm, because I'm willing to adjust and work with what he perceived as his needs that and I started you know. I started out with just basic relaxation, open ended ego strengthening, you know, that was, that was all I had to work with, to start with. And, you know, as he began to, you know, express, you know little snippets of his changing career, well then I could add on a few things about his newfound changes.

**Dan Short  33:23**

Roxy, in a very short period of time you've given us a lot of information on tailoring. A lot to think about, some very practical examples. Thank you very much for doing this.
Roxanna Erickson-Klein 33:32
My pleasure.