

# HYPNOTHERAPY TODAY

ASSOCIATION FOR SOLUTION FOCUSED HYPNOTHERAPY

Edition 37, Summer 2022

## *Selective Mutism*

*A collaborative approach*

*Also in this issue:*

**Boost your SEO**

**AfSFH Fellows**

**Our new podcast**

**AfSFH**.com



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



## Alina Bialek

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



## Alex Bronger

Location: Stroud, Gloucestershire  
M: 07917415926  
E: alex@bronger.co.uk  
W: www.abhypnotherapy.co.uk  
ST: Group, One to One, 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.



## Sandra Churchill

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



## 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 Dimond

Location: Glasgow  
M: 07882 659582  
E: rachel@focused-mind.co.uk  
W: http://www.focused-mind.co.uk/  
ST: online/face to face one to one/group



## 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



## Jennifer Dunseath

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



## Kim Dyke

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



## Sharon Dyke

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



## Trevor Eddolls

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



## 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



## Jane Fox

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



## Rachel Gillibrand

Location: North Somerset  
M: 07905 527719  
E: rachel@seaviewtherapies.com  
W: www.seaviewtherapies.com  
ST: Phone, Skype/Zoom, Group, One to One



## Lucy Gilroy

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



## Nicola Griffiths

Location: Portugal  
M: 0773 855 5172  
E: info@nicolagriffithshypnotherapy.co.uk  
W: www.nicolagriffithshypnotherapy.co.uk  
ST: One to One & Group Online + Phone



## Paul Hancocks

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



## 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



## Ali Hollands

Location: Online (UK)  
M: 07957 573681  
E: ali@inspiredtochange.biz  
W: www.inspiredtochange.biz  
ST: One to One, Online with Email and Phone support

# Contents

## 02 Supervisors' Directory

## 04 Super support!

– We get to know another AfSFH Supervisor.

## 05 Meet our first Fellows of the AfSFH

## 06 Selective mutism: a collaborative approach

– By Nicola Taylor, Deirdriú Murray and Katrina Turnbull, with an introduction by Nicola Griffiths, AfSFH(Fellow).

## 10 SEO (Search Engine Optimisation) for beginners

– By Trevor Eddolls, AfSFH(Fellow).

## 12 An alternative view to setting homework

– By Alex Brounger.

## 15 Talking Solutions – the new AfSFH podcast

– By AfSFH Head of Communications, Sally Hare.

## 16 Pebbles – a metaphor

– By Anne Rice-Jones.

## 18 All about you!

– Feedback on how you use the afsfh.com website.

## 19 Supervisors' Directory

## 20 The Executive Committee

## A Message from the Editor...

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

Since our last issue the Executive Committee has been busy as ever. We held our Annual General Meeting on Zoom back in May, reporting back over the past year and setting out our plans for the coming one. You can find a recording on the website at [www.afsfh.com/meetingminutes/](http://www.afsfh.com/meetingminutes/), if you've not done so already, and thank you to all the members who voted, or nominated the Chair to vote as proxy on their behalf.

A particular highlight of the meeting was announcing our first ever cohort of Fellows! Congratulations to David Newton, Susan Rodrigues, Nicola Griffiths and Trevor Eddolls. These are familiar names to most AfSFH members I'm sure, but you can find out more about them, their contribution to SFH and the AfSFH, and the new AfSFH Fellowship itself, on page 5.

We've our usual broad mix of articles for you this issue, including a look at SEO (Search Engine Optimisation) and an introduction to our new podcast. I'm particularly excited to share a collaborative piece on selective mutism on page 6 – fascinating to read how our members worked together to find solutions to a mutually challenging issue, and how each brought their own individuality to working with their client effectively.

Talking of collaboration, it's always good to share opinions in our solution-focused community, and Alex Brounger got in touch regarding our article on homework in the spring issue of the Journal. He has a different take on whether we should set homework for our clients, and you can read his thoughts on the subject starting on page 12.

Thank you to everyone who responded to our survey on website use – you can find out about it in *All About You* on page 18. We had fewer responses than usual to this survey – presumably because you were all far too busy completing your member profiles for the Directory! We do appreciate everyone who takes the time to respond to our short surveys, as finding out your experience and opinions on a range of topics helps us get an idea of where we should be focusing our energy going forward.

As you know, we're all about sustainability here at the AfSFH, so if the weather has continued in a similarly unpredictable way as at the time of writing, once you've read all the articles you can make even more use of this issue by repurposing it as a handheld fan ... or an umbrella!

Happy reading!

*Sally*

Sally Hare,  
AfSFH Head of Communications



# Super Support

## Super supporter: Laura Smith, 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](http://www.afsfh.com).**

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

Having experienced hypnotherapy in my 20's and hypnotherapy for childbirth in my 30's I was blown away by the positive impact and the speed of success of Solution Focused Hypnotherapy compared to other longer-term therapeutic models, and so I decided to train as a SFH and Clinical Psychotherapist.

My former career was as a secondary Maths teacher which I did for 18 years. As a teacher, even though I obviously spent a lot of time around the students, the job could be quite isolating, and so I always really valued the opportunity to engage in CPD and reflective practice with colleagues. I believe it is also important to avoid the feeling of being 'stuck in a rut', both for ourselves as practitioners and obviously for our clients. Discussing our practice and sharing ideas can be both empowering and inspirational, and can really help to keep that passion for our craft.

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

As a Maths teacher I have always enjoyed helping others to feel more confident in their ability, explaining things in a way that is easily understood and accessible. As a teacher I set up and ran termly CPD to all staff for 13 years and so it seemed a natural progression for me to become a Senior Lecturer in Solution Focused Hypnotherapy and a Solution Focused Brief Therapy Supervisor, as teaching and learning has always been something I am very passionate about.

As such I like to run my Supervision in a slightly different way to the norm as I have found over the years that it is beneficial for professionals to feel regularly inspired through CPD opportunities and connection with colleagues. I offer the usual individual and group Supervision sessions both in person and online, but I also encourage attendees of my group Supervision package to have regular access between sessions, so that any queries can be addressed live, thus leaving time during monthly group Supervision sessions for learning and sharing up-to-date research and best practice. I have found this works really well, and feedback from my supervisees has been that they enjoy this combination of bringing questions to Supervision and learning, and that they find the ability to contact me as and when needed invaluable to their practice.

I have become particularly interested in psychoneuroimmunology, internal family systems therapy, trauma recovery and transactional analysis, and enjoy researching these areas and incorporating this type of work into my practice and my Supervision sessions.

I am passionate about delivering dynamic and engaging sessions and sharing good practice and materials between sessions to enable my supervisees to keep up to date with the latest research and remain inspired, enthused and feeling confident about their practice. I like to share ideas and discuss clients during Supervision; reflecting on our practice is so invaluable and I suppose it must tap into my enjoyment of problem solving! I like to challenge my own thinking and enjoy the sense of enthusiasm and inspiration that comes from discussing this work which I feel so passionately about.

I like to run several groups per month in order that supervisees can access Supervision with colleagues of a similar level of experience, therefore avoiding those situations where you either don't have a clue what any of the acronyms being bandied about mean, or you feel like you are wasting your time listening to another discussion about the Miracle Question! I find this model helps to ensure session time is relevant and appropriate, building confidence and empowering those in attendance.



#### About the writer:

Laura is a senior lecturer and SFBT (Hyp) Supervisor at CPHT Plymouth. She offers individual and group Supervision in person and online.



## Meet our first Fellows of the AfSFH

### What is Fellowship of the AfSFH?

Individuals designated AfSFH(Fellow) are members of the organisation who have been awarded Fellowship status in recognition of their outstanding contribution to the field of Solution Focused Hypnotherapy and the Association for Solution Focused Hypnotherapy. It is a prestigious honour that is awarded following peer nomination and majority vote by the AfSFH Executive Committee.

Earlier this year, the AfSFH Executive Committee were delighted to award their first designations of 'Fellow' to the following members, who were deemed to have made an outstanding contribution to the field of Solution Focused Hypnotherapy and the organisation itself:



#### David Newton

David is the co-founder of The Clifton Practice Hypnotherapy Training (CPHT), along with his wife, Stefanie, and is the founder of the AfSFH. Over his career, he helped thousands of people as a Solution Focused Hypnotherapist and went on to establish the largest training provider for Solution Focused Hypnotherapy in the country (CPHT). David is now semi-retired but enjoys keeping up to date with all things related to Solution Focused Hypnotherapy.



#### Susan Rodrigues

Susan is a key interface between CPHT and the AfSFH and is also Chair and Trustee of the organisation. Susan runs her own private hypnotherapy practice and assisted in developing CPHT, alongside training and Supervising hundreds of students and practitioners. She is also an UK Confederation of Hypnotherapy Organisations (UKCHO) Executive Director.



#### Nicola Griffiths

Nicola is a key founding member of the AfSFH Executive Committee and was the inaugural CEO of the Association, later also taking on roles as Trustee and Chair. She runs her own private practice, is a CPHT Lecturer, and Supervises other students and practitioners.



#### Trevor Eddolls

Trevor is Head of IT and Social Media for the AfSFH and is the organisation's longest-serving Executive Committee member. He has published numerous books and articles about hypnotherapy and regularly contributes to hypnotherapy publications. He runs his own private practice, but also Supervises other practitioners, and runs training courses for therapists.

*Nominations for Fellowship of the AfSFH will reopen next spring. Criteria for nominations are listed at [www.afsfh.com/fellows](http://www.afsfh.com/fellows).*



# Selective mutism

## – a collaborative approach

By Nicola Taylor, Deirdriú Murray and Katrina Turnbull

*This article is the result of a wonderful collaboration between three Solution Focused Hypnotherapists all facing the same challenge, and their marvellous Supervisor who brought them together. Through meeting, talking and sharing we felt inspired also to share our experiences with you. Within the scope of this article, we want to highlight how we stayed solution focused when the problem was ‘the elephant in the room’, and what worked with our clients. If you would like to find out more, we have each contributed more detailed case studies to the AfSFH website ([www.afsfh.com/journal-archive/](http://www.afsfh.com/journal-archive/)) – Nicola Taylor*

### Introduction by our Supervisor, Nicola Griffiths, AfSFH(Fellow)

Ever heard of ‘Number 52 Bus’ Syndrome? You can wait an age for one to come along and then suddenly three arrive all at once! That’s what happened earlier this year with regards to selective mutism cases. I’ve been a hypnotherapist for 15 years now, and in that time I’ve only ever had one client with selective mutism. Then, earlier this year, I had five supervisees all come through within four weeks with this issue. Four of their clients were children/teenagers where the primitive mind was ‘opting out’ by not talking, and the fifth was restricted in their ability to talk due to severe illness.

The therapists had to be creative sometimes as, simply put, the client wouldn’t even answer the questions in the IC. Therefore, I was suddenly getting calls asking for inspiration. We set up a small focus group to talk about what worked well and to compare notes. It turned out to be very useful.

As with so much of the work we undertake, the primitive mind can be very imaginative with how it informs us that it’s in trouble. This, in turn, creates more load for the stress bucket and can make life very difficult indeed. The cases we discussed had progressed at varying speeds and some have been long haul, but the basics of what we do worked well in the main.

*‘The primitive mind can be very imaginative with how it informs us that it’s in trouble.’*



### About the writer:

Nicola qualified as a SFH in 2007 and as a Supervisor in 2012. She was awarded Fellowship of the AfSFH in 2022. Nicola’s passion is helping people, whether that’s clients or therapists.

It was a very positive collaboration, resulting not only in this article, to share our experiences with everyone else, but also in the conviction that we can definitely help with a bit of patience, understanding and 'thinking outside the box'!

**Selective mutism is a term used to describe children who are too afraid to speak in certain situations. It is an anxiety disorder. Often this behaviour manifests at school and with people who are less well known to the child. It should not be confused with the outmoded term 'elective' mutism which implies that the child is refusing or choosing not to speak. In 1994 the term 'selective mutism' was coined in recognition of the severe anxiety characterising this condition leaving the child unable to speak. Selective mutism is more common in girls and without intervention it can persist into adulthood.**

### **Katrina Turnbull: 12-year-old boy via Zoom**

I noticed that Zac\* wasn't keen to talk on our first call; he often wouldn't look at me at all. Information was relayed through his mother, who sat beside him, and we continued this way for about six sessions. By then, Zac relaxed enough so that his mother was only present for part of the session, and he had trance alone, popping on his music and curling up to listen. The more we worked together, the smoother it became, and changes started to happen.

Working with a selectively mute person can be challenging. Long gaps of silence can cause a person who can't communicate (for whatever reason) to feel stressed and uncomfortable, so I worked to make sessions fun and enjoyable. I reassured him that it was totally OK if he couldn't speak, and together we came up with other ways to communicate: Zoom messaging, WhatsApp (with permission), drawing, nodding, thumbs up/down, and writing. My younger clients love to complete an *All About Me* worksheet, and if there was a lull, Zac would fill out part of this sheet, as would his mother and I! I'd ask Zac to imagine that I was an alien, having just landed on Planet Earth. Could he explain a little more about (one of his favourite things) to me? This usually ended up with smiles and giggles.

We would start each session with 'box breathing' or a short progressive muscle relaxation, to shake out any tension, and a recap of relevant parts of the brain explanation. Zac was often tired, and I explained that it was fine to stay quiet, as there is a part of the brain always listening and responding, even when we are sleeping. Because the mind can't tell the difference between imagination and reality, even just describing some past 'what's been goods' would be beneficial, and he could change his very biochemistry just by thinking! I gave him a Spiderman notebook and pen (his favourite character), and he enjoyed writing his positive reflections before bed, which benefited our relationship as well as his progress. For scaling, we would draw a rugby pitch (he loved sport), and on his best days, he could easily run from one end to the other.

As Zac's stress bucket began to empty, his symptoms started to decrease. At the end of 13 sessions together, five out of his eight symptoms had gone. He was speaking more, and talking to his family about feeling more in control of his primitive brain, which we had likened to a watchful guard dog and even given a name!

He was offered school counselling sessions, and his mother decided to take them, but stated that the work that Zac and I had done together had built a strong foundation for him – well worth all the head-scratching and Supervision. To summarise my learning, I would say remain flexible, allow the client to lead the way, and as ever, find what works and do more of it.



***'I reassured him that it was totally OK if he couldn't speak, and together we came up with other ways to communicate.'***



**About the writer:**  
Kat Turnbull lives on the East Lothian coast of Scotland. She graduated last year in Edinburgh and has been growing her business – both in person and online – since October.



### Deirdriú Murray: 14-year-old boy face-to-face

I enjoy working with children and am always prepared to deal with the unexpected in sessions. However, when my first teenager with suspected selective mutism presented last year, it threw me initially. From speaking to his parent I was aware that he was having difficulty at school and that he'd had previous negative experience with counselling. The parent attended the IC and I started as I usually do, upbeat and friendly, creating a relaxed environment. I asked him if he could tell me a little about his difficulties and his whole body immediately tensed. He looked at his mother and began making a clicking sound with his tongue, expressing obvious annoyance. It took me a second to realise this was not just first-time nerves or moodiness – he was having real difficulty speaking. I quickly moved on to my PowerPoint brain explanation, to take the focus away from him, and noticed immediately that he was transfixed – really normalising the pattern his primitive mind had created to deal with performance anxiety at school and other new places, particularly post-COVID. We ended the session by agreeing that he'd decide if he wanted to come back for therapy. As he was getting into the car, I took the opportunity to speak to his mother, but my daughter suddenly emerged from my house with our family dog (something, I'm always trying to avoid). The client hopped out of the car and went straight over to the dog, smiling and petting him enthusiastically. 'A-ha!' I thought. 'This is something I can use.' I told the client we could bring Marley into our sessions as he had a few tricks I could show him.

I was delighted when they returned the following week, and I did indeed bring Marley into my little cabin. I had spoken with my Supervisor, and we decided that these initial weeks would be spent building rapport. Session one went well, and the client paid close attention as I told him about my dog's primitive mind and his phobia of open windows! We even did a little trance. In future sessions we left trance out as my client was visibly uncomfortable with it, and I was able to deliver plenty of indirect suggestions throughout the session instead. I reassured his mother that this was sufficient as he was regularly listening to his bedtime audio and was sleeping better. We did eight sessions in total, and the client grew comfortable talking to me surprisingly quickly, first indirectly through his mother and then directly, asking questions, smiling and much more relaxed. After some weeks we introduced a VR headset, a fun and wonderful tool to demonstrate the inability of the brain to recognise the difference between imagination and reality! Making the sessions engaging, informative and upbeat seemed to be a winning approach. Without scaling or CORP, it's difficult to ascertain how successful the therapy was, but reflecting on session notes and positive feedback from his mother, I am confident that it's helped him significantly. I learned a lot working with this client that I've since been able to bring in to other sessions – for example a client with Parkinson's who has difficulty talking. Focusing on relaxing the client during sessions, using gentle visualisation techniques, and explaining how the brain works on a weekly basis, can have the most amazing results.

I would, however, speculate that the benefits of therapy would have been more pronounced, had the client's educational team considered the possibility of selective mutism and approached the difficulties in the school environment with that in mind.

*'Making the sessions engaging, informative and upbeat seemed to be a winning approach.'*



**About the writer:** Deirdriú graduated from CPHT Belfast in 2020 and established her practice 'Breeze SFH' in Donegal. She has managed to grow a successful business, working both online and in person.



## Nicola Taylor: 14-year-old girl face-to-face

Most of us can relate to that feeling of being challenged when we meet a client with an issue that we haven't helped with before. In most cases we rely on what we know: 'empty the bucket,' find the exceptions, find what works and do more, focus on the 3Ps. Imagine having all those brilliant tools to hand and then being faced with a client who can't talk.

At the time of writing, I have been seeing my client for nine months, and we have moved from no speech at all to quietly spoken conversations. It has been a remarkable journey. I can only highlight a few of the interventions that created breakthroughs in our progress as we continue to work together to achieve the client's dream goal of talking to her best friend.

When I knew that this article was happening, I asked my client what had been most helpful to her. She said: 'the videos.' In our most recent work together she has recorded herself at school, in the local park, in her garden with her chickens, on holiday, and played them in the therapy room. I hear her speak in a way with which she is comfortable. She loves making these videos and has demonstrated an incredible creative flair, with the recordings becoming longer and more complex. I now ask her questions about them which she answers in a quiet voice. If the answer is long, she writes it out first and then says it. The ripple effect is that she is now making videos for her best friend to watch and mouthing words for her. She is very close to her dream goal which she says will make her feel '10, 10, 10 ...!'

This is the culmination of our work on a constantly evolving journey to date. While she was unable to speak, I sometimes felt I was groping in the dark. I knew we would be going nowhere without rapport and trust. I ignored the fact that she couldn't talk to me, and we used a range of strategies to communicate: lots of scaling, an expanding ball to express feelings, hand gestures and facial expressions. I could see her confidence growing and she started each session eager to show me what she had brought that day, often her artwork and drawings which I admired and asked her questions about. Having something else on which to focus, to take the attention away from her, was making her more comfortable. I asked her what her favourite word was, and we communicated about which part of the brain would 'light up' when she thought of that word, and which part might 'light up' when she imagined saying it. Then inspiration struck: what if she could record the word and play it

back for us both to hear? Using thumbs up, down and scaling we agreed that she would try this if I stepped outside the room. It was such a breakthrough when we both heard her voice in my therapy room for the first time. From this we progressed onto 'what's been good?' and she would answer by recording on her phone. I would listen and then ask a further question. My questions became more complex, as did her answers, and in this way we began to have a type of conversation. This progressed to the audio and visual of the videos which also played to her strengths in using her creativity, helping to increase her confidence further. It must be stressed that the remarkable difference in this client is not just down to the hour each week in a therapy room. It is down to her patient and caring parents who put their trust in me, the (at least five) times I took this case to both one-to-one and group Supervision (I can't thank you enough!), but most of all it is the spirit and dedication of this client between sessions and the incredible relationship she forged with her best friend that give her the motivation to achieve her dreams.

*\*name changed.*

### References:

<https://www.nhs.uk/mental-health/conditions/selective-mutism/>  
<http://www.selectivemutism.org.uk/>

***'Having something else on which to focus, to take the attention away from her, was making her more comfortable.'***



### About the writer:

Nicola qualified as a SFH in 2017 and as a Supervisor in 2020. She runs her hypnotherapy practice in Abergavenny and is also the Head of Professional Standards for the AfSFH.





## SEO (Search Engine Optimisation) for beginners

By Trevor Eddolls, AfSFH(Fellow)

**Our website is the most powerful tool we have for publicising our business – but how can we make it more visible? Many of us manage our own websites and we simply can't afford to ignore SEO these days. This article contains useful information to ensure your website will be found by potential clients. I have detailed HTML code in the text, but if that all sounds very technical, don't panic. Website builders such as Weebly, Wix and WordPress offer user-friendly interfaces to update keywords, titles, descriptions etc, so it's worth doing some exploration if you use one of these – mastering your SEO might be a lot easier than you think.**

Search engine optimisation (SEO) helps to get your website found on search engines like Google. Most people rarely look at page two of search results, and hardly anyone gets as far as page eight or nine where your business's website might first appear.

Here are some thoughts on how to get up the rankings and appear on page one of a web browser search.

### Page content

The reason your website exists is to tell people about your business. Make sure that each page has a single main topic, and that the text is clear, useful, or entertaining. It's a good idea to have a mixture of text, graphics, and multimedia on the page. It's also important that page sections are clearly identified in the HTML code (eg, header, navigation, body, ads, footer). Your page should also include the keywords you want to use for that page. So, keep the keywords in mind when writing the text.

Google seems to like pages that follow a question-and-answer pattern rather than long lines of text. Google also likes lists.

It's useful if keywords (see below) appear in headings and subheadings. It not only helps SEO, but is also useful for people browsing for something specific. Keywords should also appear in the content – but not too often. If the keyword density is too high, it doesn't work well.

The one-to-one rule says that the contents of each page should be optimised for a single keyword, ie you can write about phobias on one page (if that's the keyword), but don't also write about stopping smoking. That should go with its keyword on a different page.

### Keywords

The primary keyword should be the main focus of the content of a page, eg weight loss.

As well as using that keyword in the text, when you look at the HTML code for a page, there are several places you can also put keywords. The title tag (eg <title>Stop smoking</title>) is what search engines scan first, and it is what appears as the actual link on the search engine results page. Make sure each page has a different title tag and that they include the keyword.

The META description tag (eg <meta name="description" content="We can help you with weight loss, losing weight, and becoming slimmer"> should be 140 to 160 characters long. It should include the keyword and say what the page is about. It will appear with your title and URL (web address) on the results pages of search engines. These are sometimes called SERP (Search Engine Results Pages) features.

The title and META description should be different on each

page. There is a META keywords tag, but Google doesn't seem to take much notice of it these days.

### Links

Don't use 'click here' for links in the text because it's not SEO-friendly. The strength of links is used for SEO, and the strength of a link can be increased if a keyword is used in the link. So, your link will say 'About us', and the HTML will look like this: `<a href="about.htm">About us</a>`

It's also good for SEO if page links go to authoritative external websites and provide visitors with relevant content. Backlinks (incoming hyperlinks) from reputable websites can increase a site's authority. Domain authority is the value a search engine assigns to a web page. The higher the value, the more likely the search engine will return a web page early in organic search results. So, get links to and from other sites with a high domain authority.

### Other attributes

ALT and TITLE attributes can benefit SEO because they allow additional text (ie your keyword) to be added to a page. The ALT tag can be used with graphics and tells people using screen readers what the image is about. For example: ``

It's a good idea to use keywords as filenames for web pages because that name will be displayed when people hover over a link, eg phobias.htm. Similarly, the name of images on a page should include the keyword (rather than call it image01.jpg, rename it as phobias.jpg – or whatever is appropriate for the page).

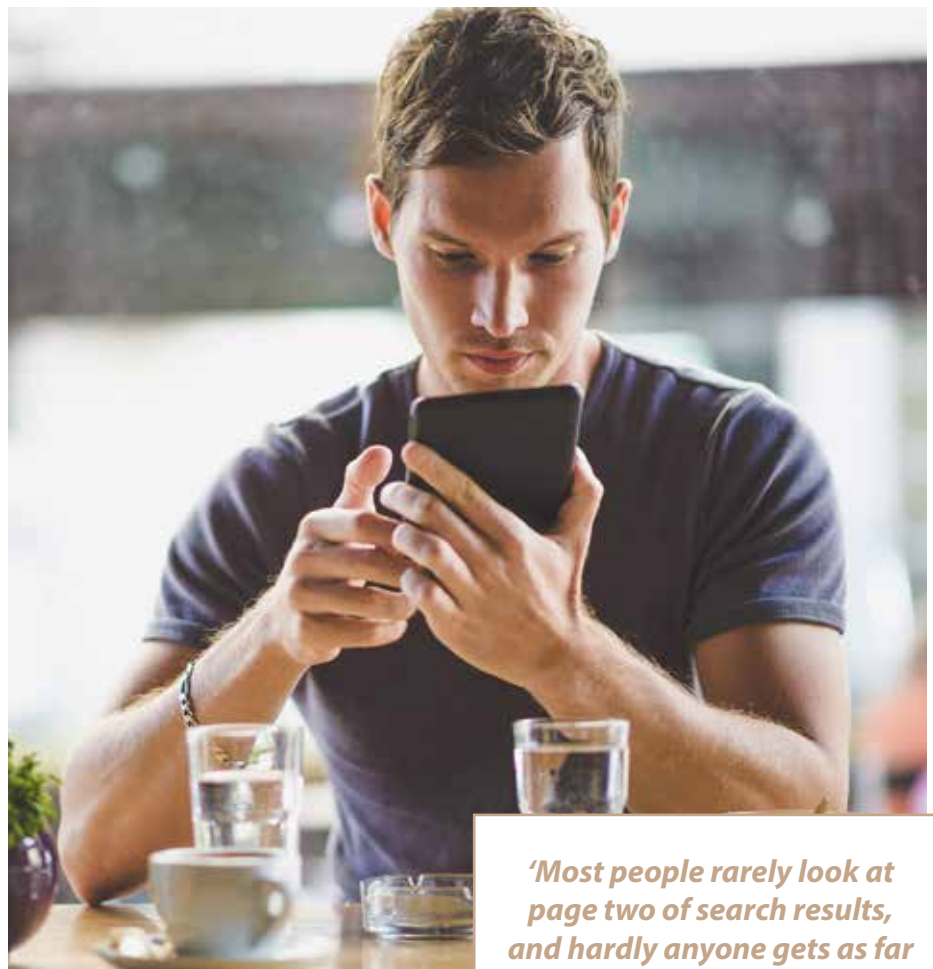
### URL

The actual URL (address) of your page should use keywords; be user readable so they can see what the page is about; and be short (around 60 characters). Some search engines can't process long URLs and will consequently lower the ranking of the page.

### Page qualities

Pages need to load quickly (or else users click away, and search engines lower your ranking), so remove anything slowing down the load time.

In addition, the page needs to render in all browsers and be at least mobile-friendly. Many sites are designed as mobile-first because more people visit websites from phones or tablets than computers. It needs to be hosted on a



*'Most people rarely look at page two of search results, and hardly anyone gets as far as page eight or nine where your business's website might first appear.'*

site that has a logical hierarchy that can be navigated easily. And it needs to be hosted on a site with a good reputation that publishes new content on a regular basis.

### Things to avoid

Check your website regularly because there are certain things to avoid. Pretending to be a potential client can often highlight these issues, which include:

- HTML errors on a page.
  - Bad links (404 errors) that go nowhere.
  - Blank pages or pages stuffed with keywords, which are hard to read and search engines will lower their ranking.
  - Duplicate page content is boring to read and lowers the ranking of a page.
  - The page is cloaked – the URL seen by search engines is different to the one seen by users.
  - The page contains hidden text or links.
- These issues will all lower the search engine rankings.

### Conclusion

Keeping these things in mind when developing or reviewing your hypnotherapy website will help improve its search engine rankings, making it more easily found – at least until Google changes its algorithm again!



### About the writer:

Trevor was made a Fellow of the AfSFH this year. He is Head of IT and Social Media for the AfSFH and regularly contributes to the Journal and the website. He runs his hypnotherapy practice in Chippenham, runs CPD sessions, and offers one-to-one Supervision sessions over Zoom.



# An alternative view to setting homework

By Alex Brounger

Dear Editor

I read with interest the excellent article in the last Journal entitled *Homework – it's not a swear word* by Antony Curtis. I enjoyed the (brilliantly explained) reminder of the Reticular Activating System and how it can serve us very well – and how it can sometimes be less helpful.

As a Supervisor and Senior Lecturer for a number of CPHT schools I am conscious that sometimes ideas can be misunderstood. Confusion can be caused, intricacies missed, and the sophistication of the solution-focused model can be undermined without intention. I therefore feel obliged to explain why we do not routinely set formal homework with our clients.

The one exception of course is the audio recording, which is designed to be as easy as possible to implement. In all other respects I personally steer well clear of any other formal homework or suggestions as to what clients must implement. I particularly avoid anything that requires consistency (such as a daily habit) or anything that is as onerous as writing something down (and yes, for many, writing something down will feel onerous). Taking my lead from David Newton, I encourage all my students to follow the same route.

## To journal or not to journal

I accept that, for some, it is a great idea to use a gratitude journal, and I can see how the homework journals Antony describes could be very useful to some people, too. I am also aware that the act of writing something down consolidates it in the brain in ways that just having thoughts does not. However, I think it is easy to forget that the

vast majority of the people we will see in our clinics will have overflowing buckets. Encouraging people to do anything other than press 'play' on the audio recording moments before they go to sleep will be, in many cases, a step too far.

It reminds me of an experience I had in my early 20's when I saw a lovely and well-meaning CBT practitioner. On our sixth session she said: 'now I don't know how long you would like to keep coming, Alex, but most people only have six sessions.' My immediate thought was 'oh my goodness, she is trying to get rid of me and I am nowhere near done yet!' My second thought was 'hang on a minute, if I stop there'll be no more of those ridiculous homework tasks ... yay!' I somewhat lamely replied, 'Well, I think I'd like to do one more session,' largely because I thought that was what she wanted to hear, not because I was in control of my own decision making – and that, as they say, was that! Reflecting back, I think she believed she had nothing left to give, and she clearly did not understand the importance of repetition.

#### The importance of repetition

This is where Solution Focused Hypnotherapy has a tremendous advantage over many other therapies, because we do understand the importance of repetition. We ask the

same questions every week, and in so doing we are engaging the Reticular Activating System so brilliantly described in Antony's article. We are constantly asking our clients to reflect back on their week in a positive way, whilst asking them to predict their immediate future in an equally positive way through a well-asked Miracle Question. We are already setting our clients' homework, but in such a way that is non-threatening. It might even be described as covert. We are working through the process so brilliantly described in the last few paragraphs of Antony's article but on a weekly basis and in an environment which is supportive, helpful and playful. We are helping clients enjoy the thinking and reflection process by keeping them on track, cajoling them to push themselves for a few seconds or minutes longer than they would do working on their own. How easy is it for the primitive mind, under pressure from a full bucket, to decide that completing that journal process is too difficult, too hard, too boring, too useless (and I forgot to do it yesterday anyway!), when there's not a smiling and apparently very supportive person sat next to them?

#### Keeping clients positive

David Newton regularly suggested that we want our clients to look forward to seeing us. He went on to explain that he would never want a client to be sitting in

***'Encouraging people to do anything other than press 'play' on the audio recording moments before they go to sleep will be, in many cases, a step too far.'***



his waiting room nervously trying to find an appropriate excuse as to why they had not done the task that he had set them the previous week (or, worse, deciding not to turn up). That is why we never check to make sure they have done what they have decided they should do in answer to the previous week's Miracle Question. We also know that, when someone is told what to do, set a task, given advice etc their anxiety levels increase! Our job is to do the opposite.

Some say, 'well what about the client who insists that we give them advice, tell them what to do, insists that we set homework. Surely it's all right to do it then?' I would usually argue to the contrary. Is it not possible that the reason this client's bucket is in a constant state of leakage is because they find it hard to make their own judgements as to what is right for them? Our job is to reintroduce that confidence. Allow them to trust their instincts, find what is right for them (and in the process they may decide that a daily journal of some description is helpful). In any case, how frequently do we hear comments like: 'Oh I was thinking about this on the way in,' or 'I was thinking about this the other day,' or 'I remember thinking at the time I must tell Alex at our next session.' What is that if not a description of homework? I'm often asked in the Miracle Question workshops I run for CPHT: 'if they have thought of the next step before they arrive should we accept it?' ... and that is a very good question. Once again it reminds us that the client is doing homework without us having to say 'your homework for this week is ...'

#### **In conclusion**

Does that mean I would never set homework? No of course not. I routinely set homework with people who are going through the fears and phobias protocol (eg 'think of those two scenarios for the rewind and think about how you want to be when writing a reframe.'). We hope in those instances we are dealing with very specific fear templates, where the bucket is generally very much under control in all other respects. If I have a client coming to see me for performance-based support where the bucket is under control – it is about perfecting something – I might consider discussing more specific tasks between sessions. I would of course occasionally use the client parallel metaphor too. I recognise that every client (and every therapist) is different. We all work in ways that feel right to us. It is not my intention to tell people what to do (that would be like setting homework!), only to explain why we teach what we teach.

So is homework a swear word? No of course not! However, for some people it has such negative connotations attached to it, whatever word we use to describe it, that the Reticular Activating System will not hesitate to drive the very mention of it straight into the conscious mind via an agitated amygdala setting off all sorts of crazy and unhelpful alarm bells in the process. Since emptying the bucket is central to our work in Solution Focused Hypnotherapy, the risk of that happening should be avoided.

***'Allow them to trust their instincts, find what is right for them.'***



#### **About the writer:**

Alex Bronger is Senior Lecturer for CPHT Belfast, Edinburgh and Glasgow. He presents the MQ Workshop and the SFBT CPD for CPHT and is Head of the Advanced Hypnotherapy Diploma and the Supervisors' course.

# Talking Solutions

The new podcast by the AfSFH – a contemporary approach to promoting the benefits of Solution Focused Hypnotherapy. By AfSFH Head of Communications, Sally Hare

We've been sharing a new AfSFH project over the last few months: the podcast *Talking Solutions*, presented by our recently designated Fellow, Trevor Eddolls, and me, Sally Hare, of the AfSFH Executive Committee. We have uploaded three episodes to date, looking at common topics searched for by potential clients: anxiety, sleep, and phobias. This article looks at what the podcast is, where you can find it, our plans for its future and, perhaps most importantly, how you can use it to spread the SFH word.

## Why a podcast?

At our first post-lockdown awayday in March, the Executive Committee focused on two main topics – how best to support our members, and how best to spread the word about SFH to as broad an audience as possible. On this latter subject we shared ideas and discussed their respective merits, deciding that a podcast would be a cost-effective way of promoting the Association and SFH directly to the public. Creating our own audio download bypasses the need for initially attracting the attention of external publishers and broadcasters, and allows us to get straight to the point of the positives of SFH without having to waste time negotiating the usual questions about swinging pocket watches and people clucking like chickens! Podcasts are mainstream media now, and rapidly increasing in popularity, so it made sense to use this new platform to our best advantage. Trevor already records his own, therapist-focused podcast with Catherine Eland, *Solutions*, and therefore had all the expertise necessary to edit and upload ours.

## Where can I find it?

You can find the podcast on all the major podcast platforms and apps: Apple, Google, Spotify, Podbean, and YouTube. Search AfSFH or *Talking Solutions*.

## What next?

With three episodes under our belt, following a recognisable format of Trevor and I discussing a topic then me delivering a



short relaxation, it would be easy to feel we've hit our groove and turn out more of the same. That was never the plan for *Talking Solutions*, however. We have picked our topics directly to appeal to the public in order to start building our listener base immediately, but we've also been aiming to establish the credibility of the podcast to start attracting guest speakers. We'll be inviting positive mental health champions with whom we can share ideas to join us – and perhaps be invited to guest reciprocally on their podcasts, too – building our network and audience, and widening public awareness of SFH.

## How can I help?

It's over to you now, to help us get *Talking Solutions* out there and spread the word about SFH! It's vital to start building momentum, as the more listeners we have, the more we'll attract, and the more appealing we'll be to potential guests, and to their networks and audiences, and so on. So please do like and comment when you see a new podcast published, as these actions will cause our posts to be seen in more feeds – and most importantly, please share it! Share on your own social media, share links on your website or directly to individuals who might be interested – share everywhere! Help us build a growing audience for *Talking Solutions*, and who knows where it will take awareness of SFH and our community in the future?



## About the writer:

Sally qualified in 2020 and is building her business in Bristol and online.



# Pebbles

A metaphor by Anne Rice-Jones

*I use this deepening metaphor following Progressive Muscle Relaxation:*

And as your body relaxes so your mind can relax too.

So count down in your mind now, allowing each number, from ten all the way down to zero, to just take your mind down to that familiar place, that place you find so easily now, where calm and serenity wash over you. You can feel it physically and you can sense it in your mind.

Just counting down and down from ten down to zero. Seeing those numbers in your mind's eye and allowing the familiarity of those numbers to relax you more and more. Until you can't be bothered to count anymore.

You're so relaxed.

So relaxed.

As relaxed as if you are on holiday, as relaxed as if you have given yourself time off. You have given yourself permission, you are allowed this time, this time now, to relax and unwind. You are so relaxed you could just laze around like this all day. Now all those fleeting thoughts, that myriad of thoughts you're so used to, seem to be slowing down in your mind. Thoughts still gently come and go, but now you're able to let them drift past.

You no longer feel the need to go with them.

You no longer feel the need to chase them down.

You no longer feel the need to react.

Now you can just allow those thoughts to come and go, to come and go, come and go.

And the more you do that, the more you realise, a sense of clarity, a sense of calm, just filtering through your mind. Your body is relaxed and now your mind is calm and relaxed, too.

Rather than what you must do, your mind turns to thoughts of what you want to do.

You realise your mind has been like a TV set with all the channels turned on at once.

So, as you begin switching off those channels, quietening the white noise, the static, the interference, that was always on in the background, now a sense of calm, a sense of inner quiet, a sense of clarity is starting to emerge.

Eventually, through that sense of stillness you've achieved in your mind, you are able fully to turn your attention to your surroundings.

You find yourself on a path, perhaps a sandy path or a boardwalk, heading towards the ocean. You can feel the residual warmth beneath your feet, soaking up into the soles. You follow the route which leads you gently through sandy pathways in the dappled light of a shady wood.

You can hear the sea in the distance, you can smell the ozone in the air. You can feel it, sense it, as you are led towards the surf.

As you emerge into the bright sunlight of a golden beach,



you feel the full warmth of the sun on your skin. The clear sky above is Pacific blue, and the sunlight glints off the calm sea of the bay, framed by those golden sands stretching as far as the eye can see.

You sit at the edge of the hot, dry sand, almost at the shoreline, where the cool water has cast pebbles up onto the wet sand beyond.

You look around you. It's all so beautiful, so perfect. You feel you could just stay here forever, just drinking it all in and allowing the sense of calm and clarity which nature brings you, to sink deep into your psyche.

You reach out, pick up a pebble and feel the weight of it in your hand, then cast it back onto the beach.

Sand slips easily between your toes, between your fingers.

The tide, the surf washes over your feet, and then drains away back to the ocean. The beach is seemingly a constant, but the tide will come and go, unstoppable, irrepressible.

The sand shifts under your feet, as it must. You can feel it being sucked away from beneath you by the motion of the tide.

In the power and rush of the surf the pebbles are lifted too.

Sometimes reordered, but they remain within your grasp.

Once again you reach out and feel the weight of pebbles in your hand.

You can feel the random smoothness of each pebble you hold, rounded to its own imperfection by the unceasing tides.

Each pebble is unique.

Each pebble has its own texture, its own structure, its own size, its own heft. Each pebble has its own peculiar attraction.

Each pebble is precious.

And each pebble is being slowly eroded. Eroded by the constancy of the tide. Until it too, becomes part of the sand that slips between your fingers, and is washed away by the inevitable ebb and flow of the tides, like us all.

Each day, you have the possibility of holding a pebble in your hand. You resolve to recognise daily the pebbles in your life and celebrate their worth.



**About the writer:**

Anne qualified from CPHT Bristol in 2014 and runs her Blackwood Hypnotherapy practice from her therapy room in a rural location near Blackwood. She is also a qualified English teacher at a busy inner city high school.



# All about you!

Thank you to those who responded to our survey about your use of the [www.afsfh.com](http://www.afsfh.com) website; the data will be very useful for evaluating what works, what doesn't, and what we can provide more of in the future. We had a select group of responses this time; you'll appreciate that the more entries we get, the better picture we can form, so we are grateful to everyone who takes the time to feed back in these surveys.

## Survey results ...

A majority of members reported finding the website useful, with 82% saying they either log in regularly, or when they need resources and information. Lack of time was reported as the main obstacle for members who rarely or never accessed it. Users could generally find the information they were looking for: of those who responded, 47% said it sometimes took a while, but they usually found what they needed, and 41% said they could find necessary information quickly. Thankfully, nobody said they found it a challenge!

We were pleased to see that our new Members' Directory is proving popular: of those who responded, 65% said they had spent time completing their entry, and 29% said they were glad to be included, although they hadn't yet completed their profile. Don't forget that the more completed profiles we have on the site, the more credible it looks to members of the public seeking a SFH, so do please have a look at your profile if you haven't done so already. Profiles are now searchable by Google, so you'll be raising your own visibility as well as that of the Association.

The number of members who said they would like to upload an article but hadn't yet done so was impressive: 71%! A further 18% said they would like to but weren't sure how. That's a considerable amount of potential content we can share with the public, raising both authors' and the Association's profile and searchability. To upload an article for review and inclusion, go to 'Your AfSFH Profile', then click 'Submit an Article', and fill in the required fields – contact us if you need any help. Congratulations and thanks to the 6% of respondents who have uploaded an article already!

Our final question related to which sections members found most helpful on the website. Directory profiles came out on top, with 65% of respondents accessing that section of the website. Other popular pages were: events and CPD listings (59%); downloads (certificates, seals, application forms etc) (47%); COVID-19 resources (41%); Supervision information and directory (35%); knowledge resources and book recommendations (35%); Journal archive (35%); member discounts (23%) and safeguarding (23%).

Finally, thank you to everyone who suggested potential additions to the website, including filtering directory searches by postcode radius, and results being shown on a map. In the spirit of 'you said, we did,' we'll be looking into the cost-effectiveness and feasibility of actioning these suggestions, so watch this space for updates. In the meantime, you can optimise your findability by completing your profile as comprehensively as possible, for example including both your full business address and your postcode in your listing details.

Another helpful suggestion was a 'metaphor bank', which we will be setting up in the Knowledge Resources area of the Members' Network available via your Dashboard. Initially, it will contain original metaphors and language patterns written by our members, including pieces published in *Hypnotherapy Today*. If you are the creator of an original work which you would like to share, email it to [comms@afsfh.com](mailto:comms@afsfh.com) for inclusion.

## Help us continue to spread the SFH word!

### Follow us:

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

Instagram: [@afsfhofficial](https://www.instagram.com/afsfhofficial)

LinkedIn: [Association for Solution Focused Hypnotherapy](https://www.linkedin.com/company/Association-for-Solution-Focused-Hypnotherapy)

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.

*Hypnotherapy Today* address:  
Journal of the Association for  
Solution Focused Hypnotherapy,  
8-10 Whiteladies Road,  
Clifton, Bristol BS8 1PD

Email: [comms@afsfh.com](mailto:comms@afsfh.com) Editor: Sally Hare

### Disclaimer:

*Hypnotherapy Today* has tried to ensure that the contents of this magazine are accurate. AfSFH takes no responsibility for the content of articles reproduced, and articles submitted should not be taken as an endorsement of any kind. The Editor reserves the right to edit submitted articles. If you are looking to find a Solution Focused Hypnotherapy practitioner, then ensure they are qualified and fully insured (the AfSFH website provides full member details). Seek qualified medical/expert advice when it is appropriate to do so.

# SUPERVISORS' DIRECTORY

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



## Caron Iley

Location: Bolton, Greater Manchester  
M: 07580 041394  
E: ci@havishamhypnotherapy.co.uk  
W: www.havishamhypnotherapy.co.uk  
ST: Zoom, Group, one to one, Phone



## Andrew Jamison

Location: Belfast  
M: 07846382768  
E: binaryhypnotics@googlemail.com  
W: www.binaryhypnotics.com  
ST: In person. Phone, One to One, Group, Zoom



## Alison Jones

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



## Penny Ling

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



## Jon Lawson

Location: Halifax, West Yorkshire  
M: 07532 719402  
E: john@halifax-hypnotherapy.org  
W: www.halifax-hypnotherapy.org  
ST: Phone, One to One, Group, Zoom



## Julie May

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



## 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



## Deborah Pearce

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



## Lynda Phillips

Location: Otley, West Yorkshire  
M: 07809 106189  
E: lynda-marie.phillips@hotmail.co.uk  
W: www.lyndaphilliphypnotherapy.co.uk  
ST: Zoom, Group, One to One, Phone



## Caroline Prout

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



## 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



## Laura Smith

Location: Plymouth, Devon  
M: 07904 271655  
E: laura@laurasmithhypnotherapy.co.uk  
W: https://laurasmithhypnotherapy.co.uk/  
ST: Individual, group, in person, online



## 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



## 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



## Nicola Taylor

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



## 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



## Lisa Williams

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



## Nicole Woodcock

Location: Lincolnshire  
M: 07540873928  
E: Info@hummingbirdhypnotherapy.co.uk  
W: www.hummingbirdhypnotherapy.co.uk  
ST: One to one.



## 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: 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 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.

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



## Head of IT and Social Media: Trevor Eddolls

Trevor, a Fellow of the AfSFH and 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)

