

Staying safe One member's experience

> Also in this issue: Our new Fellows Should we stay online for CPDs? Marketing



Association for SOLUTION FOCUSED HYPNOTHERAPY

All about you!

How we're working now

Many thanks to everyone who responded to our recent poll in the closed members' Facebook group. We're always grateful for your responses, as the more we get, the more aware we are of our members' experiences and concerns, which in turn informs our focus going forward.

Our first set of questions related to how people are working these days, and perhaps surprisingly post-pandemic, only 14% are working mainly or exclusively online. A small majority are working mainly face-to-face (44%), while 42% work a mixture of both.

We then moved on to how you work. Of those who responded, 62% work from home while 38% rent premises. Thankfully 77% of members are working more than they were three years ago, or when they first qualified. Just 1% of members were considering scaling their workload back in the future, while an impressive 70% planned to build their business, and 27% were happy with their workload and planned to carry on at that pace.

Some members used their skills to specialise in areas where they already had built knowledge or connections, for example with teenagers and the neurodiverse, within the equine industry, and even with actors on film sets!

Regarding marketing, we're a very tech-savvy bunch! Nobody found old-style marketing (flyers, talks, wellbeing fairs etc) most useful, with respondents comprising a 50/50 split between promoting themselves predominantly online, or using a mix of online and traditional marketing to raise awareness. Some members mentioned giving talks to the WI and in corporate settings, and also reported seeking out networking opportunities to spread the word.

Most of our respondents (65%) work solely as SFHs, while the remaining 35% use other modalities – using the benefits of the solution-focused approach in all their areas of expertise, no doubt!

And finally, we discovered we're a sociable membership! Half of respondents said they networked with other SFHs locally, while the other half said they'd like to. So if you're in the latter half, do use the Facebook group to link up with others either in your area or online, it seems everyone's keen to mingle!

We hope you find the results of our poll as interesting as we do – it's fascinating to see how our profession is developing in this post-pandemic world. We'll re-run it periodically to see how things are changing as we go forward, to get the most up-to-date picture of life as a SFH and, from that, work to give you the most relevant resources and support.

Help us continue to spread the SFH word!

Follow us: Twitter: @afsfh Instagram: @afsfhofficial LinkedIn: 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/. Once we receive your request to join, we will verify your membership and add you to the group!



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

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A Message from the Editor...

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

The summer edition of the Journal is always a little special, as in it we get to celebrate our new Fellows! This year we recognise the contribution that Deborah Pearce and Sharon Dyke have made to both Solution Focused Hypnotherapy and the AfSFH – you can find out more about them on page 5. Welcome to AfSFH Fellowship!

We're very grateful to the member who offered to share their harrowing experience of being stalked in this issue. It's not an easy read, and you'll understand their wish to remain anonymous. Data suggests that the likelihood of being stalked throughout a career in therapy is between 7 and 20 per cent, so it's important to be aware of what can happen, and what to do if we find ourselves in a similar situation. We are thankful for the insight and advice they give, and I'm sure you'll join me in offering them all best wishes for the future.

We've many varied articles this time round including topics such as CPDs and the benefits of face-to-face attendance, unusual ways of marketing our business, and the role of alcohol in society and the effects that can have on our wellbeing. We've also a lovely metaphor for clients who are focusing on problems rather than solutions, and you can find the results of our Facebook group poll about how we're working today in *All About You!* opposite. I found them fascinating – hope you do, too!

I'm always pleased to hear from potential contributors to the Journal, so if you have an idea for an article then do get in touch at **comms@afsfh.com**. Pieces should be around 500-1,800 words long and aimed at our professional membership. They can be about anything you think will be of interest to your fellow SFHs, so do get creative! You can find more details on the website at **afsfh.com/publicationsjournals**/. If you have an idea for a contribution but aren't sure if it's appropriate, or how to take it further, do get in touch. I'm more than happy to advise and support you to turn that spark into a published piece for a future issue of *Hypnotherapy Today*.

Happy reading!

Sally

Sally Hare, AfSFH Head of Communications





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 afsfh.com.

Super supporter: Elaine Neale, AfSFH Supervisor

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

I believe Supervision offers us, as Hypnotherapists, a great deal. Connection, confidence, reassurance that we're doing the right thing for clients (and for their safeguarding) immediately spring to mind. Working in isolation, and the need to adhere to confidentiality laws, means that there just isn't the opportunity to discuss the challenges of our work or get a second opinion day to day. There are times when that can lead to doubt and second-guessing ourselves, eroding confidence. Supervision provides that safe, confidential space to explore our thinking and options, reflect and learn, as well as time to think about things differently. But Supervision is about so much more than discussing challenges. It's also the opportunity to share experience to help others and of course, remembering to celebrate the successes – those sparkling moments that it can be so easy to gloss over.

When I was a newly qualified Hypnotherapist most of my Supervision sessions were 1:1. It really helped me to focus on the things that I needed to get my practice going, as well as providing some very welcome support and confidence. As I gained more experience, I found that I often didn't have so many questions or client cases that I wanted to take to Supervision, so 1:1 sessions didn't always feel appropriate. That was when group Supervision came into its own. Although I still have 1:1 Supervision occasionally, being able to turn up to the group session with nothing specific on my personal agenda and still walk away 2-3 hours later feeling the session time well spent, re-energised and with plenty to think about is fantastic. You don't need to wait until you have experience under your belt to join or benefit from group Supervision, of course. As a newbie it can feel a bit daunting to join a group session if it isn't going to be with those familiar faces from your training days, but I'd encourage everyone to give it a go. I've always felt welcome

in a group situation, even when there are no familiar faces. It's also important to recognise that, regardless of experience, including when you're newly qualified, there's always something that you can contribute to the discussion. Remember the most recently graduated have the freshest learning!

What do you enjoy most in your role as Supervisor?

I love solution-focused Supervision! The unabashed taking of the non-expert position. I don't know everything, no-one does, and that's OK. I'm new on the Supervision block, but even when I've been round that block a few times that isn't going to change. Not knowing isn't just OK, it's actually great, because it opens the discussion to go wherever it needs to, and really allows the supervisee to flourish. With supervisees deciding what to bring to Supervision, it's never dull either. You never know what the next discussion is going to be! Providing an empowering, safe space that allows someone room to find their own solutions to issues, relax with their decisions and build confidence in themselves and their practice is immensely valuable. We all know from our training and work with clients that a next step that we identify ourselves has much greater power and significance than anything we're told to do, after all. Just like when I work with clients, I get a real kick out of seeing someone leave a Supervision session smiling and more confident in their ability than they felt when we started, have that next small step in their back pocket, or simply be reenergised in their work and practice.



About the writer: Elaine Neale runs her Hypnotherapy business in Falkirk and online. She is an author and senior lecturer at CPHT Edinburgh and Glasgow. She offers one-to-one, group, face-to-face and phone Supervision.



Meet our new 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 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:



Deborah Pearce

Deborah is a founding member of the AfSFH Executive Committee and was originally its PR/Marketing officer. She later became a CPHT lecturer, establishing schools in Guildford and Southampton, and ran the Manchester school for two years. She has designed and run other SF-related courses for therapists and the public. She has a thriving private practice in East Devon, is a qualified Supervisor, and was amongst the first CPHT graduates to be awarded the Advanced Hypnotherapy Diploma.



Sharon Dyke

Sharon runs a very busy practice in Somerset as a Solution Focused Hypnotherapist and Psychotherapist. She is also a professional regulator of Health and Social Care and the Head of Quality and Risk for the NCiP. Sharon became a founder member of the AfSFH in 2010 and holds the organisation dear to her heart, which makes this award all the more special. In 2015 Sharon became a senior lecturer for the CPHT and co-founded the Guildford and Southampton Schools, which she went on to co-run for a number of years. Sharon is also a qualified Supervisor, supervising therapists across the country, and has recently been awarded the advanced certificate in Solution-Focused Brief Therapy (SFBT).



Staying safe How it feels to be stalked by a client – and what to do if it happens to you

By a member of the AfSFH who prefers to remain anonymous

My ordeal started during the first COVID lockdown, when restrictions meant cancelling face-to-face sessions with clients. I had sent weekly solution-focused texts to help clients stay on track while we waited for restrictions to ease, and they would often reply to tell me what had been good that week.

In June 2020, around 12 weeks into lockdown, one client told me he was struggling. This was the first of several texts, culminating in a message stating his suicidal thoughts. I did the usual duty of care to establish safety and support and, following reassurance that he was safe, and his GP was involved, I offered to resume weekly Zoom sessions (which he declined).

This was followed by what I can only describe as a barrage of communication, from both the client and his partner, which escalated in tone and aggression and demanded daily text contact – including messages sent in the early hours of the morning. I was alarmed by his behaviour and felt that the relationship had broken down beyond repair and, with the full support of my Supervisor, I opted to end therapy. This resulted in more emails, many of which attacked me professionally and personally, followed by a request to resume therapy and further threats to commit suicide if I didn't respond to him. I was advised by my insurance company and Supervisor to cease contact and consider involving the police. I did the usual duty of care to establish safety and support. After yet more messages which continued to switch between apologetic and aggressive, the insurance company involved their legal department, who wrote emails on my behalf. Almost immediately, I received more abusive and threatening messages and was told by both my Supervisor and the legal department to involve the police. I was concerned for the client and asked that the police give him a warning rather than pressing formal charges, and an officer visited that evening and warned him that further contact would mean breaking the law. Sadly, this wasn't the end of the matter.

In July 2020, the client reported me to the National Council for Hypnotherapy (before withdrawing the complaint one week later, saying he would 'get me another way'). But just three weeks later, in August 2020, he started texting and emailing me for money, giving me his bank details, and threatening to report me to the Complementary and Natural Healthcare Council and Trading Standards unless he was given a refund.

By the middle of September 2020, contact was coming via email, handwritten letters, text, phone calls, Facebook, and through my website enquiry form. I was afraid of every notification and terrified he would find out where I live. I felt I had no choice, at this point, but to engage legal support, and the insurance company appointed a solicitor. He advised me to try to handle the situation without further police involvement, and informed the client that all future contact should be made through him.

The client continued to make countless allegations and threats to report me, via the solicitor, unless he received money, and his financial demands began to escalate. Even though I had done nothing wrong, fielding his demands and defending me was proving a full-time job for my solicitor, and the insurance company was inclined to pay if it meant that he would stop.

When the insurance company made payment to him, in late September, I was beyond relieved. But barely one week later, in October 2020, he was back in touch with both me and my solicitor, threatening to report me and sue me for emotional distress if I didn't give him more money. My solicitor told him that the matter was closed, but he continued to bombard my solicitor with more allegations and threats.

On 5th November 2020, the client sent me five emails, apologising for his behaviour, urging me not to contact the police, requesting that I forget what had happened and asking me to resume seeing him as a client. My solicitor wrote to the client and gave him a final warning that any further contact would result in me contacting the police immediately. For around nine months I heard nothing, and started to feel confident that it was finally over. But out of the blue, in August 2021, he emailed me once again. His email started with 'I'm never leaving you alone ...'. With the support of my Supervisor and solicitor, I formally reported him to the police.

At the same time, I contacted the Suzy Lamplugh Trust, who were amazing in their support. It was only after reaching out to them that I realised what had really been happening to me. They advised that it was a case of stalking, not 'just' harassment, and the police agreed when I raised this. Had this been made obvious to me at the start, I would have felt confident to report my client much earlier and the chances of a conviction would have been much higher. After contacting the police again, I discovered that the officer who had originally visited the client's home had failed to record the warning, meaning the recurrence was classed as a first incident and the CPS would be unlikely to take it forward because of this failure. This wasn't the only problem. Due to the nine-month gap in contact, no further action could be taken on any of the original harassment or stalking I had experienced. They informed me that, if the harassment had been reported before the gap in contact, he would have been charged with this, and blackmail, and the blackmail threats alone would have likely resulted in a prison sentence. As it stood, the gap in contact meant I had to wait until he contacted me again and gather further evidence to prove fresh harassment, so I was effectively starting from scratch. Whilst the police were apologetic and supportive, they admitted that the current laws don't adequately protect stalking victims.

The client contacted me a further five times and was arrested and charged in January 2022. After his arrest, he was bailed for four months pending the CPS decision and the police made it clear to him that any further contact, by him or anyone acting on his behalf, would result in him being arrested, charged, and potentially imprisoned.

Despite the huge body of evidence collected, the CPS subsequently dropped all charges, due to insufficient evidence, because only the most recent incidents could be reported. It's worth noting that, according to Home Office Data, 87%

NEW MESSAG

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of stalking cases are dropped due to difficulties in gathering evidence, and only 0.1% result in a conviction.

Whilst I was devastated by the decision, I felt empowered by formally involving the police. The police took the threat against me seriously and gave me advice on how to protect myself and what to do if he made a physical approach. They also added a 'red flag' system to my mobile, house and clinic, which would prioritise my call to the police if he turned up in person. They told me what to do if he made further contact and gave me a plan of action. Involving the police gave me my power back and made me feel safe.

However, the cold hard reality is that he will probably come back. Stalkers don't think like other people. They are fixated and obsessed, and they don't give up just because they are told to stop. My stalker invested a significant amount of time and effort in forensically examining every detail he could find about me online. He knew where I worked, my background, my previous jobs, and even my colleagues. He went through my Companies House records and every mention of me on social media. Being stalked makes you feel that everything you do is being watched, because, in reality, that is precisely what is happening. The difference now is that, when he does come back, I will be ready to act.

So, what has this experience taught me? I have learnt just how strong and resilient I am. My stalker told me he would end my career, but he didn't. If anything, my experience has made me even more determined, and my career as a Hypnotherapist has gone from strength to strength. I now fully understand the patterns of behaviour and how to recognise the signs. I know the laws around stalking and what MY rights are. I would not hesitate to act if I spotted the warning signs in a client or a colleague's client. My hope is that, by sharing my experience and educating other therapists about the risks and signs of stalking, I can prevent this from happening to anyone else in the future.

What to do if you think you're being stalked

Know the signs

The definition of stalking is behaviour that is fixated, obsessive, unwanted and repeated. Victim Support describes it as: 'when someone tries to make repeated contact with you in a way that makes you feel scared, upset or threatened.'

Research conducted by Lorraine Sheridan (2005) revealed that, on average, victims experience 100 incidents of stalking before they report it. As a therapist, it can be even more likely that you'll try to normalise or explain away inappropriate behaviour, especially when feeling such a strong duty of care towards clients. It can mean finding yourself feeling caught between doing the 'right' thing and protecting yourself. I felt I had to put the client's care above my own, even though he was causing me

I contacted the Suzy Lamplugh Trust, who were amazing in their support.

> significant distress and was blackmailing me personally, professionally, and financially. The professional organisations that I'm a member of have many protocols to protect clients, but no specific guidelines to protect therapists, and nothing on stalking at all, despite the risk of attachment.

With that in mind, I hope that I can help others to spot the signs of stalking and know their rights, especially as a therapist.

Cease all contact

The advice to cease contact with the client came from numerous sources, including my insurance company and solicitor, and it's something I did early on. As the situation escalated, the only contact I made was via my solicitor.

Consider transferring their care

If the therapeutic relationship has broken down beyond repair, continuing to work with the client is impossible. To avoid leaving them without care, you can consider referring them to another therapist who is made aware of the client's history. Currently, there is no guidance on what to do if the client is abusive. I would argue that this needs to be changed.

Keep a detailed record and copies of communication

Keep a detailed record of every incident of stalking, including each piece of communication and crossing of boundaries. Keep messages too, where possible, so they can be used as evidence.

Consult your Supervisor and other professionals

While you'll understandably be concerned with safeguarding the client as much as possible, it's vital to recognise when their behaviour has become inappropriate and requires reporting to Supervisors and professional organisations who can offer practical and emotional support. Always involve your Supervisor if a client is at risk or causes concern.

Don't blame yourself

Stalking and harassment are never your fault, and this is what the police advised me from the start. It's a criminal offence and you're not responsible for your stalker's behaviour. You haven't done anything to encourage the behaviour.

Get emotional support

Whether it's physical or not, being stalked takes a very significant emotional toll and can quickly make you feel very anxious, afraid, isolated, and helpless. The trauma is continuous and you're constantly waiting for the next incident. You never feel safe. Every notification on my phone made me feel on edge and fearful of what would come next. The fear I felt prompted me to increase my security and take up self-defence classes to help me defend myself if necessary.

It's not uncommon to experience Post-Traumatic Stress Disorder (PTSD) as a result of being stalked, and the effects can be long lasting. I have seen a therapist in the last six months to aid my own recovery, but I wish I'd seen someone sooner.

Get advice from the Suzy Lamplugh Trust

The advice I received from The Suzy Lamplugh Trust (**suzylamplugh.org**) was fantastic. They opened my eyes to the true nature of my situation. If you suspect you're being stalked, you can contact them on 0808 802 0300 for advice and support.

Contact the police

Ethical concerns around patient confidentiality can make therapists reluctant to report stalking and harassment, but it is a criminal offence for a client to act in this way. I was given a lot of conflicting advice on contacting the police. If I'd made a much earlier report, the outcome may have been very different.

If you don't feel safe, or you feel threatened, contact the police, and make sure that you are given an incident number. An incident number ensures that your complaint is recorded even if no further action is taken. In cases of stalking, recording incidents is vital to ensure a conviction.

Editor's note: You can find advice around staying safe in the Business Support Hub (Getting started/Setting up in practice), and the Professional Standards Policy Library at *afsfh.com*.

I now fully understand the patterns of behaviour and how to recognise the signs. I know the laws around stalking and what MY rights are.



When FOMO becomes FOJI we suffer a ROMO

By Andy Workman

I'm getting used to clients saying 'I was all right until COVID happened.' It's as if COVID was an event, rather than a medical condition, but the coronavirus pandemic will no doubt be remembered as an 'historic event'. But that's the point, it's historic, and in many aspects of our lives, we can return to normal. But will we?

From the start of the pandemic, we repeatedly heard the phrase 'New Normal', suggesting that nothing would be the same but, in many situations, that's not true, unless we decide that it is. Some changes have been beneficial (more people wash their hands for example), but in other cases, we need to consider whether the changes that were appropriate then, remain appropriate in the long term.

One such change, that warrants reconsideration, is our selfenforced isolation.

When we were first ordered to stay at home, there was some resistance. We had to stay in, take one hour of exercise a day and only leave home to get food. That's prison. If incarcerated for committing crime, we would be locked in, permitted 60 minutes of yard exercise, and only able to go to the canteen for our 'grub'. COVID made us prisoners in our own homes. We didn't like it.

Thankfully, through exposure and repetition, neuroplasticity created acceptance and eventually comfort, and our own twist on 'Stockholm Syndrome' made our new circumstances

comfortable and 'normal'. Over time our collective consciousness has solidified, so that the mere thought of being 'released', asked to leave our homes and go back to the office, is an outrageous concept!

Our fear of missing out (FOMO), quickly turned into fear of joining in (FOJI). Unfortunately, some of us may not be aware that, as therapists, we are suffering the same changes, particularly when it comes to our own wellbeing and professional development. We are at serious risk of missing out (ROMO), particularly when it comes to CPD.

I am aware that some will read this and think, 'He's bound to say that, he provides CPD courses,' and you'd be right. I also hear some screaming, 'Online training is fine!' Again, I agree, it is. I provide online training myself, but I have to acknowledge that, like everything in life, it has its pros and cons.

The pandemic gave us a stark choice: change how we do things, or don't do them. Not doing things was not an option, so everything went online. Meetings, appointments, training, even social events, were all thrown onto our computers, laptops, tablets and phones. It enabled us to 'continue as normal'. There's that word again, normal, when in fact, conducting our lives, remotely, through a screen, is anything but.

Unfortunately, we've got so used to it, that we've started to forget what we've lost. Many of us attended our diploma courses online. It worked. We attended and we qualified.

Many of us used the same approach to maintain our CPD. In some cases, we've never known any different, and that's sad. The restrictions were lifted some time ago now, but the vast majority of our membership is attending online workshops, whilst avoiding those presented in person.

I understand the benefits of doing so. No travel, no need for overnight accommodation costs, less time spent away from the family – I get that. But are there hidden benefits to meeting in person? Could they outweigh the advantages of doing everything online? Let's look at a few that may have slipped your notice.

Mindset

It's a recognised fact that our mindset changes when we change our working environment. When at home, we're in 'home mode'. Personal experience has taught me that it can be a real challenge to switch into the 'professional' mindset when working from home. In actual fact, I even change my clothing, to a more professional style, to assist me in adopting the required attitude. If we go to a different location to work, our subconscious recognises the change in our environment and changes our mindset appropriately. That helps us focus on the task at hand, gaining more from the experience by doing so.

Distraction

Many of us have seen the hilarious footage of Zoom business meetings going horribly wrong as a result of family or pets inadvertently bringing chaos to the proceedings. I've lost count of how many times my screen has been invaded by the rear end of a cat or the frantic wagging tail of the family dog. You may be on mute, but body language lets you down, particularly when you're screaming at your family to 'Keep the noise down, I'm trying to concentrate here!' (I removed the expletives on purpose, but you know where to add them.) As a trainer, I'm not bothered. I keep going regardless, but YOU have paid for the course and those distractions are preventing you from getting full value for your hard-earned cash. It's also a fact that your cat might be a wonderfully cute character, but the repeated image of its backside filling the screen can be very distracting to other attendees too. If you come to a professional space to train, it can assist you and others in gaining the full benefits of the training offered, with minimal external demands on your attention.

Interaction

For me, one of the best aspects of live training is the opportunity properly to interact with others. When together in a room, conversation flows. People ask questions and interject freely, in the moment. Discussion takes place and misunderstandings or needs for clarification are sorted. That spontaneity can so easily be lost online. We are less likely to interrupt the presenter. It's very easy for the trainer to miss the 'hands' up' icon on the screen - I know I have. From the other side, I've cancelled my 'hand up' request in workshops, as it hasn't been seen and the moment is lost. Unfortunately we'll never know the value of those unanswered questions or, maybe more importantly, the conversation they would have generated between presenter and audience.

Full experience

Some training requires personal interaction to be effective. For example, my body language workshop can't be delivered online, as 70% of a person's body isn't visible on screen. Likewise, a public speaking workshop requires you to be speaking in public to gain the full learning potential.

Mutual support

This is the golden nugget as far as I'm concerned. It's recognised in the business world, that more decisions are made at the water fountain, than ever made in the boardroom. Most would agree with that – our world is no different. When I conduct online training, we take 'screen breaks' every 50 minutes. We all go off, make coffee and return ten minutes later to continue. Interaction is minimal, if at all.

At live events, we break for coffee, sit together, chat, share anecdotes, hear of successes, discuss tricky clients - it's awesome. I can't tell you how many times I've heard the words 'Have you tried ...' or 'If you give this a go ...' and the best one, 'I've never thought of that, I'm so glad I asked now.' Most of the chatter isn't related to the subject of the actual workshop, and that's OK. I've seen friendships made, reunions enjoyed, and networks created, all because we actually met each other. Techniques have been suggested, experiences shared, and further training and development recommended. We cannot put a value on, or adequately describe the joy of, having like-minded, mutually supportive people in a workshop together. My overwhelming impression of most of my live events is the lovely atmosphere, the smiles and the laughter that come from personal interaction.

As therapists, we must recognise that, as much as we know the tools required to remain well, our work has the potential to become lonely and isolating. We also deal with some of the darker elements

I've lost count of how many times my screen has been invaded by the rear end of a cat or the frantic wagging tail of the family dog.



of life sometimes, so the opportunity to let off steam in a mutually supportive atmosphere can be a huge help, as well as great fun.

The cost of not joining in

I hear some of you saying 'Never mind that, it's the cost of attending that bothers me. Surely it's cheaper to train online?' I understand that. We're all watching the pennies, especially if you're newly qualified and not seeing too many clients right now, but I think you'd be surprised. Personally, I usually keep my charges equally reasonable for both live or online training. I know that sounds ridiculous, as I have very few overheads when delivering training, sitting in my office and talking to a screen. When I deliver training live, I have to hire a venue, travel to it, provide refreshments and often need overnight accommodation, but I rarely pass those costs on to my attendees, preferring to take the hit myself. Does that make me a saint? Not at all. I get as much from meeting my attendees as they get from me. I learn from their life experiences, I benefit from their observations, and I'm challenged by their questions (which either confirm my understanding or identify learning opportunities for me). More importantly, I take the hit because I want to encourage people to step out of their front doors and meet each other - properly MEET each other.

We can't measure the unknown cost to your full learning experience if you NEVER attend any LIVE training. Let me repeat, online training meets a need, but when it comes to the added benefits I've outlined here, and the risk of missing out on them, the value of attending live events can't be overstated. No one would suggest that one is better than the other, but a sensible mix of live and online events during your training year, would allow you to experience the best of both.

Finally, if your reason for not attending live events is that there are none in your area – just ask. Many of us who provide training events are more than happy to travel. We reduce the carbon footprint by having one of us travel to you, rather than having dozens of you travelling to us. We're all committed to making our SFH as professional as possible, and I for one am more than willing to do what I can to make our essential CPD available. If that involves a bit of travelling? Great – I get to see parts of the world that I've not seen before.

So when you're considering your next training event, develop a healthy, professional sense of FOMO and don't let your FOJI cause a ROMO.

I look forward to seeing you soon, and even better, to meeting you in person.



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.





The new boat by AfSFH Fellow and Head of IT, Trevor Eddolls

A metaphor for clients who seem more focused on problems rather than solutions

The man standing by the harbour of the small fishing village was so pleased. He was telling everyone that he had a new boat, a sailing boat, and that he was going to sail out past the island everyone could see in the distance and then come home. That this would be his first trip in his new boat.

It was already gone ten in the morning when he climbed into his new sailing boat and cast off. He was wearing his new bright yellow life jacket, and he knew today would be perfect. The sun was shining, although there were some clouds out to the west. He'd brought some lunch with him and a drink, and everything was bright and shiny. Perfect.

As he sailed out of the harbour entrance, he noticed that the sea was a little bit choppy, but that's only to be expected, isn't it? And he sailed on, steering to the left of the island. He trimmed the sails and turned into the light breeze – what sailors call tacking or coming about. He was happy using his sailing skills and working towards his chosen destination.

It was about lunchtime when he decided to skip his picnic and continue working the sails, because the wind was definitely picking up. He thought he'd sail past the island and then turn for home. He just needed to concentrate for the moment.

By one thirty, the sea was very choppy, and the weather could best be described as squally showers. Some of the waves were quite high. He pressed on. He wasn't a fair-weather sailor.

By two o'clock, he decided that he'd better turn round. The weather was getting worse. As he started to turn, water came slopping over the sides and into the boat, then huge waves washed in.

He tied the rope on the boom and went to look for a bucket to bail out the water. There was a pump, which he turned on, but there was lots of water coming into the boat. He found an old bucket – his new one was still in his car he remembered. And he started bailing out the water. It seemed that every bucket of water that he threw over the side was replaced by two more from the sea. He was soaked, he was tired, and he realised that his bucket had a hole in it – two, in fact. His whole focus of attention was on the bucket, the bailing, and the rising water. Well, it would be, wouldn't it? He also noticed that he was beginning to feel quite tired.

What he didn't notice was that the wind had blown the boat round the island and back towards the harbour – although now it was beginning to turn the boat away from the harbour entrance towards the rocky outcrop where part of the cliff had collapsed during the storms of the previous winter.

Now, there are two ways this story could end. In the first version, he could continue bailing out the water until he became too tired, and the water filled up the boat and it sank. Or perhaps it even smashed into the rocks.

Alternatively, he could have looked at the bigger picture, taken control of the rudder and sails, and headed back to the harbour entrance and safety. Once the boat was pointing in the right direction, he might have found something to cover the holes in the bucket and continued bailing, but his focus would have been on getting to the security of the harbour.

I just wonder, as you lie there so relaxed, which choice you would have made if you'd been in his position?



About the writer: Trevor was made a Fellow of the AfSFH last 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-toone Supervision sessions over Zoom.

Build it and they will come

By Ewan Cameron

Some of us might be the best-kept secret in our local area.

It's safe to say that the first lockdown wasn't the happiest period in my life. I gave up a 20-year corporate career in 2018. I had a lump sum, enthusiasm, energy – and no real idea how I would take my love of the mind/body forward. I found CPHT and qualified in November 2019. Finally I had the time and space to grow my business. Let's go! Straight into pandemic lockdown. No furlough payments, no self-employment income, no clients, no business, no income. Not exactly how I planned my 2020, but that was where I was.

However, it did give me time and space really to work out who I wanted to be, and what I wanted to do.

I want to be the very best Hypnotherapist I can, and to help as many people as possible with whatever challenges they are facing. I want to do this face-to-face, via Zoom, with online products, group sessions, and however else I can enable people to achieve the results they want.

I think we have some amazing skills as Hypnotherapists, yet some of us (myself included) might be the best-kept secret in our local area.

So, this article will give you some of the things I've tried in order to build my business and do what I love to do each day – which is help people. Many of you will have tried these things, and many more besides – but it's always good to share knowledge and you might find there's a new angle or idea that could work for you. I have tried the following things:

• A5 flyers that I've delivered to the houses on my estate. This might seem time-consuming, but you can combine it with a daily walk. Create a large map and highlight the streets you've leafleted. You'll be surprised how doing this regularly can give you a reasonable area covered.

• I have magnetic signs and have them on my driver and passenger doors of my car. I then park at Tesco or wherever and people regularly see my information. A friend did comment that 'you look like a hypnotic Uber driver,' but I'll take the hit ...

• I have a long-sleeve t-shirt that has information about Hypnosis, my website, and contact details on the back. If I'm stood in a queue people are reading all about me (whether they want to or not!).

• I put business cards on any board/community place I can find.

• I've just had 6,700 flyers delivered in my area. I created them in Canva and worked with a print and delivery company that lets me target specific demographics. These flyers are A6 double-sided. One side has my Hypnotherapy business, the other has my online product.

• I've created two online collections of 5 Hypnosis audios each. They have a one-page sales funnel that links directly to the product itself. People pay a one-off price and have lifetime 24/7 access to the audios. • I go once a month to a collaborative workspace with a great café near me. It's busy and I do an hour on the last Friday of the month. Basically, a group I/C. I never know who will be there and I have had a number of clients who have chosen to work with me following one of these sessions. I also have my flyers right by the cash desk in the café.

• I have two dental surgeries who are interested in Hypnosis for dental phobia, needle phobia, and also staff wellbeing sessions. My details are there, and they also have electronic boards in the waiting room that display my details. Not many Hypnotherapists are doing this in my area, so I intend to increase this. My dental package can go to any surgery and clients can work face-to-face or on Zoom.

• I have largely automated my booking and payment process. I use Calendly for booking and it integrates seamlessly into Stripe to take payments. It allows clients to choose times/dates that work for them, and the session is only scheduled following payment. It also integrates with Zoom for easy online session bookings.

• I schedule regular posts in Meta Business Suite, letting my Facebook page post content easily. I don't have a huge Facebook following, yet it has begun to grow as I've increased my posting frequency. The more times I post then the more times people see my offering. I have a few friends who also share my posts which helps increase my reach (Facebook can be awkward with their ever-changing algorithm but it's a necessary evil. I don't exactly love it – but I do see the value in regular posts).

• I'm listed in Hypnotherapy Directory. This means that I can 'piggyback' on their SEO. So I appear on the first page for the results for a search on 'Hypnotherapist Coventry'.

• I've created videos for Facebook and YouTube. They're not perfect but they are real and authentic.

• I spend some time working on the 'look and feel' of my online content. In Canva you can turn up brightness/colour/ contrast by 20%. You'll be amazed how it makes your digital content standout when someone is scrolling through Facebook.

• I have joined forces with a local physiotherapist/pilates teacher. She is well-established in the area, so I 'borrowed' her clients and we ran a very successful Introduction to Hypnosis evening.



• Following on from this we are planning a half-day autumn retreat that will incorporate Pilates/Trigger-Point Massage, plus relaxation and Hypnosis.

• I have dipped my toe into the world of Facebook adverts. I'm part of a £5 per month online group that gives me access to marketing training videos.

The above list is by no means exhaustive, and I don't claim any real expertise. My 'tech' needs an overhaul; my website is fine, but I'd like to replatform and better integrate the various online channels. I have plans to start a podcast, and to blog. I have a YouTube channel but I've hardly done anything with it yet. I'll get to it eventually.

However, I have learned (and continue to do so), that investing time and energy in yourself, and your business, does pay dividends. You never know who will get in touch – the more you put yourself 'out there', then the more people will work with you. I happened to be in Newmarket and put a card on a board in the local Costa. A lady saw it, got in touch, and has been a regular client for the past year. She is an author and launched a book in May this year. The book launch was at 1pm. At 12 noon she was in her car having a Zoom session with me. All from a random business card. My monthly collaborative workspace has a podcast studio on the top floor. It just happens to be where *The Cycling GK* podcast is recorded (check it out on YouTube if you don't know it). If only I could get in front of his 1,000,000 subscribers ...



About the writer:

Coventry. He loves Hypnosis and working with people. When not working he plays petanque all over the country. His main, as yet unfulfilled, ambition is to grow an afro.



'That's the problem with drinking, I thought, as I poured myself a drink. If something bad happens you drink in an attempt to forget; if something good happens you drink in order to celebrate; and if nothing happens you drink to make something happen.'

This quotation from poet and legendary drinker, Charles Bukowski, sums up the relationship between drinkers and alcohol well. While most of us have no desire to engage in the epic drinking that defined much of his life, we nonetheless have regular opportunities to indulge. We drink perhaps lightly, perhaps moderately, occasionally heavily, and thus our year is punctuated by various numbers of regret-laden hangovers. We joke about our suffering the morning after and undertake that we shall never do such a thing again, knowing full well that we will do exactly the same once a seemingly appropriate period of time has elapsed.

As my Hypnotherapy cohort graduated at the end of last year, photos were pinged around the WhatsApp group, showing the bottles of this and that with which we would be celebrating. And what could seem more normal? 'Let's all meet up for a few drinks on our last day!' ... ping ... ping ... ping ... 'Who'll be driving? Commiserations!' ... ping ... ping ... ping.

NHS guidance advises adults not to drink more than 14 units of alcohol per week regularly, and to try to have these spread over several days with several days alcohol-free. The ubiquity of alcohol, the daily references on all media, in all places and walks of life mean that it is hardwired into us that this advice regarding safe drinking limits is OK. If we are aware and sensible, is that not our diligence box ticked? If, occasionally, we over-step the mark there's no great harm done? Well, most of us have been there and most of us can relate to, and have sympathy with, the sufferer.

Changing guidelines

While training to be a Hypnotherapist my intake had dwindled down from being a low-level to a non-drinker. Life felt busier than ever and the benefits of a clearer mind eclipsed any desire to drink - hangovers of any grade in middle age are a far more miserable experience than in younger days. Then, in January, I came across a surprising news article relating to a drastic overhaul of drinking guidelines in Canada. According to new government recommendations, zero alcohol consumption is deemed the only risk-free approach, with two drinks maximum each week constituting low risk. It is estimated that 80% of Canadian adults drink alcohol. In the UK we are also notoriously fond of our alcohol with a particular propensity for binge drinking. In 2010, David Nutt, a professor of neuropsychopharmacology, using a multi-criteria decision analysis, ranked alcohol at the top of harmful drugs in the UK. Factoring in all of the associated harms - health, social and economic - meant that alcohol out-ranked even cocaine.

In England alone in 2019/20 in the region of 280,000 hospital admissions were attributable to alcohol consumption. Lockdown resulted in heavier alcohol use as people sought to mitigate some of the stresses of isolation and anxiety. No statistics can serve to give the full picture of economic, health, social and psycho-social impacts – the spectrum of potential harms is virtually unquantifiable, but these snapshot figures are alarming.

As long ago as 1988, alcohol was classified by the International Agency for Research on Cancer as a Group One carcinogen

and the World Health Organisation is clear now in its pronouncement that no level of alcohol consumption is safe for our health. How has this information somehow slipped through the grating of our awareness – as health professionals, as therapists? The facts are there for us but somehow, because we all, or most of us, drink or have drunk to various degrees, there seems to be a reluctance to face this subject head-on. Is it all a little bit too uncomfortable?

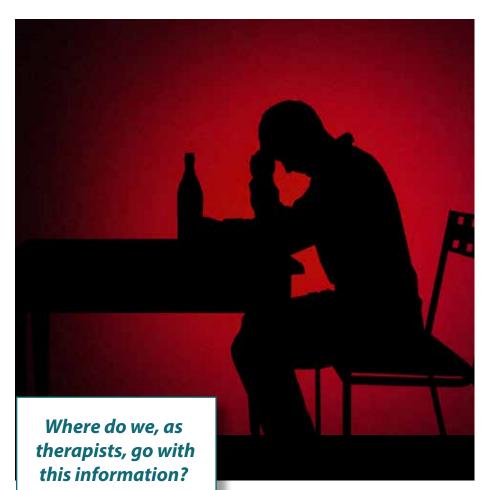
Negative effects

I've nursed on a cancer ward, yet I had no concept of alcohol as so highly carcinogenic. For more than 20 years, low levels of alcohol dehydrogenase have been recognised as a pre-disposing factor to head and neck cancers - I didn't know then how such a factor could vastly increase the risks accrued with each drink. Certainly, I saw the downstream results of excessive drinking in various cancers and in the harrowing spectacle of end stage liver failure, but the experiences of those patients always seemed a comfortable world away from my cosy glasses of red, drunk generally - but not always - within the guideline limits.

This really begs the question as to how such guidelines could still be in circulation since the 1980s? They would seem as nonsensical as trying to set guidelines for safe tobacco consumption above zero. Drinking just a couple of units a few times a week can increase anxiety levels even on the non-drinking days in between – whoever came up with the term 'Hangxiety' nailed it. Even one or two drinks will disrupt the structure of our sleep, creating a 'pseudo-sleep', in which slow-wave, deep and REM sleep are all negatively impacted.

Alcohol is fat and water soluble so easily permeates the blood/brain barrier. Digging a little deeper into the neurological impacts of alcohol, we can find evidence that moderate regular alcohol consumption can cause harm to the brain of a type we previously only acknowledged in the realm of heavy drinkers. Looking at a general population sample of middle-aged and older drinkers, Daviet *et al* (2022) drew the depressing conclusion that:

'Alcohol intake is negatively associated with global brain volume measures, regional GMVs [grey matter volumes] and WM [white matter] microstructure. The associations between alcohol intake and regional GMV are evident across the entire brain, with the largest volume changes observed in frontal, parietal and insular cortices, temporal and cingulate regions, the brain stem, putamen, and amygdala.'



The elephant in the consulting room

The subjects of this study were drinking on a daily average *only one or two alcohol units*. That level of consumption applies to so many of us – where do we, as therapists, go with this information?

Since alcohol also destroys bacteria, this brings with it risks to the gut and the gut/brain axis. Disruption in the quantity and diversity of gut microbiota has been implicated in inflammation, obesity, depression and addiction. Since in Hypnotherapy we place such emphasis on the supporting evidence of neuroscience to inform, support and validate our day-to-day practice, we cannot afford to drag our heels in responding to this upsurge in evidence. How can we best shift our mindset away from one which sees moderate drinking as just a normal part of life? Where does this fit in with our regular brain revision? What should we now classify as problematic drinking? Our own conflicted relationship with alcohol is potentially the elephant in the consulting room. The alcohol industry is immensely influential and, no doubt, would far prefer that our own discomfort should cause us to remain conspiratorially silent. Alcohol undermines all the pillars of health; our own health, physical and mental, is no exception.

Reflecting on my own alcohol use over the years has caused me to wince a little in light of all this emerging and compelling evidence. Acknowledging the elephant has, however, enabled me to usher it out of my consulting room, hopefully for good.



About the writer:

Rachael previously worked as a nurse in west Wales with a special interest in palliative and end-of-life care, and was a drugs project worker under mental health services. She now works as a Hypnotherapist and massage therapist in Shrewsbury, which allows her time to pursue her writing interests.

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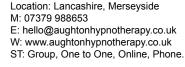
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Chair and Trustee: Susan Rodrigues

Susan is the key interface between Clifton Practice Hypnotherapy Training (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:** 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

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 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, Instagram and LinkedIn accounts). 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. **Contact email:** 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.

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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



