

HYPNOTHERAPY TODAY

ASSOCIATION FOR SOLUTION FOCUSED HYPNOTHERAPY

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Self-care: *The benefits of reciprocal therapy*

Also in this issue:

Clinical wills
Fitness motivation
Setting homework

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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.



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A Message from the Editor...

Hello, and welcome to our Spring edition of *Hypnotherapy Today*.

It's been all systems go for the Executive since the last issue, as we held our first awayday since lockdown in March. It was a great opportunity for long-standing members to reconnect, and in my case, meet my co-workers for the first time in person! Head of Membership Claire attended virtually, and we spent a busy day planning for the future of the Association. We discussed promoting the Association to and via our members, promoting wider awareness of the AfSFH to the public, and external liaison with other professional bodies, among other things. The first action on broadening public awareness is our new AfSFH podcast, *Talking Solutions*, which is available on all podcast platforms and YouTube. Watch out for more developments to come.

Thank you for your nominations for our new Fellowship status; we'll be announcing our first Fellows at our Annual General Meeting on 22nd May – more on that in *All About You* on page 18.

Congratulations to our latest cohort of graduate Supervisors: Laura Smith, Lynda Phillips, Sian Noon, Joanna Kudzielka, Charlotte Spillane and Elaine Way. Welcome to the team!

We've our usual broad range of articles for you in this issue, covering fitness motivation, homework, a reflection on the benefits of reciprocal therapy, and a case study

on needle phobia. Now I know you all read your Journal cover to cover, but just in case it slips your attention I very much recommend you take time to read our Head of Standards, Nicola Taylor's article on clinical wills starting on page 6. Nobody likes to dwell on this kind of thing, but as professionals we do need to consider what would happen if we unexpectedly could no longer practice. I must confess it was something I had not thought about at all, but now realize I must take seriously and put precautions in place for any eventuality.

Thank you to everyone who completed our survey on their experiences of working through the pandemic and the impact it has had on their practice ... you can consider the results in *All About You*.

Happy reading!

Sally

Sally Hare,
AfSFH Head of Communications



Super Support

Super supporter: Andy Workman, AfsFH Supervisor

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.

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

I've been qualified as a SFH for over 12 years now (where's that time gone?), and can honestly say that Supervision is one of the essential elements in the success of my practice. As a Supervisor myself, you'd fully expect me to say that, but it's perfectly true.

Most of us graduate with a feeling of confidence in our ability to deliver top quality hypnotherapy to our clients. But that confidence can sometimes take a serious hit when regular returns to the classroom are no longer in our diary. I remember that, on passing my driving test, my instructor said, 'Congratulations, now is the time that you learn to drive.' It sounded like a crazy thing to say, but it was so true. Driving unaccompanied was a whole different experience and took some getting used to. Decisions had to be made in the moment, without that guiding hand beside me.

We've all had clients who have caused us to think 'What the hell can I do now?' and that can really damage our confidence. The encouraging support of an experienced, supportive colleague can make the difference between giving up and stepping up. Maybe through asking the right questions. Maybe personal practical experiences or case studies can be shared to inspire a different approach. But just as likely, confirmation of the approach you were considering is all it needs to get you fired up, enthused and confident in your own knowledge, skills and abilities.

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

I genuinely enjoy my role of Supervisor and always find it exciting to talk about our work with equally passionate colleagues. I love giving people the opportunity to recognize and celebrate their successes (which can be difficult to do elsewhere, without seeming big-headed), and being able to reinforce that positivity with my own recognition of their achievements is great.

It's also rewarding to be able to assist folks who are seeking ideas, inspiration or support in dealing with issues that are less familiar or, for whatever reason, out of their comfort zone. We can fret about a problem for hours, but just verbalising the issue to another person can make it easier to understand and find the

solution ourselves. Those 'light bulb' moments never lose their impact, and I get to see a lot of them.

Supervision is also vital for the protection of our own wellbeing. Working in the field of mental health, we are often exposed to some of the darkest subjects. The vast majority of my clients come to me to deal with depression and anxiety. These conditions often stem from awful experiences, and being trusted with their stories can be emotionally taxing. We all know that human interactions leave lasting impressions, and that this can take its toll if not addressed appropriately. Sometimes an opportunity to share can bring things back into perspective, and reduce the often unrecognized negative effects that can build up over time. As a Supervisor I can be the reassuring, confidential vent to negative emotions, which may not be available elsewhere.

The best aspect of Supervision for me is encouraging colleagues to develop their own individual style. Clients don't buy our therapy, they buy us! They don't recommend SFH, they recommend us! We're all trained to the required standard but it's our individual delivery of that knowledge and skill base that becomes our own individual unique selling point. I have the privilege of helping my supervisees bring their own individuality to their practice. Seeing these lovely people bloom in their own confidence is incredibly rewarding. It gets even better when I receive feedback similar to that from one of my group session attendees recently, who wrote:

'I can't thank you enough for today's inspirational session. It was liberating to hear that I can be me. You've given me back my mojo.'

Another benefit for me as a Supervisor is learning. The sharing of knowledge, experience and views adds to MY practice too. None of us knows everything (if anyone thinks they do, they need therapy, not Supervision), and I love hosting sessions where support, encouragement, knowledge and advice is so freely shared.

Most of us trained as hypnotherapists as a result of a genuine wish to help others. My Supervision role gives me another opportunity to do just that, and it's a privilege I hold very dear.



About the writer:

Andy's popular approach to the subjects of mental health and mindset development come from his unique blend of professional knowledge, endless research, life experience and a genuine desire to help people reach their full potential for health, wealth and happiness. He offers 1:1, Zoom and Zoom groups. Monthly subscriptions for 1:1 and Zoom, or *ad hoc* sessions as required.

Wabi-sabi

A metaphor

By Sally Hare

Western culture celebrates a fixed idea of 'perfection', with ideals of beauty, wisdom and strength that can only falter and fade. In Japanese culture, there is a concept called *wabi-sabi*. *Wabi* means the limitations of creation, and *sabi* means imperfect reliability. Together they mean finding beauty in the everyday ... the normal ... the constantly evolving nature of reality. *Wabi-sabi* recognizes the crack in the vase that makes it unique, the imperfect blossom that fascinates, the stains on a teapot that create space for meditation. It is a view that encapsulates music, flower arranging, gardening, pottery, poetry, even the tea ceremony ... it accepts impermanence and imperfection perfectly ... recognising that natural materials become more interesting as they change over time. This idea of the perfection of flawed beauty accepts all objects, however humble, however damaged, as fascinating and beautiful, and welcomes the reliability of impermanence.

In Japan, when a piece of pottery is broken it is not discarded, nor just glued quickly and put at the back of a cupboard for emergencies. The Japanese practice the repair technique of *kintsugi*. The art of *kintsugi* makes no attempt to hide the damage, but instead highlights it with gold, silver, and platinum seams, making the object more beautiful, interesting, and stronger than before. *Kintsugi* celebrates the breaks, the knocks, the cracks that befall all things over time, and treats breakage and wear as part of the history of an object, part of its beauty, something to be honoured and admired rather than something to be disguised.



About the writer:

Sally Hare is Head of Communications at the AfSFH. She lives in Bristol and is currently building her hypnotherapy practice there, and online.





Clinical wills

By AfSFH Head of Standards,
Nicola Taylor

Have you ever considered what would happen to your clients and business responsibilities if you were suddenly no longer able to work due to protracted illness, accident, incapacity or death? This might not be something we want to think about, however using our solution-focused approach we can ensure that we are offering care to our clients, professionalism as a business, and supporting our loved ones, too. This article raises some of the wider questions that need to be considered, and also aims to offer practical advice on putting a clinical will in place.

To consider this issue on a wider scale first: have you made a will at all? Advice on writing your own will lies far beyond the scope of this article, however if you don't have one this should be addressed. Alongside this, and in support of your clinical will, do you have lasting power of attorney? (This allows your loved ones to make decisions for you and take care of you if you are unable to do so.)

When preparing a clinical will, ask yourself: if you were suddenly, and without warning, unable to work, how would your clients be informed? How would they be supported? Who would organize this, and how would they know what to do? Also, what about your business? Bills, tenancy agreements, bank accounts etc. Who would take care of these things?

A clinical will is not intended to be a legal document, but ethically it provides a means of continuing to support clients and colleagues in the event of our death or incapacitation. Your

clinical will should be held by at least one trusted professional, known as a Clinical Trustee or Executor, who will not only need access to your clinical will but also to your password/s, keys, files and documents. Ideally this person should be another professional or colleague rather than a close friend or relative. You may want to consider having two Clinical Trustees: one who can take care of your clients and everything you do as a therapist, and another who can oversee your business needs.

Your clinical will needs to contain information in support of both of these areas. With regards to your clients, what will your Trustee need? Your current clients will most likely be their first consideration, so they will need to know how to access your current list of clients and your appointments. Whether your client records are securely stored electronically or as hard copy, your Trustee will need the appropriate passwords and keys to files. It will need to be apparent to your Trustee who your current clients are, so when organising your filing make this easy to see. Client lists should contain contact details so that they can be advised of the situation and possibly referred. In carrying out this procedure it is important for your Clinical Trustee to be aware of the Ethical Guidelines and Frameworks under which you work to ensure that clients are appropriately advised and supported. Giving your Trustee contact information for your Supervisor/s is also essential in supporting this process. If you are yourself a Supervisor, provision must also be made for access to and contact of your supervisees, perhaps with the details of where to find other Supervisors for support.

A clinical will is not intended to be a legal document, but ethically it provides a means of continuing to support clients and colleagues in the event of our death or incapacitation.

In respect of your business there are a wide range of considerations. Depending upon whether you run a clinic, rent a room or work from home, your provision will vary, but here I have identified some things that will need to be taken into consideration. Listing all your associations, professional bodies, directories, website providers, insurance company, with their contact details and any other relevant information such as fees and renewal dates, will help your Trustee. Also think about your accounts and finances. Keeping on top of your invoices and filing will help your Trustee to pay any outstanding bills, wages, unpaid fees, cancel any direct debits etc. Include information on how to access your social media accounts and mailing lists so that these can be managed appropriately.

Once you have formulated your actions and clarified them in writing, you will need to seek agreement from your identified Clinical Trustee/s. If they agree to support you with your clinical will and act on your behalf you will need to send them a password-protected email attaching your document containing all the necessary details and information. Make clear the location of any paperwork, contact details and information, without compromising security or confidentiality. Send the password by text so that it arrives via a different channel of communication. And finally, the part that you can play in supporting this process is to keep your records and systems up to date and include your arrangements as part of your Privacy Policy, so that your clients and/or supervisees can be secure in the knowledge that, should anything happen to you, they will continue to be supported.

Peter Appleton's article on page 17, issue 25 of *Hypnotherapy Today* serves as a stark reminder of what can happen when a business professional dies

unexpectedly leaving no clinical will, and is useful further reading. You can download it from the AfSFH website: log in, click 'Publications and Journals' on the right hand menu, then click 'Journal archive'.

Many professional organisations, including the AfSFH, don't mandate that practitioners have a clinical will, but as we all strive to develop the highest standards of ethical practice and conduct, it is certainly an area that warrants our attention. Hopefully some of the practical steps mentioned above can help us to find some solutions proactively, putting some useful plans in place if someone else has to manage our clients or business affairs on our behalf.



About the writer:

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.





The benefits of reciprocal therapy

by Beth Lawrence

Like many SFHs I came to hypnotherapy because of the benefits of my own experience. I found hypnotherapy very helpful after the death of my father and other close relatives in my teens, which left me anxious about change and leaving home. I only had a couple of sessions, but it left such a lasting impression on me that years later, in my forties and with my youngest child starting school, I began to consider it as a new career.

Fast forward a couple of years and I qualified with CPHT in Sheffield in the summer of 2020. When I began training I had no real knowledge of the different types of hypnotherapy, or of the solution-focused model. I knew my hypnotherapist had done a reframe with me all those years ago, but other than that my memory was patchy. A huge advantage of the pandemic was that we all had to get used to new ways of working online very quickly. My training shifted onto Zoom, and with it came my first experience of reciprocal therapy, as a few of us decided to practice on each other – an opportunity that, without Zoom, would not have been possible as we lived far apart. This provided a real and important insight into the experience of a client. As a trainee hypnotherapist it is easy to become very focused on the minutia of sessions: which language pattern should I use? How are my timings? Should I spend longer on this part or another? When you are the client, you realize that a lot of those things don't really matter. What matters is the quality of the dialogue, the solution-focused emphasis in your discussions, and starting the trance section feeling optimistic, often with some nugget of wisdom or insight to consider.

While the Solution Focused Hypnotherapy model follows a very set format (we were told that David Newton wanted clients to be able to see a therapist from anywhere in the country and have the same experience), each therapist naturally brings something of themselves to their sessions. From this we can learn subtle new ways of doing things: different ways of asking the Miracle Question, or a new focus within the brain explanation, for example.

Reciprocal therapy gives you the time to look after yourself, reduce your stress, learn from colleagues, and understand your clients' experience.

I next experienced reciprocal therapy around a year ago. Home schooling was in full swing and, with three children at home, I was struggling to find time for myself and to focus on my new business. I felt my confidence had taken a knock and contacted a colleague through the Association's list of hypnotherapists who were interested in reciprocal sessions (you can find it at www.afsfh.com). This time I didn't know the person I contacted at all, which made the experience even more authentic.

My colleague recommended we start our sessions with a full Initial Consultation. The power of this is hard to underestimate. We have seen how clients respond to this in our own sessions – often with relief, with understanding or with enthusiasm. Listening to my colleague expertly explain how my own current feelings fitted in with our model made me feel understood and validated. In between our sessions I listened to her MP3 track, and the simple act of making sure I took the time to do that helped me feel I was looking after myself. It's easy to forget about our tracks once we have given them out, but for clients who take the time to listen regularly, the benefits are huge. I looked forward to our weekly sessions; both the sessions where I was the client and those where I was the therapist. When I was the client, I enjoyed the gentle, positive focus of our chats, giving me the time and space to think about what was important in my life ... and I really looked forward to the relaxation part! I liked the way the sessions flowed. Just because Solution Focused Hypnotherapy sessions follow a structure does not mean they are forced. The conversation can naturally flow between the different parts of the session. I found the sessions very helpful from a personal point of view but also as a learning experience. I learnt from the good practice I was seeing.

When I was the therapist, I enjoyed the feeling of supporting a colleague, just as we support our clients. I felt reassured by the fact that my colleague was happy to have a number of sessions with me; my confidence began to improve and the whole experience was enormously valuable.

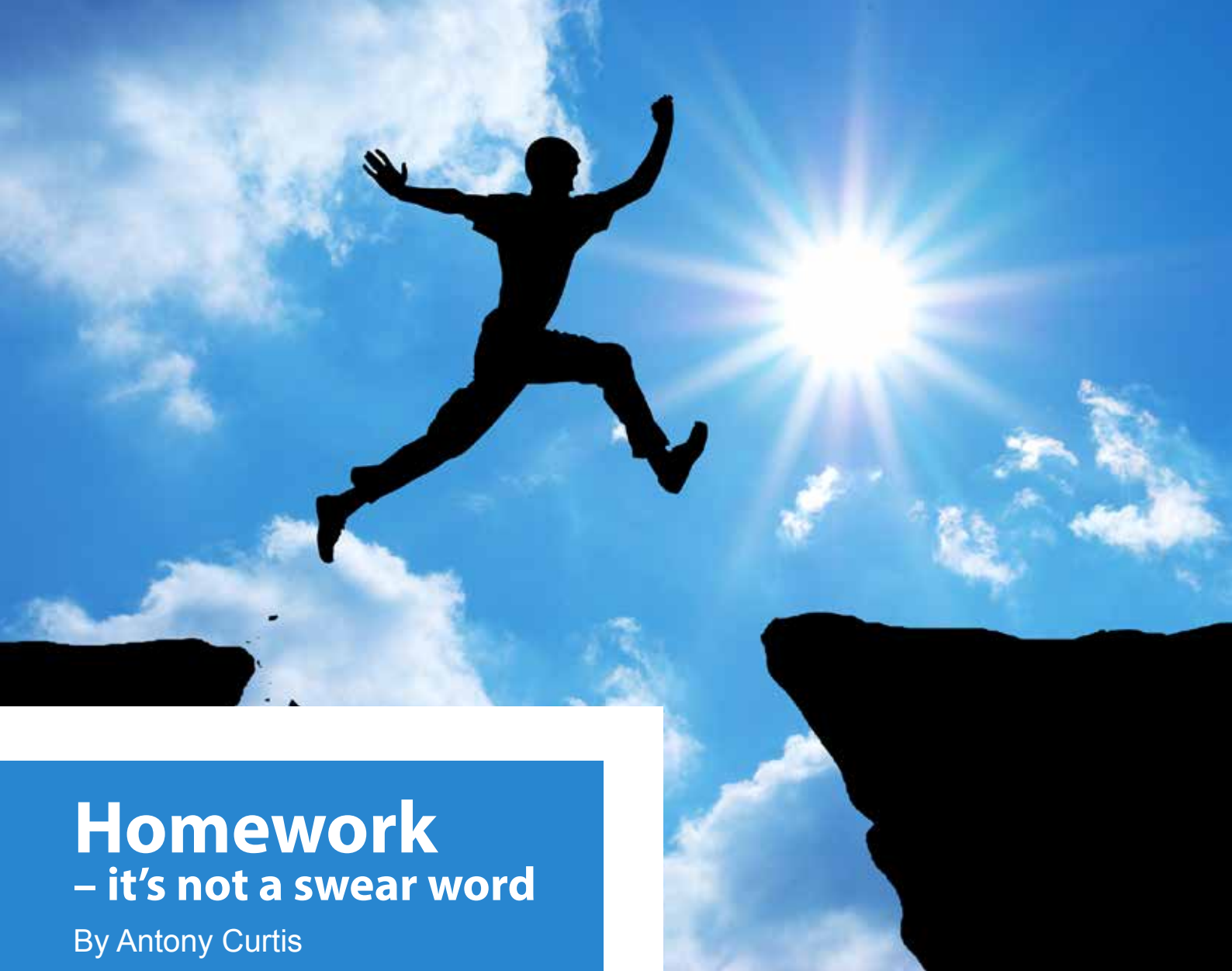
As therapists we need to be aware of our own boundaries and absorbing our clients' distress. With everything that is going on in the world it is easy for our stress buckets to become over full, but knowing the theory doesn't always mean we put it into practice. Reciprocal therapy gives you the opportunity to do just that. It gives you the time to look after yourself, reduce your stress, learn from colleagues, and understand your clients' experience. There are lots of great advantages to being a Solution Focused Hypnotherapist, but reciprocal therapy may be up there as one of the best!



About the writer:

Previously a teacher and charity project manager, after taking a career break to have children Beth qualified as a SFH with CPHT Sheffield in 2020. Based in the Peak District, she now runs her own business, working with clients face-to-face and on Zoom.





Homework

– it's not a swear word

By Antony Curtis

As with all therapies, there are key elements that are crucial to a successful outcome; the therapeutic alliance between the client and therapist is one of the defining factors of success, for example. There is, however, an undervalued tool that, when used correctly, is so effective in engaging the client in the processes of change, and in deepening the neuronal changes that occur, I wonder why it isn't utilized more.

Clients who buy in and are engaged in their therapy are much more likely to achieve their goals; that's kind of obvious. The way in which they engage, though, can give a serious boost to the sessions. In Solution Focused therapy (Brief, Hypnotherapy, coaching etc), homework is used to draw attention to the positive changes that the client is trying to achieve, the changes in emotions and responses that are happening. This is great for engaging the Reticular Activating System in the brain.

As you know, the Reticular Activating System works like a filter that analyzes all the incoming and homeostatic sensations in order to focus attention on the important stuff. It's been likened to a receptionist or a bouncer. It holds a list of things that are important (such as your name, family names, words associated with danger etc) and if it comes across one it pushes this information up to the conscious. You may have experienced it yourself when talking in a noisy crowded room, when out of nowhere you hear your name being said. It's not because it was

said any louder than the rest of the chatter, it is because your subconscious is listening all the time and when it found something on the list of important words, it sent it straight to your awareness.

We can also put things on the list of importance ourselves. Anyone who's played the motorway game of finding cars of a certain colour will know that, if you want to spot yellow cars, all of a sudden they're everywhere. Even after the game has finished, you continue to see them. We use this mechanism in our homework tasks by including things that we want the client to notice, things like the positive changes that they can see and feel, the positive parts of their day-to-day life, even just noticing the things in their life that they want to keep doing/feeling. These are all ways that the Reticular Activating System is called into play.

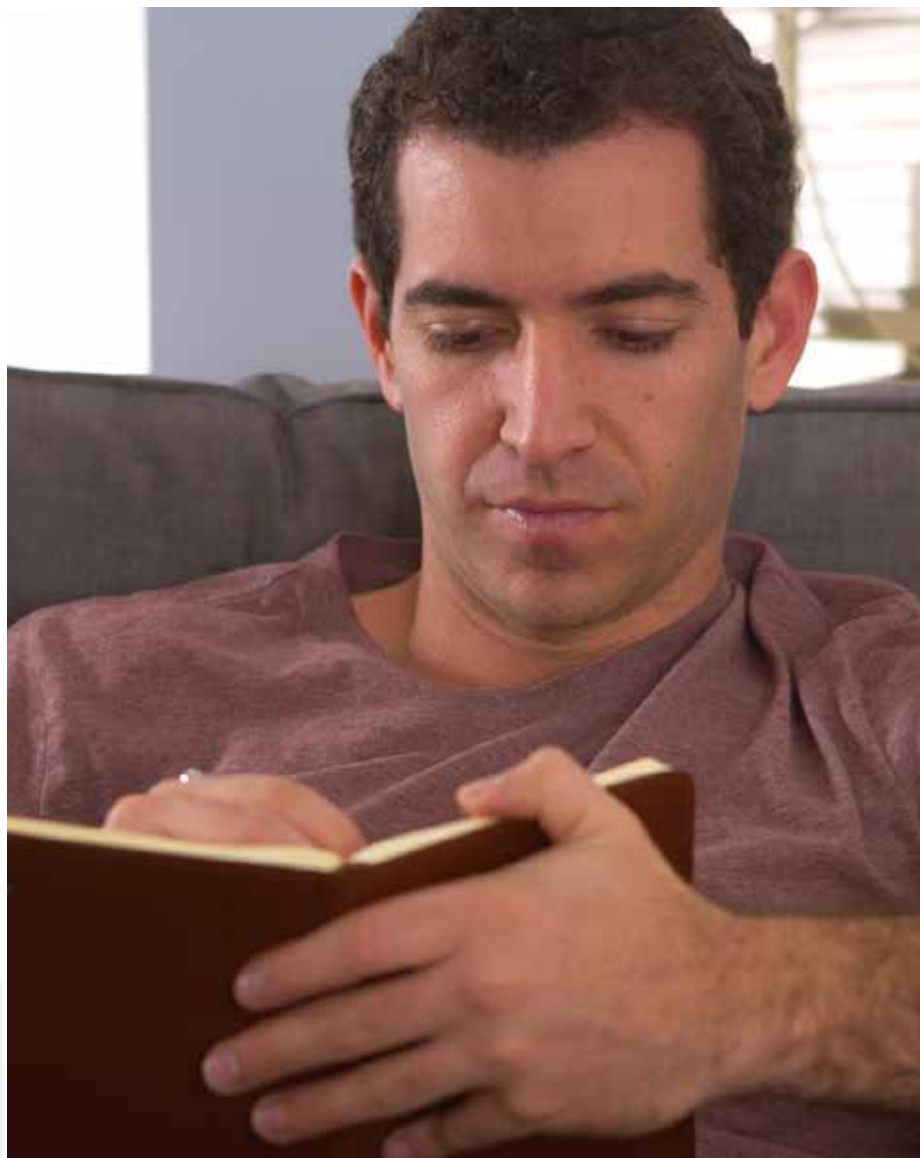
There is another powerful homework tool that can be utilized in this way: that of creating predictions. The mind is a giant prediction engine, predicting where the floor is when we step, where the door handle is when we reach for it, what the world will look like and how we will feel in certain situations. It does this for two reasons. Firstly, it saves a whole lot of energy if you already know what to expect and what you're doing. The power-hungry pre-frontal cortex barely has to get involved. Secondly, it does this to ensure that your actions and reactions are in line with

keeping you safe and alive. If it knows that you are going to be in a room with your nasty boss, it prepares you for it (not necessarily in the most useful way). If you are seeing your best friend, then it gets you excited in anticipation. There is an element of what NLP would call 'schemas' involved in the exact buttons and switches that are used for the environment to alter our states, but essentially, we know what's coming most of the time.

Great you may think, but what if it gets it wrong? Well, when we make a mistake about where the door handle or floor is we then have to go grasping for it or slip a little; how many people have gone up the stairs and went to take an extra stair that wasn't there? When we make an error in the emotional way then it sets up something called a cognitive dissonance, a gap between what it thinks is/should be happening and what actually is happening. Now it could assess the situation, change the neural pathways and adjust its prediction, but that takes energy and effort. It could equally just push a few emotional buttons and change our perception of the event to match its prediction, which is much more efficient.

Clients take charge of what they want their day to be and how they want to feel in it.

For example, you could be expecting another rubbish day in work with the boss shouting at you and feeling useless. Then, when you go in, the day could actually start to go all right. No shouting and work goes well. Part way through the day the brain will assess and say, 'hold on a minute, I predicted a day much worse than this!' A gap has occurred. So then how many times do we suddenly start to see the negative things: the colleague who's annoying us, the cold coffee and the emails coming in? It can adjust our awareness and perception in order to fit in better with its prediction. Now, we can use this to flip the situation around. By sitting down in the evening and thinking about the day ahead, you can actively write down the positive predictions for it: the way you want to feel; the way you want to act and react to situations; how you want to perceive the following day. Then the next day happens and if gaps begin to appear, the brain will naturally push your perception



towards the positive end rather than the negative. That evening you can reflect on the day and your predictions in order to make them more accurate (and therefore build trust with them), and you can write down the next day's predictions. You even start to become much more fluent in the words you use to describe the feelings; instead of feeling good about this or good about that, you can feel excited, relieved, proud, calm etc. The more nuanced the words the more accurate they become. This also builds on the control of labels we assign.

I have found with my clients that the use of these tasks helps shape and tailor the therapy with great results. They take charge of what they want their day to be and how they want to feel in it and use this in their homework task, shaping their goals and making them feel so much more empowered. It has helped so much that I have designed a series of homework journals which you can find via online retailers. Not only does this approach aid therapy, but it's a great way of adding value to the therapy journey.



About the writer:

Antony has been working in the field of behaviour for over 26 years and has always been fascinated with the mind and how it affects people's perceptions and actions, and ultimately their lives. He is also a keen athlete and has been a member of Team GB as part of the pentathlon series for the last three years.



Fitness motivation and Solution Focused Hypnotherapy

By Karina Price

'We first make our habits and then our habits make us.' (John Dryden)

Motivation is not a skill. Nor is it a fixed personality trait that we are either born with or without. Motivation that goes up and down is not a fault in the system, it's part of being human. It's a sensation that comes and goes, just like our emotions, so we can't always rely on it to be there (Smith, 2022).

Movement often increases motivation. Research shows that doing the smallest amount of exercise is better than nothing, and doing more than our usual amount of movement will help boost willpower (Barton & Pretty, 2010). Keep it small and keep it focused.

'The man who moves a mountain begins by carrying away small stones.' (Confucius)

When we exercise, not only does it release higher levels of dopamine into the body, but it also increases the available dopamine receptors in the brain (Olsen, 2011). This means exercise increases clients' capacity for pleasure in everyday life, and they desire more of what gave them this positive feeling, thus helping them to empty their 'stress bucket'. When their stress bucket is full and overflowing, motivation and self-discipline considerably reduce, making it harder for clients to focus on their fitness goals. Therefore, emphasising the importance of the 3Ps – Positive Thought, Positive Action, and Positive Interaction, is key.

Celebrate the small victories, as they all add up. Clients can do this by rewarding themselves, not so much with external rewards, but with internal rewards such as an

'emotional pat on the back'. This signals to the brain that they are heading in the right direction (Smith, 2022). When clients acknowledge their wins, this can help them to recognize that their efforts can influence their world, which can be extremely motivating ('chill out, "safety officer," we've got this!').

***'All obstacles are no more than dust before the wind.'* (Nichiren)**

Often clients have a good idea of their fitness goals, and as we know, the Miracle Question is a powerful way of helping them to become clearer on what steps they need to take to start heading in the right direction.

It can also be helpful to consider what might hinder their fitness goals. When we encourage clients to do this, they can reflect on what's previously stopped them, and it becomes an ideal opportunity to consider how they can overcome obstacles in the future. Considering what might get in the way of progress can also help clients identify self-limiting beliefs, eg 'I will struggle to exercise in the morning because I'm not a morning person,' 'everyone in my family is unfit, I doubt I will be able to do it,' 'I don't have time,' 'I feel guilty taking a lunch break,' 'I never stick at anything.'

This 'all or nothing' self-talk makes it easy for clients to feel as though they have no control over their circumstances, and when we become helpless, we become hopeless, and motivation dwindles. Usually when we make excuses it's because we are fearful about taking the next step, as the task in hand feels too big and overwhelming. Procrastination kicks in, and we find ourselves avoiding the thing that we know we need to do. This can paralyze us with fear and quite often lead to negative self-talk, self-criticism and reinforcement of the limiting self-belief: 'I can't do this.'

According to Smith (2022), motivation is a by-product of action; it's that feeling of energy and motivation you get once you have started something, and your brain and body start to rise to the challenge. Therefore, reinforcing the importance of manageable small steps, such as when clients do something even when they don't feel like it, can trigger a biological and emotional shift.

***'You either control your mind or it controls you.'* (Napoleon Hill)**

The pictures that we paint in our mind and the language that we use have a powerful impact on how we feel, thus influencing our behaviour. Changing our life is achieved by changing our inner game, our mindset.



According to research at Harvard University, if someone says something out loud it's ten times more powerful than if they think it, and negativity is four to six times more powerful than positivity. Therefore, if we say something negative out loud, it's forty to sixty times more likely to cause us problems rather than if we just didn't say anything (Trevor Moawab).

Clients often focus on the things that they are struggling with, the things that aren't going well, eg 'I hate cardio,' 'I'm no good at strength training,' 'I'm not flexible,' 'I really don't want to work out.' Ultimately, by doing this, they're perpetuating and predicting what they don't want to happen. Such negative self-talk can lead to self-sabotage, and they are more likely to give up.

However, clients can create an alternative way of thinking. Becoming aware of their thoughts and negative self-talk gives them an opportunity to decide whether they 'buy into them', giving clients a chance to challenge them and replace them with much more helpful thoughts. Reframing unhelpful thoughts can help them move away from a fixed mindset: 'I will never change,' to a growth mindset: 'How can I change?'

When clients acknowledge their wins, this can help them to recognize that their efforts can influence their world, which can be extremely motivating.

Simple play with words can be beneficial, eg reframing 'I've GOT to ...' as 'I GET to ...', 'I get to have some "me time"/feel good/try and beat my personal best/enjoy the post-workout feeling.'

Reframe 'I can't do this' and try something like: 'I am up for the challenge/I can't wait to see the progress I'll make/I've totally got this.' Encourage clients to train their mind, just as they would train their body.

Encourage clients also not to compare themselves to others, and to be mindful of what they consume (not just food, but what they watch and listen to, and the people with whom they surround themselves). It's easy to scroll through social media and compare ourselves to others, and then negative thinking kicks in. This releases cortisol which can have a negative impact on mind and body, reducing motivation. Instead, encourage clients to compare themselves to themselves yesterday, last week, last month, last year, and celebrate their progress. Our bodies are different and unique to ourselves, so they should focus on what feels right for them.

Research tells us that we are far more compassionate with other people than we are to ourselves, so it can be helpful to focus on ways clients can steer their thoughts in the right direction. Practicing gratitude can be a helpful way to shift our mindset. For example, in the morning clients can focus on three things they're looking forward to that day, and in the evening consider three things for which they're grateful. I also like the analogy of thinking from a 'best friend brain', eg if they notice negative self-talk, ask them what they would be saying to their best friend if they were experiencing something similar. It's likely to be a much more compassionate response, eg 'that's a great effort, well done for trying, you're heading in the right direction.'

Where you are a year from now reflects the choices you make right now

Vision boards can be a creative way to help motivate clients. This visual tool can be used as a prompt for the Reticular Activating System, helping clients focus on their goal. Research tells us that, if we focus on the image of our 'why', we're more likely to overcome the hurdles we face along the way. A vision board can be created virtually on a laptop or phone, or a hard version, using a large pinboard or picture frame. Clients gather images from magazines/the internet of their fitness goals, eg increased flexibility/strong body, positive quotes, and reasons why fitness helps their mental health. Basically their 'why' is on the board: what achieving their goal will feel and look like in six months/a year (you can find lots of vision board ideas on Pinterest).

References:

Why has nobody told me this before (Smith, 2022).

What is the best dose of nature and green exercise for improving mental health (Barton & Pretty, 2010).

Natural rewards, neuroplasticity, and non-drug addictions (Olsen, 2011).


YouTube: Mindset Expert Shows You How to Control Your Negative Thoughts (Trevor Moawab).

Vision boards can be a creative way to help motivate clients.



About the writer:

Based in Exeter, Devon, Karina specialises in anxiety, Solution Focused therapy and relaxation. A meditation writer and voice narrator on the *Sleepiest* app, Karina has recently started her Yoga Teacher Training.



Resolving complex needle and medical phobia

A case study by Jane Pendry

Case details and quotes reproduced with client's permission.

For over 20 years, Ash had a profound phobia of needles, complicated by medical phobias and the vasovagal or fainting response. His phobia had become deeply embedded and extreme.

Yet in October 2021, after five sessions, Ash finally had his first COVID vaccination. What follows is the therapeutic journey that brought this positive change.

What is a vasovagal response involving needles?

When pierced by a sharp object, a dramatic drop in blood pressure causes fainting. It's not psychological. The vasovagal response is an autonomic response that can't be helped by hypnosis. It may be evolutionary – after all, warriors pierced in battle might faint and live to fight another day!

Ash's specific traumas

As a child, Ash had fainted after a vaccination, hit his head on a radiator and was knocked out. This trauma that haunted him. Then, as a young adult, while on holiday overseas, Ash had unexpectedly felt light-headed and passed out, waking up in a pool of blood from his bleeding nose. Feeling exhausted, he just wanted to go to bed. However, his concerned family had called an ambulance. He was taken to hospital where a canula was inserted to rehydrate him. Ash explained, 'I completely lost all personal agency.'

His fear of needles had now become a deep-rooted complex medical phobia.

What had Ash done to fix his needle phobia?

Ash explained, 'I had done nothing to fix it. I avoided it completely. When COVID-19 came, I needed to fix my phobia. I needed the vaccine for work and travel. There was some social pressure too. Now I had a strong enough motivation finally to overcome my fear.'

Seeking a solution

Ash was aware this was no ordinary phobia: 'Just by seeking treatment with Jane, I had begun to chip away at the problem. I knew I was going to have to throw everything at overcoming it.' During our third session, Ash identified through our Solution Focused conversation, 'Having personal agency is key. I realized being restrained and losing control were core issues. I was now clear about what I needed to resolve.'

Ash had learnt how to control his vasovagal response by following medical guidance, and was now able to reframe that aspect of his fear. Our Solution Focused conversations then uncovered Ash's need to tackle his remaining fears head on.

Ash's unique solutions

Ash's unique solution was to visualize, imagine and rehearse having his vaccination while staying fully alert and in control. He identified that a 'preparation ritual' to calm his mind would help him build his strengths and resources – a helpful reframe we likened to 'military training'.

'It was like peeling layers of an onion,' Ash said. 'Once I understood what I needed to address, I imagined each stage of the vaccination process, both consciously (reframing) and

during hypnotherapy, until I became comfortable with each part of the process.'

What did our SFH sessions involve?

Supporting Ash reinforced how important it is to allow your client to find their own solutions. The process involved:

- Rewind to resolve past traumas;
- Reframe the vasovagal response;
- Reframe and rehearse the vaccine process – from unsafe to safe;
- Create a pre-vaccination ritual to build a sense of agency and control;
- Affirmations, breathing and mindfulness exercises to help 'surf' difficult emotions.

I used standard scripts *Stately Home* and *Thoughts*, adding in Ash's own reframes as appropriate.

First attempt – the dress rehearsal

Ash's first attempted COVID vaccination didn't succeed. However, Ash explained that being able to walk away without consequence or judgment restored his feelings of agency. Sensory feedback from the experience helped him anticipate feelings at his next attempt. Ash explained the unique solution that suited his analytical mind: 'I can't over-emphasize the importance of rehearsing reframes with my partner. I practised and visualized painful mock injections with a sharp tool *ad nauseam*, allowing me to experience a momentary loss of agency and a set of sensations that I knew were much more uncomfortable than the reality. It felt like exam revision. I felt ownership and progress.'

Final vaccination

Having already attempted a vaccination, Ash now knew the vaccination venue, the process and staff, including *Joe, who specialized in vaccinating people with needle phobias.

On the day of the vaccination, Ash hadn't received a call to say Joe was available. He feared things might go awry. Encouraged by his partner, however, Ash went ahead.

Morning ritual

Waking up early, Ash began his pre-vaccination ritual: eating a chocolate bar and drinking a glucose drink to keep blood sugar high to help mitigate any vasovagal response. He put on his 'horrible shirt' with no sleeves, which made access to the vaccination site easy. He applied his numbing cream. Before 8am, Ash and his partner were ushered inside the pharmacy as pre-arranged. Ash said, 'The pharmacy was



just preparing for opening. I could smell coffee. Staff were turning on tills and computers. Drugs were being prepared for dispensing. The shutters remained half raised.'

Staying calm and focused

A long time passed. Ash said, 'I could hear Joe's voice. Everything was going to plan, and my nerves remained under control.'

Using his grounding exercises – box breathing and mindfulness – Ash managed to stay calm and focused: 'Some shelves were stacked floor-to-ceiling with products – shampoo, shower gel, toothpaste – with unknown brands and unconventional scents or flavours. My partner and I competed to find the most unappealing products on sale to occupy us until Joe finally appeared.' Joe always wore a mask; Ash recognized him by his hair and gait. 'I'd met Joe twice before and shared so much of my deeply personal and challenging journey. Yet I wouldn't recognize him on the street. As Joe strode out from behind the dispensary desk, a bubble of calm, excitement and fear arose.'

Supporting Ash reinforced how important it is to allow your client to find their own solutions.

Curveballs

Joe sounded harassed and tense. 'Hi guys. We have 400 boosters scheduled. I'm really sorry. I don't have time today but there's a clinic at the Royal Free (Hospital), who specialize in needle-phobic patients. I can get you a referral. It'll take a few weeks, maybe a month or so. How does that sound?'

Ash felt crushed. His rock-solid, rehearsed plan had taken a wrong turn. 'Joe had grabbed the steering wheel and driven us off a cliff. The visualizations and hypnosis suddenly felt worthless. My laser-like focus was now clouded. Joe had suddenly withdrawn all support.'



Ash has been able to overcome his debilitating fear and get his life back on track.

Ash realized Joe didn't have 20 minutes to spare (the time taken at the previous failed attempt). If the injection didn't happen within two to three minutes of sitting on the crash couch, Ash knew it wouldn't happen at all.

The final vaccination

Then his partner made a suggestion. Why not ask for just five minutes of Joe's time? After that, Ash could abandon the attempt and attend the hospital clinic later. Ash said, 'Joe's mood – even from behind his mask – visibly changed. I sensed he wanted to get me through this, and he seemed extremely agreeable.'

Ash and his partner finally went into the vaccination room: 'Suddenly, I felt strangely comfortable. Joe stood in Ash's peripheral vision; Ash grabbed his partner's thumb, as rehearsed. Joe wiped numbing cream off Ash's left arm and gave it a gentle poke.'

Ash used his breathing exercises to stay present and calm, while simultaneously staying alert and focused, and in control. Bracing himself, Ash said clearly and firmly, 'Do it, Joe.' He paused and added, 'Tell me when it's done.'

Joe replied, 'Yes, it's done.'

Ash had felt nothing. Immediately afterwards, he felt a 'sense of elation.'

Reflecting on the experience

Ash explained why his second attempt succeeded. 'On the day, I was able to relax. I did everything as rehearsed. I surrendered my left arm only. For the first time in a medical situation, I took back control and I saw it through.'

To counter the vasovagal response, Ash lay on the couch. His partner held his legs up to help blood move back up to his brain. He tensed his muscles and waited. Once assured there was no fainting response, Joe asked Ash to stand up slowly. He locked arms to help Ash walk, but Ash said, 'It's OK, Joe. I'm fine.'

After a few minutes in the pharmacy, Ash still felt fine. Although he had taken the morning off, he happily went back to work later that morning.

Ash reflected: 'It was important my partner was there to support me. When I felt pressured, she kept me moving forward. Immediately after the vaccination I was back in a zone of comfort. There was so little fluid involved, I thought "the body won't notice" ... and it didn't! The whole experience seemed uneventful.'

Triumph

The hypnotherapy sessions, breathing, reframes, mental training and preparation had paid off. 'Being unvaccinated was a huge inconvenience,' Ash explained. 'Now, I could breathe again. I had invested a lot in therapy, and Ubers, but it was all worth it. I appreciated all the support and help Jane had given me. And above all, I felt proud of myself.'

Ash has been able to overcome his debilitating fear and get his life back on track. After being fully vaccinated, Ash and his partner flew to New York together early in 2022.

My reflections

I have discovered that a loss of agency or control can be at the root of many complex phobias, so they take much longer to resolve. Solution Focused conversations do really empower the client to find their own unique solutions.

**name changed.*



About the writer:

Jane Pendry has been practising for over three years and is now specializing in emetophobia, complex phobias and trauma resolution while continuing to work with mostly anxiety-related conditions.

All about you!

Notice of our 2022 Annual General Meeting (AGM)

This year, our AGM will once again be held online via Zoom, on Sunday 22 May. As usual, we will send out a copy of the AGM report and a member voting form prior to the meeting. This is so that members can vote on the roles held by the existing executive committee members, which is a requirement for the organisation. It's important that as many members as possible take the chance to vote, so that we can meet a quorum for the organisation. 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.

Survey results ...

Thank you to everyone who responded to our survey about how working practices have changed due to COVID-19; the results were truly fascinating. Many of our respondents moved their practice exclusively online during the pandemic (29%) or moved online but worked face-to-face when restrictions allowed (68%). Just 3% of members waited until restrictions allowed face-to-face working to see clients, or stopped practicing altogether. Of course, some members who stopped practicing may no longer be members of the Association and would not therefore have responded to the survey, as one member pointed out, so this figure should be approached with a little caution. Also, one member commented that they had worked over the telephone, which was not included in our survey.

For those who worked online, 36% found it a revelation, 32% were already using this method so knew what to expect, 20% found it a mixed blessing, and 11% found it a necessary evil. One dedicated member said working online enabled them to keep seeing their clients when they tested positive themselves! Another enjoyed working online so much they have moved house to accommodate a home office. On the other hand, some members expressed frustration at existing face-to-face clients' reluctance to try online sessions, and one commented on how the on-off nature of lockdowns/tiers etc had negatively affected their face-to-face client numbers.

For those who worked online, opportunities to work with clients further afield were common. Of those who responded, 38% of members found national clients, 12% international clients, and 36% found both national and international clients.

Now life is returning to something like normality, we asked how members intended to work in the future. A whopping 77% said they intended to work both online and face-to-face, 13% said they would be working exclusively online, and 9% will work exclusively face-to-face.

There was an interesting spread of responses to our final question – about how client numbers have changed over the pandemic, and from your comments it seems members have had very different experiences. Of those who responded, 18% only started seeing clients during the pandemic so couldn't compare. 39% said they initially had fewer clients but numbers have returned to normal, 23% said they had fewer clients overall and were still down on numbers, 16% said they had seen more clients than usual, and 4% said they'd had about the same number. Where some comments reflected the catastrophic effect the pandemic had on their client numbers, others said it had offered new opportunities.

So thank you for your candour in responding to the survey – we've all been through a challenging time of late, not only as therapists, but as business owners too, so here's hoping for calmer waters in the future. If these results tell us one thing it's that we're an adaptable, solution-focused bunch.

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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Or like 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/. Once we receive your request to join, we will verify your membership and add you to the group!



Disclaimer:

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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: 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.

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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.

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Head of Communications: Sally Hare

Sally is a graduate of CPHT Bristol and has a background in writing, editing and proofreading. Training and practice experience have enthused her to spread the Solution Focused message to as wide a public as possible.

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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.

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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.

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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.

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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.

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