

# HYPNOTHERAPY TODAY

ASSOCIATION FOR SOLUTION FOCUSED HYPNOTHERAPY

Edition 33, Spring 2021

## *Injecting hope* *Helping those with* *needle phobia*

*Also in this issue:*  
Back to the future  
Hope...online  
The RAS

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Association for  
SOLUTION FOCUSED HYPNOTHERAPY

# SUPERVISORS' DIRECTORY

ST: Supervision type (e.g. Skype, One to One, Group supervision).

For the latest list of Supervisors, please refer to the AfSFH website.



## Tiffany Armitage

Location: Ivybridge, Devon  
M: 07396 209103  
E: tiff@tiffanyarmitage.co.uk  
W: www.tiffanyarmitage.co.uk/therapists-area  
ST: Group, One to One, Online



## Sharon Dyke

Location: Taunton  
M: 07766250113  
E: sdhypnotherapy@yahoo.co.uk  
W: www.sdykehypnotherapy.co.uk  
ST: Group, One to One, Skype



## Alina Bialek

Location: London  
M: 07725 521804  
E: info@alinabialek.co.uk  
W: www.alinabialek.co.uk  
ST: Group, One to One, Skype, Phone



## Trevor Eddolls

Location: Chippenham  
T: 01249 443256  
E: trevor@ihypno.biz  
W: ihypno.biz  
ST: Zoom, Phone, Email, One to one



## Alex Bronger

Location: Stroud, Gloucestershire  
Mobile: 07917415926  
Email: alex@bronger.co.uk  
Website: www.abhypnotherapy.co.uk  
ST: Group, One to One, Skype, Phone



## Catherine Eland

Location: Southport / Chorley / Leeds  
M: 07825047849  
E: Catherine.eland@birkdale-hypnotherapy.co.uk  
W: www.birkdale-hypnotherapy.co.uk  
ST: Group, One to One, E-mail, Skype, Phone



## Cathy Cartwright

Location: Rochdale  
M: 07716 145 122  
E: cathy@freshthinkinghypnotherapy.co.uk  
W: www.freshthinkinghypnotherapy.co.uk  
ST: Phone, One-to-One, Skype and occasional group sessions.



## Jane Fox

Location: Stockport, Manchester, Cheshire  
M: 07870 882234  
E: janefox2012@sky.com  
W: janefoxhypnotherapy.co.uk  
ST: Group, One to One, Skype, Phone, Email



## Sandra Churchill

Location: Trowbridge  
M: 07515441825  
E: sandrachurchill@virginmedia.com  
W: www.churchillhypnotherapy.co.uk  
ST: Group, One to One, E-mail, Phone, Skype



## Veronika Geeson

Location: Sevenoaks, Kent  
M: 07825761873  
E: info@lovetofeelgood.co.uk  
W: www.lovetofeelgood.co.uk  
ST: Group, One to One, Skype, Phone, Email



## Debbie Daltrey

Location: Manchester & Cheshire  
M: 07724 855395  
E: hello@greatmindsclinic.co.uk  
W: www.greatmindsclinic.co.uk  
ST: One to one, Skype, Phone



## Rachel Gillibrand

Location: North Somerset  
M: 07905 527719  
E: rachel@seaviewtherapies.com  
W: www.seaviewtherapies.com  
ST: phone, skype/zoom, group, one to one



## Karen Dunnet

Location: Skipton, North Yorkshire  
M: 07850 732761  
E: karen@kdhypnotherapyskipton.co.uk  
W: www.kdhypnotherapyskipton.co.uk  
ST: Group, one-to-one, Zoom



## Lucy Gilroy

Location: Wantage, Oxfordshire  
M: 07811 071342  
E: lucy@thechildreypractice.co.uk  
W: www.thechildreypractice.co.uk  
ST: Group, One to One, phone, Skype



## Jennifer Dunseath

Location: Belfast  
M: 07775 871119  
E: info@solutionhypnotherapyNI.co.uk  
W: www.solutionhypnotherapyNI.co.uk  
ST: Phone, Zoom, Group, One to One



## Nicola Griffiths

Location: Portugal  
M: 0773 855 5172  
E: info@nicolagriffithshypnotherapy.co.uk  
W: www.nicolagriffiths.co.uk  
ST: Skype (Group & 1-1)



## Kim Dyke

Location: Trowbridge  
M: 07825957013  
E: kimdykehypnotherapy@hotmail.co.uk  
W: www.kimdykehypnotherapy.co.uk  
ST: Group, One to One, Phone, Skype



## Paul Hancocks

Location: Hampshire  
M: 07534571362  
E: info@hancockshypnotherapy.co.uk  
W: www.hancockshypnotherapy.co.uk  
ST: Phone, One to One, Group, Zoom

# Contents

## 02 Supervisors' Directory

## 04 Super support!

– We get to know some of our AfSFH Supervisors.

## 06 Back to future

– Helping people adjust to life after lockdown.

## 09 SFH around the globe

– Nicola Taylor looks at working with clients abroad.

## 10 The RAS...and purple shoes

– Heidi Hardy explores how we focus our attention.

## 12 Brainbox: Injecting hope

– Trevor Eddolls looks at how we can help those with needle phobia.

## 16 Spreading hope in an online world

– Andrew Major considers how we can extend our online presence.

## 18 All about you

– Exploring the latest AfSFH information.

## 19 Supervisors' Directory

## 20 The Executive Committee

## A Message from the Editor...

Welcome to the Spring edition of Hypnotherapy Today. At the time of writing, it has been just over a year since the first national lockdown in the UK, and I'm sure many of us will be reflecting on the impact of Covid-19, both in the UK and around the world. The roll out of vaccines has been a gargantuan effort, and when I had my jab earlier this year, I was struck by how excited and even overjoyed people were to be receiving it. However, for some people, the prospect of having an injection is a source of panic, and so in this edition we explore how Solution Focused Hypnotherapy can be well placed to help people overcome their fears and take up this potentially life-saving vaccine.

As I sit here typing, I can see some beautiful spring flowers in bloom and plenty of green buds making an appearance. As is fitting for spring, this edition also focuses on change and growth. An important part of change is learning how to shift our attention – focusing more on what we do want. As such, we feature an article on noticing positives – helping our clients to shift their attention to facilitate positive change. We also reflect on the potential changes after lockdown, and how we can help people cope with the uncertainties that may still lie ahead.

There are also changes afoot within the association. I am delighted to feature details about our new website development. This major project will be of fantastic benefit to our members, but also enhance our wider public presence as we continue to drive the AfSFH forward. We will be

making further announcements about the changes in due course, but it is fair to say that we are all very excited!

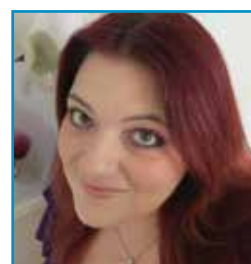
I hope you enjoy this edition – a big thank you to everyone who contributed; as always, your efforts are greatly appreciated. Hypnotherapy Today would not exist without written contributions from you, our members, so please, do keep sending in your articles, ideas or reviews to me at: [journal@afsfh.com](mailto:journal@afsfh.com). Don't forget, for all work published, authors will receive a £10 Amazon gift voucher as a little 'thank you' for their efforts!

I hope that this latest edition finds you and your loved ones in good health, and that the sense of optimism and renewal that spring brings offers you a lovely wellbeing boost.

Happy reading!

*Helen*

Helen Green,  
AfSFH CEO & Editor



# Super Support

In this feature we continue to get to know some of our fabulous Supervisors. All quotes printed with kind permission. Details of all our AfSFH Supervisors can be found in the Supervisor Directory at [www.afsfh.com](http://www.afsfh.com).

## Super supporter: Tiffany Armitage, AfSFH Supervisor

### Q. What do you feel are the greatest benefits of attending supervision?

For me, the greatest benefit of attending supervision has been the opportunity to learn from and get to know other people in the field. I've grown in confidence as an effective and professional therapist, and also as a business owner with all that this entails.

I trained as a hypnotherapist because I wanted to be able to help more people, more effectively; I wanted to become equipped with the knowledge and tools that I knew would really work. It is fundamentally important to me that I am doing the best I can for my clients. This means being skilful and up to date, following the evidence, being professional with my approach to my business and being accountable for this to others in the industry. Supervision has played a big part in all these areas. Through supervision, I keep my ear to the ground so I can hear about the ever-changing world of therapy, it helps remind me what t's I should be crossing, and i's dotting, I hear about technical changes, recommended courses, and have been involved in other opportunities as a result (such as recently co-authoring a book on the art of Solution Focused Hypnotherapy with my SFH colleagues).

Supervision has played a role in helping me shift my identity to that of a therapist. Through getting to know others who 'do what I do' and having the opportunity to step sideways from my practice to see more clearly what I do well and what I can keep working on to do better.

Looking back, I remember particularly how important the support I got from peers was early on in my practice. Learning together allowed me to talk about clients and business matters in a supportive space. I have been privileged to get to know some wonderful professionals over the years, both from my own supervision and from supervision that I run.

### Q. What do you enjoy most in your role as a supervisor?

I love helping other therapists overcome the obstacles that may be holding them back; perhaps from a lack of confidence in their skills preventing them from thinking clearly in or out of sessions, or not being motivated or energised to do their marketing. It's a great feeling watching the self-doubt or worry fade away from my colleagues as they grow in confidence, self-belief, energy, and motivation. It gives me a buzz to see people

doing well and thriving! It was from this perspective that I set out to co-write the book about SFH, so that we could support even more therapists grow their confidence in a time of the pandemic, which was proving a challenging time for everyone.

Being a therapist in private practice can be a lonely place and it's great to be able to be there for others when it's needed in between supervision sessions. Sometimes, this is just to be a shoulder to lean on when things are tough, and at other times I can connect supervisees to a network of support beyond myself. Even though I juggle this aspect of my role around clients and my kids, I find these conversations interesting and stimulating, and look forward to them!

When I became a supervisor, I wanted to provide a space for others to support each other as I value this personal connection in my own work. Rather than feeling overwhelmed by others with more experience or hearing a lot of "a client I once had" stories (as I find this can be quite deflating to the therapist who is struggling), I continue to hone my group SF skills so that I can run the group in a way that promotes an environment where we can share and solve issues and learn from each other. My aim is that people leave sessions feeling inspired, confident, and motivated for their month ahead. From the feedback I've received, supervision seems to do just that, which is fantastic!

### Here's what some supervisees have to say:

*"I always enjoy and benefit from supervision with Tiff. Supervision has enabled me to connect with other SFHs; discuss client issues; and exchange ideas that enhance my practise. I leave supervision feeling motivated and confident."*  
- Caroline

*"Tiff's supervisions are great. I really feel part of an SFH community, which is a such a welcome antidote to the isolation of being a sole practitioner. The supervision sessions are run in a such a way that I always feel I get what I want from them and more... there's so much to learn from others' experiences too. I feel like I can be open and honest and that I won't be judged, which means that I can truly reflect on my own practice in a safe and supportive environment. Supervision isn't just helpful for the actual client work either. It's helped improve my marketing strategy, streamline my admin processes and switch confidently to Zoom. There's been lots of opportunities too to practice skills and consolidate learning. Although all the sessions follow an SF format, modelling our work with clients, there's also flexibility for discussing theories, topics of interest and much more."* - Carolyn

*"Supervision for me is first and foremost a great way to connect with other SF Hypnotherapists. Doing this, listening, and responding to the experience of others and having the opportunity to bring my own questions is invaluable for ensuring that I'm working at my best in my own practice. In my opinion, supervision is essential for the maintenance of a relevant, professional practice."* - Sally



#### About the writer:

Tiffany qualified as a Solution Focused Hypnotherapist in 2011 and is based in Devon. She runs group supervision sessions as well as individual sessions, both online and face to face.

# Super supporter:

## Cathy Eland AfSFH Supervisor

### Q. What do you feel are the greatest benefits of attending supervision?

*I think the best way that I could answer this question was to ask my supervisees themselves. This is what they had to say.....*

#### • Providing reassurance

*"Supervision is like being thrown a life-ring in a swimming pool; you can already swim but Cathy keeps you afloat in those doubting moments and reminds you that you can. Invaluable"* - Mark

*"For me Supervision is the safety net I sometimes need when in doubt about how to progress with clients in certain situations. It's always reassuring to know I can access the advice I need. I also enjoy the group sessions which are always very interesting and informative"* - Joe

*"Supervision with Cathy is a truly solution-focused experience; she doesn't just give the right answers, but she does ask exactly the right questions"* - Debbie

*"It helps me when I feel stuck on certain cases give a clarity, a different dimension and sometimes just offers comfort that actually I am capable and following the correct path"* - Sonia

*"[Supervision] has allowed to me think of the problem not as a problem. It's built my confidence, it's great fun, and educational. It allowed me to self-reflect and I enjoy the support of the group"* - John

It's clear from these comments that attending supervision sessions has numerous benefits and advantages. The supervisee feels supported and encouraged in a non-judgemental way. It provides a safe and confidential environment for disclosure and it helps burst any surfacing bubbles of self-doubt. It's about receiving reassurance and support from both the supervisor and the supervisees in the group. Supervision should be about helping the supervisee find their own answers, helping to restore self-belief, build knowledge and increase confidence.

#### • Support if client numbers are low

*'I haven't been practicing a great deal over the last year and Supervision has typically covered a mix of current issues from the other attendees, giving the opportunity to update/expand my knowledge in a comfortable environment. It's usually great fun too'* - Malcolm

Sometimes when a supervisee has low client numbers, for whatever reason, they may decide that supervision is no longer needed. However, that's usually when supervision can play one of its most important roles. It can give the individual a support network where they can continue to expand their knowledge and build their confidence. Supervisees possess many qualities and strengths in addition to their skills as a hypnotherapist. Each person can contribute to a group supervision session, lending support, advice and humour - something which Malcom does with abundance!

#### • Supervision is a hoot!

*"Supervision has been invaluable throughout my hypnotherapy career. Not only as a reassuring presence (or safety net!) should I ever need help or advice, but it's also the most fantastic way to keep up to date with colleagues - as well as any new developments within the industry itself. It also helps that our supervising sessions are usually a hoot, too - although I guess that's down to the supervisor!"* - Tam

*"The group supervision sessions are a monthly highlight - such a supportive and knowledgeable group of people. Cathy brings a great deal of expertise together with warmth and humour which make the sessions really special"* - Catherine

A great supervision session has the benefit of making the supervisee feel part of something, they leave feeling contented, jovial, and pleased. We have had small teddy bears and even half naked men making appearances in our sessions!

### Q. What do you enjoy most in your role as a Supervisor?

There are many things that make being a Supervisor a seriously great job. Seeing a supervisee flourish from being newly qualified to a busy, confident, and successful practitioner makes me feel so proud. I'm not afraid of giving someone a bit of push when needed, to help them get back on track. I enjoy being able to respond quickly to queries, providing support as soon as I can. On a personal level, it makes me feel really pleased to have helped a supervisee with a tricky problem or client. I must also say that supervision is a two-way street - I often, more than often, learn from my wonderful supervisees. Every supervisee has a valuable opinion, one that needs to be heard and explored.

Finally, a comment from Rob:

*"Supervision makes me a better therapist, which means my clients receive a better service, which ultimately means they'll recommend me to their friends. It's a win, win situation - what's not to love?"* - Rob



#### About the writer:

Cathy is a Senior tutor at CPHT Liverpool, Preston, York and Chester and runs a practice in Southport in Merseyside. She runs group supervision sessions as well as individual sessions online.



# Back to the future

By Helen Green

**Over the course of the pandemic, I'm not sure any of us had a clear idea of how things were going to pan out. Since the first UK lockdown in March 2020, the world has changed in ways that none of us could have predicted, with Covid-19 restrictions having a notable impact on mental health.**

A survey of over 16,000 people conducted by MIND, showed the following [1]:

- More than half of adults (60%) and over two thirds of young people (68%) have said their mental health got worse during lockdown.
- Young people are more likely to have experienced poor mental health during lockdown than adults.
- People with experience of mental health problems are more likely to see their mental health worsen as a result of coronavirus restrictions.
- Many without previous experience of mental health problems have experienced poor mental health during lockdown and have seen their mental health and wellbeing decline.

Many other studies have shown that covid restrictions have increased rates of anxiety, depression and loneliness, as well as increases in cognitive decline and reduced activity in older adults [2]. There's no doubt that lockdowns have had a negative mental health impact for many people, and some have struggled with their physical health too, with reported increases in weight gain for many, increased alcohol consumption and poor sleeping habits reflecting only a few of the physical consequences of being at home for long periods of time. As lockdown restrictions start to ease, many people are looking forward to seeing family and friends again (in a socially

distanced way), having a haircut, going to the shops again, playing sports and even enjoying a drink in a pub. For many of us, it also offers the chance to get back to working face to face with people, even if it needs to involve social distancing measures. However, returning to 'normal' can be a worrying and stressful prospect for some, and not always in ways we may think.

## Leaving our comfort zone

During the first lockdown in spring 2020, many people were focusing on doing plenty of things at home. The "stay at home" message encouraged everyone to stay safely at home to avoid coming into contact with other people. Social media was rife with people doing exercise, home baking with the children and giving their homes and gardens a makeover, and it's probably fair to say that the novelty of being at home 24/7 initially provided a welcome distraction from the scary and tragic things being reported as covid spread.

For those lucky enough to have a safe roof over their head, being at home was comforting, and people also adapted to working from home, discovering the joys of being able to work in our pj's, or enjoying more time lounging about at home without the daily commute to contend with. However, as lockdowns start to ease, thoughts of needing to leave that comfortable, relaxed, safe environment can feel scary, especially as details about our future ways of living and working are still unknown.

Lots of research has shown that many people have very mixed views about getting back to 'normal'. A recent survey by Anxiety UK [3], showed (perhaps unsurprisingly) that for many people the ending of lockdown can't come soon enough, with almost 37% looking forward to returning to normal life. However, 36% of over 900 respondents said they were quite happy to continue to stay at home and 27% had no strong feelings either way.

The results present a very mixed picture of views regarding the return to the new 'normal', and this seems to fit with findings of other studies.

The Anxiety UK survey also showed that of those who were feeling anxious about the lifting of restrictions, 46% cited the pressures of socialising generally as their biggest concern, while 30% were anxious about going to a busy shopping centre and 23% using public transport. Just over 20% were anxious about returning to work, although over 30% did not expect there to be any pressure to do so, whereas 23% felt there would be some pressure to go back to the office sooner. Furthermore, 37% said they did not expect family and friends to put them under pressure to rush back to normal compared to 23% who felt the opposite.

Coming out of lockdown will require some degree of adjustment for all of us, whether it is trying to get back into routines or figuring out how to move on from such an unprecedented year. For some people, interacting with people again poses a great deal of fear and uncertainty – will the vaccines work? Are there new variants out there? How can I stay safe? Perhaps, unsurprisingly, these are particular areas of concern for those who are more vulnerable to the negative effects of Covid-19, and for those with existing mental health issues [4]. Such fear of coming out of lockdown is only natural; for over a year we've had the message that being out and about and mixing with others poses a significant threat to the health and well-being of ourselves and our loved ones. So, the idea of being around others again, is naturally being perceived by our brains as threatening. In essence, our primitive brains feel quite justified in being wary in the face of a threat and therefore may insist we'd be better off staying in our comfort zone. However, as time goes on, everyone will need to balance this level of concern with the need to move forward in their lives.

### Clients and lifting of lockdown

Over the past few weeks, I have worked with several clients who are anxious about the ending of lockdown restrictions. Whilst understandably, some of these concerns involve fears around catching covid itself due to the potential increase in mixing with others, a few other concerns have been popping up, and I think many of us will come across clients with similar concerns:

**Weight/body image changes** – many people have gained weight over the course of the pandemic. Particularly evident during the early stages, increased weight may be the result of people comfort eating due to the



anxiety of the covid situation, eating due to boredom or loneliness or doing more activities that involved higher calorie foods such as baking. For some, increased alcohol consumption may also be partly to blame, in addition to a marked reduction in physical activities. For clients I've worked with, it is not the changes to their bodies per se that is causing anxiety (although a clear issue for those worried about the negative impact on their health), but at the prospect of seeing family, friends, or co-workers when carrying a few more pounds, or following an increase in dress size. Clients I've spoken with have felt embarrassed about their new body shape, and some have been horrified and dismayed when trying on work clothes that no longer fit.

**Managing health problems** – some clients have felt that lockdown has been of huge benefit as it meant they could more easily cope with health and/or pain issues. In particular, I've worked with clients who are now very anxious at the thought of having to cope with their IBS, fibromyalgia or other health issues in the workplace again – after a year of 'not having to think about it'. This has been particularly tricky for people who have changed jobs or roles over lockdown, as they may have no previous experience of the workplace environment they are due to join or re-join, adding even more uncertainty to their stress buckets.

**Driving fears** – I've also worked with a few clients who have developed fears around several aspects involving driving (ranging from parking to driving on a motorway). Interestingly, several were people who had never previously had any real issues with driving. Part of this can be the result of heightened anxiety, causing the primitive mind to 'tag' driving as a negative experience, but just as legitimately this could arise from a reduction in confidence, that has come about due to a reduction in the activity itself – with home working and online deliveries, some people haven't really driven for months, and so the thought of doing something after such a long break may naturally cause apprehension for some.

**Changes to sleeping habits** – over the course of the pandemic, there has been a sharp increase in people experiencing insomnia and disrupted sleep, with some people dubbing this widespread issue 'coronasomnia'. There have been several reports of increases in prescriptions for sleeping aids, and I could probably fill this entire journal edition with research from all over the world showing how the pandemic has led to a secondary pandemic of sleep issues around the globe. Coming back to my clients, thoughts of leaving lockdown whilst still having poor sleep has caused a great deal of anxiety, especially with the perception of life becoming busier

as society starts to open up more. Exhausted clients have wondered how rebuilding their social lives, going back to various clubs and sporting activities as well as adding the daily commute can even be possible, when they are so exhausted just by doing the 'bare minimum' working and living at home. This may include concerns with childcare, when others in the household may no longer be available for help or support. The potential for even busier lifestyles following lockdown may also be a big concern for anyone suffering from 'long-covid', where fatigue can have a major impact on someone's day to day life.

### Coping with post-lockdown life

Tips for anyone who is anxious about coming out of lockdown, actually echo many of the things that were deemed useful during the lockdowns themselves, namely: the importance of establishing good routines, staying connected, eating well and taking plenty of exercise [4]. All of these things can help mitigate the effects of increased fear and anxiety as lockdown eases.

#### Here are some other tips and things to consider [adapted from 4]:

- **Take things slowly** – it's important that people don't put pressure on themselves to immediately adapt to the 'new norm' and instead, gradually ease back into their usual routine at their own pace and in their own time. Don't let others bully or pressure you into doing things you don't want to – but try not to let that be an excuse not to push yourself, especially when it comes to reconnecting with friends safely, outside your home, when rules allow.
- **Don't compare or judge others in how they act after lockdown** – some people may emerge from lockdown ready to pick up from where they left off, but it's important to try not to judge ourselves or others based on what other people are doing. Everybody is facing uncertainty and we have no choice but to move through it as best we can. Some people will be grieving, and others may find themselves with huge uncertainty around employment. We all cope with things in different ways, and so comparing ourselves with others can be unhelpful.
- **Vary your routines** – try and vary your routines so that you see different people and encounter different situations. If one supermarket makes you feel nervous, try another. If a walk at one time of the day is very busy, try mixing walks at busy times with walks at quieter times.
- **Focus on the present** – you can only do your best with what you have today. With regulations changing frequently, and lots of conflicting media discussions, try and keep a focus on the moment.
- **Bring things that are certain back into focus** – whilst a lot of things are uncertain at present, there are also things to be hopeful about. Try to record and appreciate good things as they happen. Try and take opportunities to reset and relax.
- **Picking up social lives** – As we move out of lockdown it's going to be possible to start picking up our social lives again – albeit with some restrictions. Some people are desperate to do so – but others will be nervous about it and about going back into pubs and restaurants. So, if you are part of a social group planning to do an activity together, try and plan ways for people who aren't ready for face-to-face meetings to still take part.

If someone is feeling very anxious about doing things again after lockdown, one additional suggestion is that people start with activities that they really want to do [5], such as meeting a friend for a socially distant walk, rather than starting off



trying other activities we may not necessarily look forward to, such as going into a busy shopping centre. This will make the experience more enjoyable and help to reassure us that we can push our boundaries a little bit at a time.

### Back to the future

There may be many reasons why some people are anxious about life after lockdown. As Solution Focused Hypnotherapists we are in a great position to be able to help. As well as encouraging our clients to engage in positive activities and to slowly increase positive interaction with others, enhancing good habits and promoting good sleep will help anyone with a full stress bucket. Helping others to manage their stress levels and increasing their confidence will play a key role in helping them to move forwards.

One of the other things we can do is to help clients think about what positive steps they can take towards their preferred future, whether this involves being comfortable around others, coping better with health problems or even taking steps to get healthier. Of course, this is where the Miracle Question can be especially helpful. Since the start of the pandemic, many people have felt in limbo as events have unfolded around us, but by helping clients get back to the future...or more specifically, back to focusing on their preferred future, we can encourage and support our clients in taking helpful steps forward – at a pace that is right for them.

#### References:

- [1] [https://www.mind.org.uk/media-a/5929/the-mental-health-emergency\\_a4\\_final.pdf](https://www.mind.org.uk/media-a/5929/the-mental-health-emergency_a4_final.pdf)
- [2] <https://www.gmjjournal.co.uk/lockdown-loneliness-linked-to-poor-mental-health-in-older-adults>
- [3] <https://www.anxietyuk.org.uk/blog/post-lockdown-anxiety-survey-reveals-mixed-picture/>
- [4] <https://www.mentalhealth.org.uk/coronavirus/looking-after-your-mental-health-we-come-out-lockdown>
- [5] <https://patient.info/news-and-features/how-to-get-over-a-fear-of-leaving-lockdown>





# SFH around the globe

By Nicola Taylor

**As a result of Covid-19, we know from the regular communication with our members throughout 2020 and into 2021 that many of you have had to adjust your practice. For many, this has involved the move away from face-to-face sessions to working remotely. We know that with this change has also come the opportunity to grow and expand our client base, sometimes working with clients residing in other countries. With changes also brought about by Brexit in January 2021, we have updated our Online Working Policy to support those members who are working remotely with clients outside of the EU. You can find a copy of this document in the policy library in the Professional Standards area of the AfSFH website.**

All members working remotely regardless of whether this is within or outside of the UK, should ensure that they are familiar with the need to comply with the standards set out in the AfSFH Code of Conduct, Ethics and Performance and the differences when working online compared with working face-to-face. It's also worth noting that working online constitutes all means of remote communication with a client using digital methods or information technology regardless of whether the equipment used is a laptop, desktop, tablet, smart phone, or any other device. This means that the guidelines need to be considered not only during a client session but also when emailing and messaging too!

If practising online has opened up the possibility of working with clients based outside of the UK, it's important to take steps to ensure that the work is undertaken in a safe, legal and ethical way. The first port of call for any member when making changes to practice methods should always be their insurance provider. Check that your insurance covers you for work with clients based in other countries and be aware of any particular stipulations your insurance company has in place.

It might sound obvious, but it's important to make sure that your client is aware of your location as the practitioner and that you are subject to the UK laws and the codes of conduct and ethics of the professional associations to which you belong. These guidelines cover your practice as a Solution Focused Hypnotherapist and any disputes will be subject to the laws in the UK. The difference lies in any allegations of civil wrongdoings or crime committed by you as the practitioner which could be considered under the laws that apply to the client's country. This can be a minefield depending upon

the country in which the client resides. It is recommended that members demonstrate 'good practice' by familiarising themselves with the legal requirements that apply to therapeutic work in the client's country of residence. Of particular relevance, are laws pertaining to civil wrongdoings including negligence, breach of confidentiality and privacy. Being aware of the legal requirements stated by professional associations in the client's home country could also be useful in guiding practice.

Some countries require a medical qualification to practice as a hypnotherapist and/or psychotherapist, so to offer therapeutic services without the appropriate qualifications and authorisation would be classed as a criminal offence. It's good practice to check whether a client's country permits the conduct of online hypnotherapy by a non-medically licensed professional. Within the US, this may differ from state to state, so it's advisable to check for individual state regulations when working with clients residing in America.

Also be aware that when working with clients from the European Union (EU) that GDPR may need to be compliant with EU GDPR, which is almost identical to UK GDPR, but it's important to check for any differences.

All of this is very important in keeping both ourselves and our clients safe but let's also remember that we bring to our working partnership different societal and cultural norms. If you're working with clients who are native to their non-UK country, be aware of differences in language, gestures, and cultural norms. These could be invaluable in creating, developing, and sustaining a positive working relationship especially in your initial consultation and inconsequential language!



**About the writer:**  
Nicola is the Head of Professional Standards for the AfSFH. She runs her hypnotherapy practice in Abergavenny and is also a Supervisor.



# The RAS... and purple shoes

By Heidi Hardy

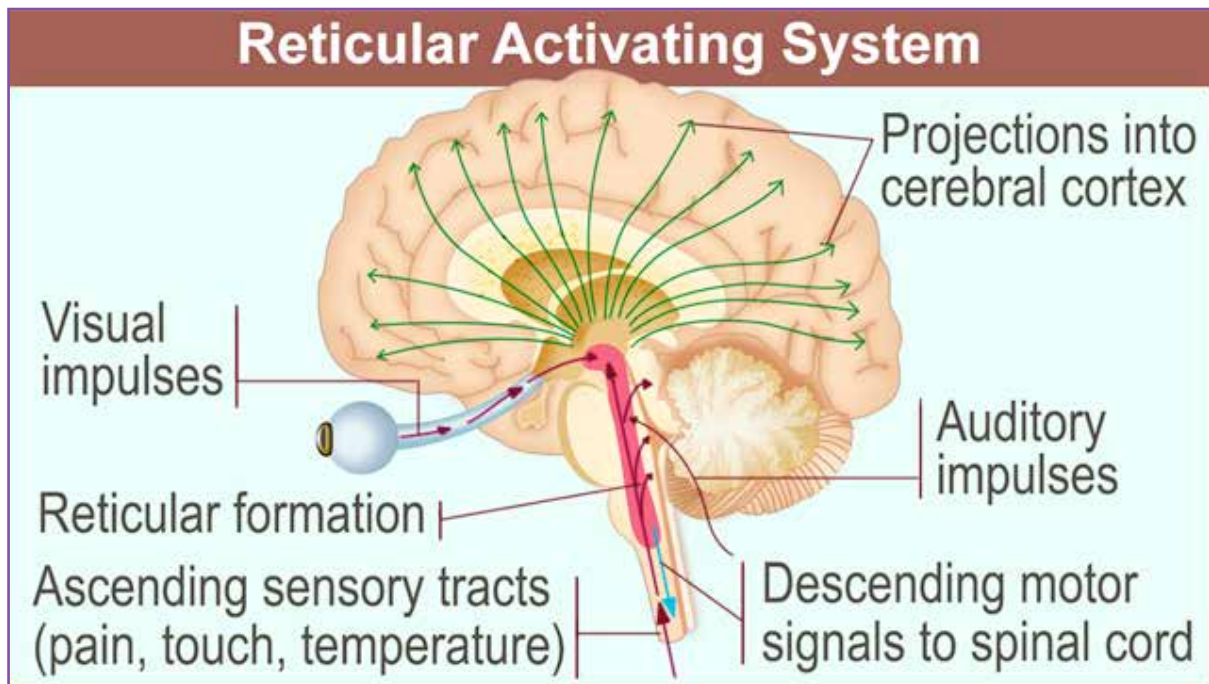
The Reticular Activating System (RAS) of the brain stem is considered as one of the most important systems which facilitates the functioning of sensation and attention [1]. It involves a network of neurons embedded within the whole length of the brain stem that project anteriorly to the hypothalamus to mediate behaviour, as well as both posteriorly to the thalamus and directly to the cortex for activation of waking EEG patterns. There are two regions of the RAS: one is the RAS ascending, which is connected to the cerebral cortex, hypothalamus, and the thalamus; and the other is the RAS descending, which is connected to the cerebellum and many sensory nerves. A large part of the RAS consists of brain structures that are responsible for our survival instincts. Hence, the RAS has a deep connection with awareness functions of the brain [2].

## Functions of the RAS

The functions of the reticular activating system are many and varied. Among other functions, it contributes to the control of breathing, beating of the heart, sleep, walking, sex, and eating. Trauma to the RAS can cause a coma, and it has been linked to several different medical conditions, including narcolepsy [3]. The RAS provides regulation of transition between sleep and wakefulness. The transition that we make from deep sleep to

being fully awake and functional, and vice versa, is controlled by this RAS, and it also plays a role in REM and non-REM sleep [2].

Although the RAS is involved in a variety of functions, it can be summarised as the system that serves an alerting or arousal function. The human brain receives thousands of pieces of information per second, flooding in from all of our senses and the RAS plays a vital role in the interpretation of this sensory information whilst we are awake. The sensory information that reaches the brain stem (including touch, smell, visual, and temperature signals), from the various sensory nerves, is transmitted via this system, to the cerebrum for processing, after undergoing filtering. The ability to filter out information from external sources and focus on one particular fact, detail, or thought is controlled by this brain region. In short, the RAS filters through all the information and decides which messages receive top priority and our full attention, and which data can be ignored; it is the automatic mechanism inside our brain that brings relevant information to our attention. It's like a filter between the conscious mind and the subconscious mind. It takes instructions from our conscious mind and passes them on to our subconscious.



### Shifting attention

So, what does that mean to us in our work as hypnotherapists exactly? When setting personal goals – think the answers to the Miracle Question for example – the brain has a specific action brought to the forefront. The brain is then focused and suddenly becomes aware of related matters and needed resources which are important in the realization of the goal. And, of course, trance helps hugely in enabling the client to access their subconscious, therefore allied actions and resources, and other steps they can take that require a similar amount of effort or control to the original goal they came up with; and we can recognise this as ‘control being a constant’.

As an illustration to clients, during revision, I might ask them to imagine they are looking to buy a new car. For the purpose of this exercise let’s imagine it’s a silver Audi, and they probably have a test drive too. Then I’ll say that it’s more than likely they’ll see more Audis on the road, particularly silver ones, than they ever noticed before. They are focused on a particular vehicle and suddenly they’re everywhere! There’s always lots of nodding of the head in agreement as they remember previous times that this has happened to them (and me!). Focusing our attention in this way, helps the brain to pay more attention to things that are of significance to us...and in so lies the adage: ‘You get more of what you focus on!’

### Purple Shoes

I’d like to share a metaphor taken from the Big Book of Metaphors, by Kerri

Formosa who also trained as a SF Hypnotherapist, that we can use with clients on or off the couch to illustrate to clients how important it is to focus on ‘what they do want, rather than what they don’t want’.

If I were to ask you right now to tell me everything that had been good about your week, would you be able to? How many things would you be able to come with that could go on the list?

Good things are like Purple Shoes. Why? I hear you ask. I’ll tell you ...

If I were to ask you right now whether you had seen any Purple Shoes, because I wanted a pair and couldn’t find any, it’s likely you’d shake your head and say ‘No, I never see Purple Shoes.’

However, now that you know I’m looking for Purple Shoes I’ve brought them into your line of focus. You’d suddenly start seeing Purple Shoes on people walking by in the street, in shop windows, on TV, you’d notice them as they pop up in the corner of the screen as you’re surfing the net.

You start to become more and more aware of Purple Shoes, you may well find yourself actively looking for them. At work you’d purposely look to see what shoes your colleagues are wearing. Maybe when you’re out and about you’ll take more notice of people’s footwear to see if you can spot any Purple Shoes...

More and more you begin to realise there are Purple Shoes everywhere! It may even become a game you take pleasure in, delighted every time you spot a pair. Good things are like Purple Shoes...

When you bring them into your line of focus you suddenly realise they are everywhere. The more you find the more you delight in them.

Next time you think there’s nothing good in your life, go looking for your Purple Shoes ... you’ll be amazed how many you will find!

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### About the writer:

Heidi qualified as a Solution Focused Hypnotherapist from CPHT Bristol in 2010 and is based on the North Devon Coast. She is also a Supervisor.

# Brainbox: Injecting hope

- helping those with needle phobia

By Trevor Eddolls

There are a number of different ways that a person can find themselves with a phobia. For some people, it's through associative learning. Back in the 1920s, an experiment was performed on a 9-month-old boy known as little Albert [1]. The boy wasn't afraid of a white rat but he didn't like the sound of a hammer hitting an iron bar. So, every time the boy touched the rat, the experimenters hit the bar with the hammer. And, in the best Pavlovian way, after a number of trials, the boy became anxious when he saw the rat. This mechanism would explain why some people become scared of blood or potatoes or anything else. There is some evidence that fear of spiders and fear of snakes might be innate. However, some types of needle phobia seem to be genetic – the fear runs in families.

I think it's worth looking at the difference between a fear and a phobia. Fears are perfectly normal and ensure our safety and survival. But if that fear is persistent and other people might consider it to be excessive and unreasonable, that's a phobia. Those phobic feelings start when a person gets close to a particular situation or object that they don't like. And, because of the power of their imagination, the feelings can also occur when the person anticipates the approach of the situation or object.

What distinguishes a fear from a phobia is that people become physically and/or psychologically impaired by a phobia. And people tend to organize their lives so that they avoid ever being in a position where they are likely to experience a phobic reaction. If people need to face a phobic situation, that's when they are likely to come and see a Solution-focused Hypnotherapist.

## Needle phobia background

You might wonder whether needle phobia is much of a problem. According to a 2003 survey [2] by Nir et al entitled "Fear of injections in young adults: prevalence and associations", published in the American Journal of Tropical Medicine and Hygiene, 3.5 to 10 percent of the general US population have needle phobia anxiety disorder. The figure may well be higher because sufferers tend to avoid medical treatment and so go uncounted. Sufferers choose to avoid inoculations, blood tests, and, sometimes, all medical and dental care. In contrast, Bienvenu & Eaton (1998) [3] suggested that only 1.6% of individuals in the general population experienced needle phobia. How do you know if someone has a needle phobia? According to Anxiety UK [4], if they can answer YES to the following questions it is likely that they do.

During the last 6 months:

- Have you experienced a marked, persistent, and excessive fear of needles?
- Has exposure to needles almost invariably provoked an immediate anxiety response in you?



Let's take a look at the four types of needle phobia [4]:

## Vasovagal

Around 50 percent of people with needle phobia have a vasovagal reflex reaction, according to Ost (1992) [5]. About 80 percent of those people have a close relative with the same disorder indicating that it's genetic (Accurso et al, 2001). Although that makes no difference to the people experiencing it!

People with vasovagal needle phobia can fear the sight, thought, or feeling of needles or needle-like objects. This leads them to faint (vasovagal syncope) because of a drop in blood pressure. It's now thought that an initial episode of vasovagal syncope during a procedure with a needle is probably the primary cause of the needle phobia rather than any basic fear of needles. The condition starts with momentary high blood pressure and a fast heart rate (a fight or flight response) followed by them both decreasing enormously at the moment of injection.

Worryingly, in some extremely rare cases, the drop in blood pressure caused by the vasovagal shock reflex may cause death. However, a 2017 paper in the Journal of Arrhythmia entitled "Syncope and the risk of sudden cardiac death: Evaluation, management, and prevention" by Ryan J Koene et al [6] suggests that syncope leading to death is usually associated with an underlying heart condition or other pre-existing condition, and there's no mention of needle phobia. And there is no documented evidence available suggesting that hypnosis contributes to this outcome.

A 2006 article in the Journal of Anxiety Disorders entitled "Fear of needles and vasovagal reactions among phlebotomy patients" by Deacon and Abramowitz looked at 3315 patients giving a blood sample. They found that only 13 patients (0.4%) reported feeling "very much" or "extremely" faint. And only 7 patients (0.2%) actually lost consciousness.

As I'm sure you know, phlebotomy is the name for drawing blood from a puncture wound in a vein.

Much of the research finding higher values for vasovagal syncope and death are quite old. If death were to occur, it seems that it's most likely to be caused by a pre-existing condition, not the person administering the vaccination. For hypnotherapists, this should not be a worry.

## Associative

Associative fear of needles affects 30 percent of people with needle phobia [7]. A traumatic event causes the person to associate all procedures involving needles with the original negative experience. This type of fear of needles can lead to extreme unexplained anxiety, insomnia, preoccupation with the upcoming procedure, and panic attacks.

## Resistive

Resistive fear of needles affects 20 percent of people with needle phobia and occurs when the underlying fear involves not simply needles or injections but also being controlled or restrained. It's said to be caused by a repressive upbringing or poor handling of prior needle procedures, perhaps with forced physical or emotional restraint. Symptoms include combativeness, high heart rate coupled with extremely high blood pressure, violent resistance, avoidance, and flight.



## Hyperalgesic

Around 10 percent of people with needle phobia have a hyperalgesic fear of needles [7]. That means these people have an inherited hypersensitivity to pain (hyperalgesia). So, the pain of an injection is unbearably great. The symptoms include extreme explained anxiety, and elevated blood pressure and heart rate at the immediate point of needle penetration or seconds before. Usually some form of anaesthetic, like Emla cream, helps these sufferers.

If you're good at maths, you'll notice that those figures add up to more than 100 percent. That's because some people experience more than one kind of needle phobia.

Some other names you may hear are: trypanophobia, which is an extreme fear of medical procedures involving injections or hypodermic needles; or aichmophobia or belonephobia, which really mean fear of sharply-pointed objects.

## Helping people with phobias

Our standard treatment for phobias is based on just a few sessions – an initial consultation, a nice relaxing bucket emptying session (or more if needed), a rewind, and a reframe. And that works for most phobias, most of the time.

I like clients to write their own reframes. What they write has to contain only what they want to do; it can't contain anything about what they don't want to do. Remember, the brain doesn't do 'not' or 'don't'. It's good for them to be thinking about how they want to behave when faced with their particular phobia and writing the reframe can act as a reframe for the person. When I'm reading through their reframe in the trance session, I usually add some useful phrases, including:

- You're pleased/fascinated/really interested/amazed ...
- You find yourself surprised at how quickly the time passed...
- You feel perfectly happy as you...
- You're so in control...



I slot these phrases into the reframe and they help to make it more effective.

Explaining to people about the right pre-frontal cortex can have powerful results. When they are brooding over their fear, they are strengthening the pathways linking the particular situation or object to their phobic response – making it even stronger and making them feel even more anxious and their reaction even more phobic. I encourage them to notice when they are doing it and to do something else instead – e.g. read a book, play a game, watch a film.

When it comes to actual sessions with clients, I have had some who start to overcome their phobia after the relaxation/bucket emptying session and I've stuck to doing relaxation/bucket emptying every week. I've included reframe elements – telling them in trance how they have told me they want to behave – but I've not needed to use a rewind for them to successfully overcome their phobia.

And another client needed seven relaxation sessions before her bucket was empty enough to face the rewind, which, when I did it with her, worked really well. So, I think it's important that therapists are flexible in the way they treat people with phobias. It seems the mind checks the body for clues about how it feels. So, if you're standing upright, looking up, and smiling, the brain thinks you must be feeling confident and relaxed – and so it reinforces those feelings. And if you are with other people, they will react to you as if you are confident and relaxed. It's an incredibly powerful feedback loop that can help the client control their phobia. It's the old idea of 'fake it until you make it' or 'acting as if'. And it's something all people with phobias can do.

## Helping people with needle phobia

When it comes to clients with needle phobia, the first thing I do is tell them how common it is – I normalize their condition.

I always assure them that the medical staff will have seen lots of people with needle phobia, so they won't be surprised or put out. And I say that they should tell the clinician before they have the injection. So, if they're hyperalgesic, they can have something to numb the pain. If they are vasovagal, they can probably expect to be asked to lie down before receiving the injection – just in case they faint.

I use bucket emptying with all needle phobias. It helps to be more relaxed going to the surgery or wherever they are getting their injection. And it helps to be relaxed when waiting to be called in. Rewind works with associative and resistive sufferers. And reframe works with everyone – picturing how they'd like to be. With people with hyperalgesia, I try not to use the word pain and usually talk about 'discomfort'. Somehow, discomfort doesn't hurt as much as pain! There are also language patterns like 'glove anaesthesia', which can make the arm go numb, or 'the control room' that helps the client to control their pain by visualizing a control room and turning down the metaphorical pain dials.

I also tell clients to smile when they are about to be injected! Research [8] by Pressman et al published in 2020 in the journal *Emotion* found that smiling could reduce needle pain by 40 percent. They reported that "the Duchenne smile and grimace groups reported approximately 40% less needle pain versus the neutral group". A Duchenne smile is where you not only lift the corners of your mouth but also lift your cheeks and crinkle your eyes at the corners.

Specifically, for people with vasovagal needle phobia, I teach them the applied tension technique. It was developed by Lars Goren Ost [9]. Basically, your client has to sit down somewhere that's comfortable and tense the muscles in their arms, upper body, and legs, and hold that tension for 10 to 15 seconds, or until they start to feel the warmth rising in their face. They then release the tension and go back to their normal sitting position and relax for about 20 seconds. Then they do it again.

And they repeat this tensing and relaxing about five times. And they should practice this about three times a day for the week before their appointment. It helps to stop their blood pressure plummeting.

I also recommend using distraction techniques as a way of staying calm. If clients listen to our downloads, it takes their mind off the injection while they're waiting for it. If they prefer, they can listen to music, or read a book, or play a computer game as a way of keeping their mind busy instead of brooding over the vaccination. Similarly, they can remind themselves of a holiday or a great Christmas. They need to relive the experience, with all the colours vivid and bright, and the sounds crystal clear etc.

With any client that is experiencing stress, I show them some breathing techniques that can help to relax them. The 7-11 breathing is perhaps the best known. A person breathes in for the count of seven (not 7 seconds) and breathes out for the count of 11. The longer exhale is linked to the parasympathetic nervous system and so relaxes them.

Square breathing is another relaxing breathing technique. A person breathes in for about four or five seconds, then holds their breath for the same length of time, breathes out for the same length of time, and then holds their breath again for the same length of time. Then starts again. Focusing on breathing stops people focusing on anything else (like needles) and helps them to relax.

Abdominal breathing is also a great way to relax but does involve lying down. A person breathes in (preferably through their nose and out through their mouth) and watches their stomach rise and fall rather than their chest. Again, this is relaxing.

Some people like Mindfulness meditation techniques where they try to stay focused on their breathing. Clients need to pay particular attention to how it feels as they inhale and exhale. And every time they start to think of something else – which, when they first try this technique, happens very quickly – they go straight back to concentrating on their breathing. It can be a great way of calming down.

In many situations, the client with the phobia is concentrating on how they feel – they are focused inwards. One technique is to get the client to focus outwards. I get them to channel their inner Sherlock Holmes. They have to notice the colour of the walls and ceilings. Count the number of leaflets they can see on display. How many chairs are there? That sort of thing moves their focus of attention outwards rather than inwards. And it takes their mind away from the brooding thoughts that might otherwise have been in control of their thinking.

One NLP technique that works well is to get the client to imagine someone they know (who isn't scared of needles) to be in the situation. It can be a friend or even a character from a film or TV programme. Get them to visualize what this other person is doing and how they are feeling (the sights, the sounds, the feelings) when they're in the scary situation. The client can then (in their mind), step into this other person, and see how it feels to be them – and associate with the other person's feelings and watch how they behave. The client can next imagine someone who is 10 times more confident about injections than that. And step into their body and see what they are thinking, seeing, hearing, feeling and how they are behaving. They can take those feelings away with them and remember what it feels like to be supremely confident when they imagine going for their vaccination. Because the client has visualized how they want to behave when facing the situation, it becomes easier for them to act as if they aren't scared when they go for their injection.

Other NLP techniques that can be useful to help a person feel calm, confident, and in control are techniques such as anchoring or Swish.

People are different and it's worth arming yourself with techniques that can help each individual client. In these days of COVID-19, it's important that people take up the opportunity to receive the vaccination when it's offered and don't let their fear of needles prevent them attending an appointment for their jab.

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### About the writer:

Trevor Eddolls is the Head of IT & Social Media for the AfSFH and is a regular contributor to the journal. He runs his hypnotherapy practice in Chippenham and is also a Supervisor.



# Spreading hope in an online world

By Andrew Major

**The prospect of long summer days ahead has brought a lot of joy and hope for many as we see more restrictions being lifted, helping us all get back to the many things that we have missed.**

Since lockdown began back in March 2020, it has presented us all with many challenges and obstacles to overcome both professionally and personally. Thankfully, technology has allowed many of us to adapt and rise to these challenges by providing support to clients online or by telephone throughout lockdown. It has also given us new opportunities to work virtually and support clients and organisations further afield.

Interestingly, whilst there has been a lot of optimism about returning to face-to-face sessions, there is no doubt that online hypnotherapy is here to stay, as a result of the huge shifts in the way we have all experienced more and more services online.

So, what does this mean for the future of Solution Focused Hypnotherapy and the way we provide our service to new and existing clients? Let's take a closer look at some of the things that may be important in the coming months and explain some of the work which is happening behind the scenes at AfSFH to support you and your practice in the months ahead.

## Is online hypnotherapy here to stay?

I'm sure many people will be only too pleased to get back to working face to face again, however, the recent restrictions now means that many people have embraced technology to access essential services and the good news is that it's broken-down barriers and resistance to using technology, especially among the older age groups. It now means we're in the fortunate

position of being able to offer clients more choice and flexibility for sessions and we are no longer restricted by physical location to reach new clients.

As a result of this change, virtual therapy will no longer be seen as a temporary, secondary choice, so offering a mix of both face to face and online hypnotherapy may be beneficial for your business in the days to come. And it offers us the added benefit or greater flexibility in terms of working location and often saves business costs and room rental.

Here are a few basics to consider when establishing online ways of working:

- Create content on your website which explains how online hypnotherapy works and what to expect.
- Make it easy for clients to book an appointment automatically, tools such as Calendly or Acuity work well and automate the booking process and send reminders.
- Have a payment system that is easy to use online – you can find information on our website in the AfSFH Business support area, under the Digital Advice section.
- Give clear guidance for new clients – how to prepare, what to expect etc.
- Have procedures in place to deal with any potential technical issues and communicate these to your client.

Working online of course does not suit everyone. If you prefer to offer face to face therapy only then that is fantastic, there will always be a demand for this, however if you are keen to expand your reach and work with clients across the UK or the globe,



then working online is safe, flexible, and now a reliable option. You'll find some useful resources on our website at [www.afsfh.com](http://www.afsfh.com) including:

- Guidance for conducting SFH online: <https://afsfh.com/afsfh-policy-library>
- Useful marketing information: <https://afsfh.com/Marketing-during-COVID-19>

## Are you being found online?

As online research for support and services continues to expand, your visibility and your website are increasingly important so you can be found. These days, most people begin searching for a solution online and will traditionally search in their local area for hypnotherapy or perhaps search for solutions to overcome their issue. Continued focus on your website content will help rank your website in these search results.

Here are our top tips for creating meaningful content in your website:

- Does your website contain specific content relating to the questions people are asking Google? For example, are you specific and use terms such as 'Hypnotherapy for Exam Nerves'. Many hypnotherapists will specialise in treating certain conditions so it's important that your website reflects this and contains content, landing pages or articles which talk about these issues, explain how you can help and allow visitors to easily contact you or schedule an appointment.
- Build rapport from the first click. We all understand how important rapport is with our clients, and this will begin with the first interaction on your website. Taking time to create an introductory video for your website can really help break down barriers for visitors and turn your website from a static brochure to an engaging interactive site.
- Search engines now look for websites that have meaningful and engaging information on them and are weeding out the websites that stuff keywords to get more clicks. We recommend creating new articles or blogs on a consistent and regular basis to provide engaging content.

## Here are seven ways to make your content engaging:

1. Use headers and sub-headers to draw readers attention and organise your content.
2. Keep content concise to maintain attention: short, sweet, and to the point.
3. Use graphics such as pictures, videos, or charts to increase client engagement and capture the reader's attention.
4. Use lists from time to time. They're easy to follow and provide immediate information.
5. Tell a story - some of the most engaging content is writing that tells a story and keeps the reader guessing.
6. Use great sources - readers appreciate interesting and factual sources. Statistics, data, and newsworthy information are all great tidbits to include in your writing. Quotes are also a fabulous thing to incorporate.
7. Always have a call to action - every piece of content you create should have a short sentence or paragraph telling readers what it is you want them to do and give them a link or tool to make a booking or get in touch easily.

## Supporting you and your practice

Over the past few months, we've been busy behind the scenes

looking at ways we can continue to support our members whilst continuing to raise the awareness of Solution Focused Hypnotherapy.

So, we wanted to let you know that we're currently working on a very exciting project to build the online visibility of the AfSFH and developing new directory tools to raise the visibility of your membership profiles so you can be found more easily by search engines and clients looking for support.

We'll continue to keep you updated, so please look out for future newsletters because we'll need your help to make the most of the new capability. Here are some of the highlights and things to expect:

- We will be launching a brand new AfSFH website – look out for an updated look and feel, which will help the AfSFH stand out and be found!
- We will also be launching a brand new 'Find a Therapist' Directory tool. This will be easier to use, permit better advanced search functions, and feature individual therapist profile pages that will be listed by Google and other search engines.
- There will be scope to enhance your profile by adding more information about your practice, enabling you to upload articles to create more engagement on your profile and become a featured writer.
- We are also launching a new Membership Seal – we will be introducing a verified seal for your business websites that will display your current membership status – updated daily, validating your professional membership with us to members of the public.
- We will also be adding a new facility for accessing your certificate on demand – this means you will be able to download your membership certificate when you need it directly from your profile.
- There will be improved navigation and information on the members-only site, bringing you lots of helpful resources, with key content and therapist essentials.

As part of this project, we also plan to continue focus and development of our website content to ensure it is optimised for search engines (SEO) and will be developing strategies to improve website rankings as we move forwards.

We are pleased to be sharing these exciting developments with you at this early stage and will keep you updated. We hope to be launching these changes as we head into the summer. We will let you know how you can help by making the most of your profile and membership as we move ahead. So, as we continue to become more accustomed to working online, spreading hope to clients around the globe, we look forward to continuing to support our members and getting the SFH message out there!



### About the writer:

Andrew is Head of Marketing for the AfSFH and has an extensive background in corporate marketing. He qualified in SFH from CPHT Southampton and practices in Bagshot and Farnham in Surrey.

# All about you!

Here are some important updates for members about the website and managing your membership.

## Is your membership up for renewal?

We'd like to remind you that following the software switchover that took place on 18th January this year, any previous PayPal membership subscriptions to the AfSFH that were set up prior to that date will no longer work.

So, if your membership is due to automatically renew this year, you will need to make sure that your previous PayPal subscription was cancelled and set up a new renewal within your profile:

## There are only 3 simple steps to take to ensure your membership renewal goes smoothly....

1. Any historic PayPal renewal subscriptions you had set up for the AfSFH prior to the switchover would have been cancelled by the AfSFH software on 18th January. Please double check your PayPal account to ensure all previous automatic renewals to AfSFH have been stopped.
2. Next, you'll need to renew your membership with us manually. Look out for your renewal email reminder 14 and 7 days before your renewal is due. You'll need to log into your AfSFH profile and click the renew button to make a payment manually by debit or credit card.
3. During the payment process, you can then follow the instructions to set up your new automatic recurring annual payment with the new system.

We have also updated our payment guideline document, which you can find and download in your profile area. Of course, we are always here to help if you need it. If you have any problems sorting your renewal, then please get in touch and we'll be happy to help: [membership@afsfh.com](mailto:membership@afsfh.com).

## Exciting things to come!

As you may have seen from Andrew's article, the AfSFH are working hard behind the scenes to launch our new website! This will be a very big step for the organisation, and for all of our members. We have been working with an external company to create a new, dynamic site that incorporates enhanced functionality and will go on to increase the visibility of the organisation and its members online. This investment in our digital presence will play a major role in increasing awareness about Solution Focused Hypnotherapy and will serve as a wonderful platform for our future marketing and PR activities as we move forwards. We hope that all our members will be a great part of that success, and we will be communicating further announcements about this in due course.

## Change in the Executive Team

As you may have seen, our Head of Membership, Anne Wyatt, is due to step down in the spring due to her increasing training commitments. We'd like to say a huge thank you to Anne for all her efforts over the past couple of years! We're also pleased to announce that Claire Corbett will be joining us as the new AfSFH Head of Membership. Should you need to get in touch about your membership, the email address remains the same: [membership@afsfh.com](mailto:membership@afsfh.com).

## Notice of our Annual General Meeting (AGM)

For the second time over the course of the pandemic, our AGM will be held online via Zoom. It is scheduled to take place on 16th May, and we will be sending out a copy of the AGM report and a member voting form prior to the meeting. By the time this edition of the journal lands on your doorstep, hopefully you will have taken the chance to vote online, either casting votes yourself or nominating the Chair to vote as a proxy on your behalf. As with last year's meeting, a recording of the AGM will be made available for members to view on our website.

## Help us continue to spread the SFH word!

Join us on Twitter: [@afsfh](https://twitter.com/afsfh)

We are now on Instagram!  
Follow us: [@afsfhofficial](https://www.instagram.com/afsfhofficial)

Or follow us on the public-facing Facebook page – we often publish items that you can share on your own FB business pages. Just search for: **Association for Solution Focused Hypnotherapy** on Facebook or scan the barcode here to join:



If you are a Registered member, or a Student in your 8th month of training, you can also join the closed AfSFH Facebook group at: [www.facebook.com/groups/Afsfh/](https://www.facebook.com/groups/Afsfh/). Once we receive your request to join, we will verify your membership and add you to the group!



Thank you to all contributors and people who have helped make this publication possible. The AfSFH was established in 2010 to represent the practice of Solution Focused Hypnotherapy as a distinct profession in its own right. Membership is open to those practitioners who have appropriate qualifications and experience within the field.

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# SUPERVISORS' DIRECTORY

ST: Supervision type (e.g. Skype, One to One, Group supervision).



## Heidi Hardy

Location: North Devon  
M: 077121 82787  
T: 01598 752799  
E: heidihypno@gmail.com  
W: www.heidihardyhypnotherapist.co.uk  
ST: Online (Group & One to One), Phone



## Caroline Prout

Location: Peterborough  
M: 07729801247  
E: caroline@inspiredtochange.biz  
W: www.inspiredtochange.biz  
ST: Group, Skype



## Caron Iley

Location: Bolton, Greater Manchester  
Mobile: 07580 041394  
Email: ci@havishamhypnotherapy.co.uk  
Web: www.havishamhypnotherapy.co.uk  
ST: Zoom, Group, one to one, Phone



## Georgia Riley

Location: Ainsdale, Southport, North West England  
Mobile: 07720574005  
Email: supervisionwithgeorgia@gmail.com  
Web: www.thelifeofrileyhypnotherapy.com  
ST: One to One, Phone, Zoom, face to face



## Alison Jones

Location: Bristol, Oxford and Birmingham  
M: 07730747772  
E: alison@solutionshypnotherapy.co.uk  
W: www.solutionshypnotherapy.co.uk  
ST: One to One, Phone



## Susan Rodrigues

Location: Bristol and Yate, South Gloucestershire  
M: 07743895513  
E: info@susanrodrigueshypnotherapy.co.uk  
W: susanrodrigueshypnotherapy.co.uk  
ST: Group, One to One, Skype, Phone



## Liane Ulbricht-Kazan

Location: Online  
T: 07825286550  
E: Liane@changeswelcome.co.uk  
W: www.changeswelcome.com  
ST: Group, One to One, Phone, Skype, E-mail (English & German)



## Holly Stone

Location: Billingshurst, West Sussex  
M: 07909 951338  
E: holly@hollystonehypnotherapy.co.uk  
W: www.hollystonehypnotherapy.co.uk  
ST: phone, skype/zoom, group, one to one



## Penny Ling

Location: Abingdon and Reading  
M: 07759820674  
E: solutionshypno@yahoo.co.uk  
W: www.pennyling.co.uk  
ST: Group, Skype, Phone, E-mail



## Sacha Taylor

Location: Bath  
T: 07957 397291  
E: taylor.sacha@gmail.com  
W: www.purehypnotherapy.co.uk  
ST: Group, One to One, Phone, Skype, Email



## Jon Lawson

Location: Halifax, West Yorkshire  
Mobile: 07532 719402  
Email: john@halifax-hypnotherapy.org  
Web: www.halifax-hypnotherapy.org  
ST: Phone, One to One, Group, Zoom



## Nicola Taylor

Location: Abergavenny, South Wales  
M: 07802 286386  
E: eclipsesfh@gmail.com  
W: www.eclipsesfh.com  
ST: phone, zoom, group, one to one



## Julie May

Location: Mid Somerset and Kingston Upon  
Thames, London  
M: 07889777901  
E: juliemay.solutionfocused1@gmail.com  
W: currently being updated  
ST: Group, One to One, Phone



## Stuart Taylor

Stuart Taylor Location: Horfield, Bristol  
M: 07840269555  
E: info@taylorhypnotherapy.co.uk  
W: www.taylorhypnotherapy.co.uk  
ST: Group, E-mail, Phone, One to One



## Jenny Mellenchip

Location: Stafford, Staffordshire & Northwich,  
Cheshire, Leeds, West Yorkshire  
M: 07748511841  
E: info@jennymellenchip.co.uk  
W: www.jennymellenchip.co.uk  
ST: Group, One to One, Phone, Skype, E-mail



## Lisa Williams

Location: Wrington, North Somerset  
M: 07920 147101  
E: enquiries@lisawilliamstherapy.co.uk  
W: www.lisawilliamstherapy.com  
ST: One to One, Skype, Phone



## Deborah Pearce

Location: Sidmouth  
M: 07939840788  
E: dpearcehypno@gmail.com  
W: www.deborahpearce.co.uk  
ST: Group



## Anne Wyatt

Location: Banchory, Aberdeenshire  
M: 07584 414715  
E: anne@bonaccordhypnotherapy.com  
W: www.bonaccordhypnotherapy.com  
ST: Group, One to One, Skype, Phone, Email

# Committee Members



## Chair and Trustee: Susan Rodrigues

Susan is the key interface between CPHT and the AfSFH. As CPHT course co-ordinator, her crucial role allows her to organise key speakers and post-CPHT training to ensure your CPD (Continuous Professional Development) is maintained to the highest standards. She is also a senior lecturer with CPHT and was one of AfSFH's first supervisors!



## CEO and Editor: Helen Green

Helen has a background in Psychology and clinical research. She is proud to be the CEO for the AfSFH and wants to continue to raise the public profile of the Association and the work of its members.

**Contact email:** [journal@afsfh.com](mailto:journal@afsfh.com); [Ceo@afsfh.com](mailto:Ceo@afsfh.com)



## Head of Finance: Sacha Taylor

Sacha has been a member of AfSFH since 2014 and loves a good spreadsheet, so keeping the finances in order for the Association is an enjoyable challenge for her! She offers administrative support to the Association's CEO as well and is happy to help support all her SF colleagues whenever needed.

**Contact email:** [finance@afsfh.com](mailto:finance@afsfh.com)



## Head of IT and Social Media: Trevor Eddolls

Trevor, a regular writer and speaker about solution-focused hypnotherapy, has more than 30 years of IT experience and he looks after our website and associated social media (including our Twitter account @ AfSFH). You will probably have seen his posts on Facebook - both the closed group and the public-facing page.

**Contact email:** [it@afsfh.com](mailto:it@afsfh.com)



## Head of Membership: Claire Corbett

Claire oversees all aspects of the renewal and processing of membership applications for the AfSFH. She is passionate about ensuring members are fully supported and in promoting the AfSFH.

**Contact email:** [membership@afsfh.com](mailto:membership@afsfh.com)



## Head of Professional Standards: Nicola Taylor

Nicola has an extensive background in teaching and education. Her goals are to promote high standards and best practice amongst AfSFH members, and to ensure that the Association supports members in achieving these.

**Contact email:** [standards@afsfh.com](mailto:standards@afsfh.com)



## Head of Marketing: Andrew Major

Andrew has a professional background in marketing. He is eager to continue the wider promotion and awareness of SFH and the work of the AfSFH and its members.

**Contact email:** [marketing@afsfh.com](mailto:marketing@afsfh.com)



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