

HYPNOTHERAPY TODAY

ASSOCIATION FOR SOLUTION FOCUSED HYPNOTHERAPY

Edition 27, Spring 2019

Celebrating growth...

Exploring the new AfSFH website!

Also in this issue:

Alcohol & Mental Health

Benefits of Laughter

Member journeys

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.



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A Message from the Editor...

Welcome to the Spring edition of Hypnotherapy Today! In this issue, we explore the themes of 'growth' and 'change', and as I sit typing, I feel that this couldn't be more appropriate, as I look out at some young daffodils who have battled through the frost to start coming into bloom.

The new year is often a time of change for people, and Solution Focused Hypnotherapy is, of course, all about growth and change, and for many, in conquering unwanted habits. We may have come across many clients who started the year in earnest by trying 'Dry January'... and perhaps they were surprised at the results. In this edition, we take a look at alcohol use and the impact it can have on mental health, and how we can help people to change their lives for the better.

The AfSFH itself is also embracing a time of great growth, and I'm delighted to include a special feature on the new AfSFH website in this edition – helping you get to know all the resources that are available to you and where to find them!

This issue also contains some captivating stories of growth and change from our members – from the inspiring story of a member's strength and courage following serious illness, to a wonderful story of evolution, as a member reflects on their journey as a therapist.

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

So, that's all from me for now. I hope you can find somewhere lovely to relax, take in some fresh Spring air and be inspired by the latest contributions from our members.

Happy reading!

Best wishes,

Helen

Helen Green,
AfSFH CEO & Editor





MEET THE MEMBER:

Getting to know the AfSFH Head of Membership, Anne Wyatt

Hypnotherapy Today asked Anne to provide some insights into her work and her role within the AfSFH.

How do you see your role as Head of Membership for the AfSFH?

The Head of Membership role largely involves ensuring the day-to-day running of the Association continues as smoothly as possible as far as the experience of members is concerned. Most of my time is spent verifying student applications and upgrades, which often involves liaising with individual CPHT or other training schools, sending out certificates, verifying CNHC applications, processing payments, answering queries from members and resolving any issues that they have. As our membership numbers grow, there is a lot to be done on a daily basis!

The Clifton Practice and the AfSFH are two unrelated organisations, however, as a CPHT Senior Lecturer I have a foot in both camps, which I think will help to ensure that the application process is as smooth as it can be for CPHT members.

What attracted you to work as a Solution Focused Hypnotherapist?

I remember first being interested in hypnotherapy as an undergraduate Speech and Language Therapist. Even back in the late 1980s it was used as an approach to help people who stammered. My Speech and Language Therapy line manager went on a Solution Focused Brief Therapy training event and came back full of enthusiasm for it, so I went on a 3-day course myself. The course was great theoretically but had little practical support, and I found the techniques hard to translate into my own practice and so it fell by the wayside.

In 2012, my fiancé and I had set a two-year timescale to move back to Scotland, so I began planning ahead in terms of work. I was becoming disillusioned with the NHS and increasingly feeling that there must be more that I could do to help my clients who stammered to overcome the often, crippling anxiety and social phobia that they faced. I found out about the Clifton Practice quite by chance, having bumped into a friend on Remembrance Sunday in 2012. She had just finished the module on phobias and was absolutely buzzing from it! It felt like this really brought everything that I was looking for together in one lovely package. I called Matthew Cahill from CPHT Plymouth the next day, was interviewed two days later and nearly 6 years on have a full-time and busy Practice in Aberdeenshire, have trained as a Supervisor and am now a Senior Lecturer at CPHT Edinburgh. All in all, a pretty wonderful few years!

Why is the AfSFH important?

As an unregulated profession it is up to each one of us to be excellent in our own right but also as a global network of like-minded therapists. I believe that the AfSFH is perfectly placed to provide a central focus, cohesion and united voice both for its members and for those who need our services. Our SFH approach is unique and it is fantastic that we have an organisation to represent our specialised way of working.

From an individual therapist point of view, the Association and most importantly its members, provide a wealth of support both professionally and personally. The nature of our job means that it is all too easy to feel isolated, but through the network of highly trained and experienced Supervisors and the endless support available through the information on the website, and the Facebook members-only page, you are never far from the help you need, even if that is just someone to listen for a while.

What is your background?

From a very young age, I dreamed of becoming a professional orchestral flute player. I learned to read music before I could read English and had my first flute lesson aged 9. By the age of 11, I had a Grade 8 with distinction and was considered to be a gifted musician. Having spent 2 years at a specialist music school though, I decided that I wanted to keep music as a serious hobby rather than as something that paid my mortgage, so I went off to Glasgow University and left with an M.A. in English Language.

I followed my love of developmental psychology and linguistics and trained as a Speech and Language Therapist. I went on to work for the NHS for 18 years in Stirling, Glasgow and latterly, Plymouth. Much of my career was spent specialising in working with children and young adults who stammered and providing training courses for health visitors, education staff, psychologists, parents as well as guest lecturing for the Speech and Language Therapy university degree course in Plymouth.

What motivates you?

That's a tricky question! I suppose success motivates me. I'm not financially driven beyond being able to pay my bills but personal success in terms of happiness and fulfilment is a definite driver for me. To have found a career where the entire focus is on helping others to achieve the same in a way that is meaningful for them, whether that be in my work with customers or CPHT



students, is an absolute dream come true.

What do you like to do in your spare time?

I live with my fiancé and our cat Iona in beautiful Royal Deeside, west of Aberdeen. We're both keen motor bikers, so in the warmer weather love going for rides to explore the area. Hopefully, this year will see some trips further afield too. I had many happy years and some wonderful experiences playing as a civilian for the Royal Naval Volunteer Bands in Plymouth and Helensburgh, but now live too far from any naval bases so play with a local orchestra. I must admit, I don't miss the uniform or polishing parade shoes!

Fused glass is a side line hobby business for me although these days I rarely get a chance to do it. I'm lucky enough to have my own kiln and a cabin at the bottom of our garden where I can be as creative and messy as I like!

What have been the highlights as a SF Hypnotherapist and in your role as a Supervisor?

There have been so many!

- Watching the penny drop during the explanation of how the brain works in the initial consultation, hearing a customer come up with a long list of 'what's been good' after telling me life wasn't worth living a few weeks earlier.

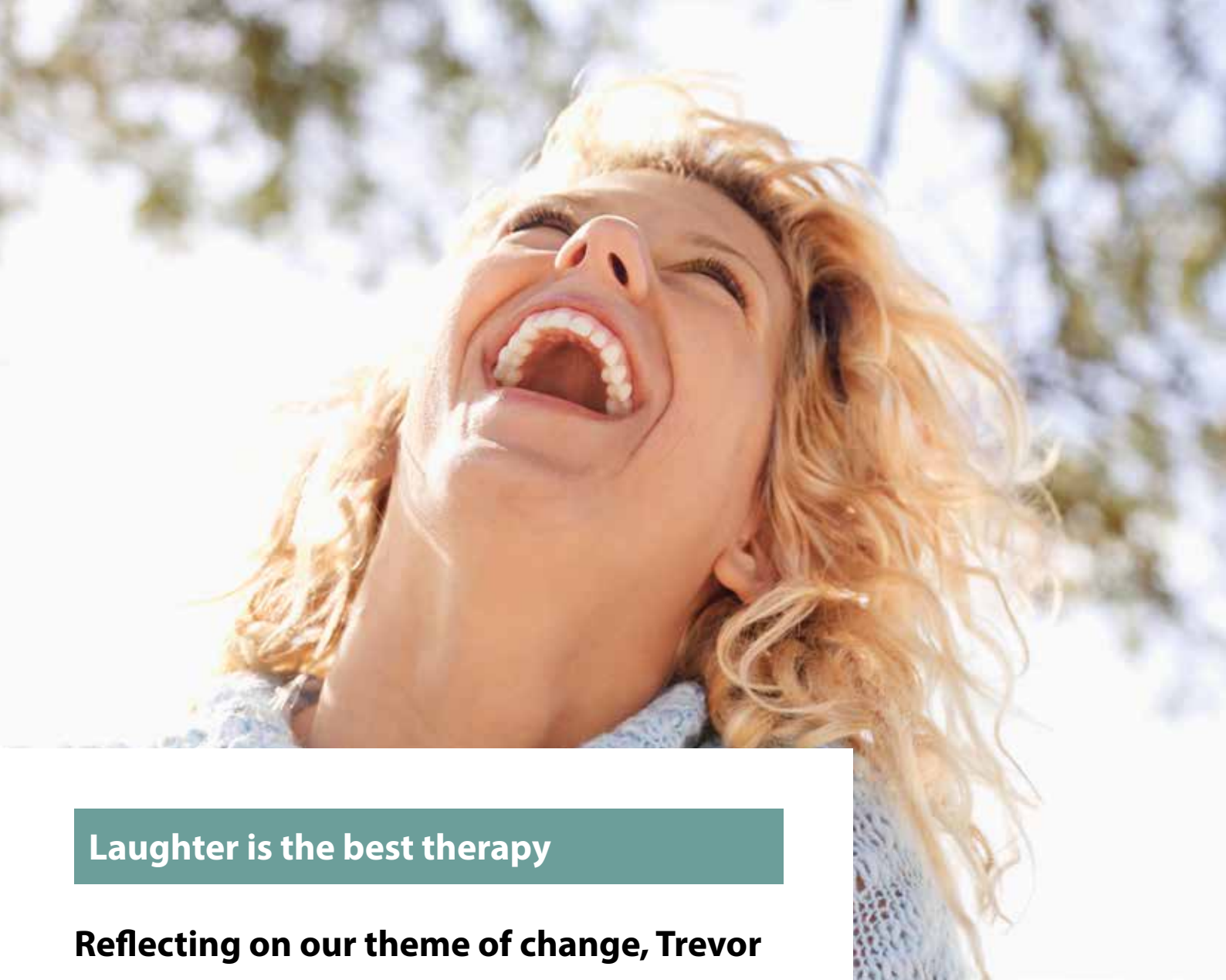
- Watching supervisees grow from new graduates to experienced, confident therapists with their own flourishing businesses.

- Receiving a review that states how life-changing our sessions have been.

- Receiving my first referral from a GP and then still receiving them several years later.

- Waking up and realising that I still have a business after over 5 years and it is continuing to grow...

...the list goes on! I never thought I'd find a career that I loved as much as being a Speech and Language Therapy stammering specialist, but I've actually found one I love even more!



Laughter is the best therapy

Reflecting on our theme of change, Trevor Eddolls considers something we should all be doing more of in our lives...

I often hear stories about other therapists complaining about the Solution Focused Hypnotherapist in their clinic because there's too much laughter coming from their consulting room. That doesn't seem like a bad thing to me, but is there any evidence that laughter is good for you?

We all know what laughter is, but for those of you who like a definition for everything, laughter is a 'spontaneous non-verbal vocal expression', like a scream or a sob. In fact, blind and deaf babies will laugh when they are tickled. Back in 2005, Matthew Gervais and David Sloan Wilson published an article in The Quarterly review of Biology suggesting that laughter was a preadaptation that was gradually elaborated and co-opted through both biological and cultural evolution. They suggest that Duchenne (where the eyes get crow's feet and the mouth curls upwards) laughter became fully ritualized in early hominids between 4 and 2 million years ago as a medium for playful emotional contagion. So, humans have been laughing for a very long time.

Evidence suggests that laughter is primarily a form of bonding, and we are 30 times more likely to laugh if we are with others than if we are alone. And, it may surprise you to learn that there are 'gelotologists', who study laughing and the effects it has on our body ('gelos' is from the Greek for 'laughter').

Observational studies indicate that most laughter actually results from statements and comments, rather than jokes. The person who has just spoken laughs the most frequently, suggesting laughter is often not only a reaction to something



About the writer:

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

someone else has said. It's also been suggested that our understanding of social laughter develops over our early adult life, and that it is not until we are in our 30s that we become fully adept at using it.

It is also dependent on a desire to find affiliation. Research evidence suggests that teenage boys at risk of psychopathy find laughter much less contagious than their peers. People also use laughter to help cope with stressful situations. People laugh when they are with people they like, but also when they feel physically safe.

Adults, apparently, laugh on average 17.5 times a day! We all like a bit of neuroscience, so what's happening inside our brains when we laugh? Those gelotologists think that multiple regions of our brain are used in the production of laughter, in particular, in the frontal lobe of our cerebral cortex. The left hemisphere of the cortex analyses the structure and the words of the joke, and the right hemisphere of the cortex provides the intellectual analysis to understand the joke.

And if you're into the classification of laughter, it can be classified according to:

- intensity: the chuckle, the titter, the giggle, the chortle, the cackle, the belly laugh, the sputtering burst;
- the overtness: snicker, snigger, guffaw;
- the respiratory pattern involved: snort;
- the emotion it is expressed with: relief, mirth, joy, happiness, embarrassment, apology, confusion, nervous laughter, paradoxical laughter, courtesy laugh, evil laughter; and
- the sequence of notes or pitches it produces. It may be subjectively measured on the Andreoli scale for heartiness, with a higher measure denoting greater robustness.

But, as we all know, laughter isn't always a pleasant experience, e.g. when other people are laughing at you or someone you care about.

On the bright side, there is even a class of therapy called 'Laughter Therapy'. In this, groups of people first have to pretend to laugh, which spreads around the group until everyone is genuinely laughing and enjoying themselves. And this can be used to achieve the benefits associated with laughing. What are those? Here's a list:

1. The physical act of laughing can reduce cortisol levels in the body, making us feel less stressed.
2. Laughter can help our immune system. It causes an increase in the production of B cells (lymphocytes), which secrete protective antibodies.
3. Laughing can reduce the amount of pain that a person feels. Laughter triggers the release of endorphins, which have an analgesic affect.
4. Laughter can help with diabetes. One experiment had diabetics eat a meal and then either listen to a boring lecture or watch a one-hour comedy programme. When the people watched the lecture, there was a rise in their blood sugar levels and they needed insulin. When they watched the comedy, their blood sugar levels stayed in the normal range.

"We've evolved to laugh! It can reduce cortisol levels in the body, making us feel less stressed"

5. Laughter can be therapeutic. Patients in hospital who laugh seem better able to cope with the illness and their treatment. Also, children who laugh during painful medical procedures may be better able to tolerate the pain.
6. Laughing can relax you. Laughter causes increased abdominal pressure and diaphragmatic movement, which massage the vagus nerve, sending a signal through parasympathetic nerves (the rest and digest ones) that tells the body to relax.
7. Laughing is good for the heart. This is because laughing stretches muscles and causes an increase in our pulse rate and blood pressure. Cardiologists at the University of Maryland found that laughter causes a release of nitric oxide that helps dilate our blood vessels and increases blood flow. This sends more blood to our heart and decreases the overall blood pressure.
8. Laughing helps with weight loss - 15 minutes of laughter can burn off 50 calories, which is about the same as running two laps of an athletics track. (Note: a Mars bar contains 229 calories!).
9. Laughter can 'act as if'. If your body is laughing, then your brain thinks you must be doing something funny, so it's less likely to be angry, anxious, or sad.
10. Laughing improves a person's memory. One study had people watch funny videos and then tested their memory. These people were able to learn and recall information in almost half the time of people who didn't watch the videos.

So, laughter is beneficial to us and our clients, and we should encourage them to laugh whenever they can because of all the positive health and emotional benefits. And we shouldn't worry what those other therapists say...it would do them good to laugh as well!

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Celebrating growth – the new AfSFH website!

In this article, the AfSFH Head of Marketing, Andrew Major, takes us for a walk around our new website.

Spring is a time for growth and renewal and for many enthusiastic gardeners, the planting season is full of anticipation as they look forward to seeing the results of their hard work later in the year.

In many ways, we too, as practitioners grow and change as time goes on and this came to mind recently when I was talking to some fellow practitioners about the AfSFH website, explaining how we aim to support members throughout their Solution Focused Hypnotherapy careers.

Whilst we've been busy improving and adding new content, much of the thought behind our plans has been about making sure resources are there when you need them, so we can support, nurture and help you to grow your skills, knowledge and business.

So, if you haven't had a chance yet, do log on to www.afsfh.com and see what's new (after you've finished reading Hypnotherapy Today of course!).

Supporting you and your business

We understand that there's a lot to think about when you're starting out or even if you've been running your Hypnotherapy business for a while. We all need some

support, training and new ideas to keep things fresh and our skills up-to-date. Once you're a Registered Member, you'll have full access to our Members' Area which has a wealth of information, tools and resources designed to support you at each stage of your Solution Focused Hypnotherapy career.

So, let's take a look at how the Members' only area of the website is set up. Once you've logged in using your email address and password, you'll be able to access lots of information, which will be dependent on your level of membership. We've organised the content into four handy information hubs, which are accessed via dropdowns from the main menu (once you've logged in) or via the Members' Area page (the one with the Polar bears on!), as shown in Figure 1 below:



Figure 1: The Members' Area webpage

If you've had a look around already...how well do you know the AfSFH website? Here's a quick challenge!

Q: How do you find a qualified AfSFH Supervisor in your area?

A: Log into your profile and navigate to the Members' Network page. Click on 'Supervision' to find out more. This information hub provides all our guidelines on Supervision and you can access the Supervisors' Directory (available to Registered Members only).

Q: How can you check upcoming CPDs/events or tell us about an event you are running?

A: Log into your profile and navigate to the Members' Network page. Click on Events and CPD. Check our CPD membership requirements and view the calendar of upcoming events. You can also find a form to fill in and submit for listing any events you are running or that you think other members may be interested in (you'll also find out about upcoming awareness days on this page!). (Available to Registered Members only).

Q: Where would you find out about the HPA axis, what RAS means or what cyberchondria is?


A: Our Hypno Wiki has the answers! Registered members can access the wiki from the Member Network page. The wiki page provides find lots of useful descriptions and reminders of terms that we may come across in our work as Solution Focused Hypnotherapists.

Q: How can I check the ASA guidelines for promoting Hypnotherapy?

A: In the Members Area, click on the Professional standards hub, which gives you access to the AfSFH policy library and lots of other information.


Here's an overview of what you can find in each information hub (depending on your access levels):

Member Network Hub




Here you'll find resources such as the hypno-wiki, our CPD/events listings and all about Supervision and our Supervisors.

Publications Hub




Here you'll find the latest issue of Hypnotherapy Today and previous editions. AfSFH meeting minutes are here too.

Business Support Hub



Here you can find templates, marketing info, member discounts and other business help such as digital advice.

Professional Standards Hub



Here you'll find our Policy Library of published documents, and information about safeguarding, advertising and more

Top pages that are worth checking out!

1. AfSFH Hypno-Wiki (via the Member's Network Hub page)

If you've ever found yourself wondering how to explain a term that we often come across in our SF work, then our Hypno-Wiki might be what you're looking for. From descriptions of Affirmations, 7-11 Breathing to the Vagus nerve, you can explore many useful terms here to refresh your memory!

2. Events and CPD (via the Member's Network Hub page)

Keep your skills up-to-date and meet your CPD requirements, check out the Events and CPD calendar for all the latest training offered by individuals and organisations.

3. Knowledge Resources (via the Member's Network Hub page)

We love this area – here you can find out about some great reading material for you and your clients suggested and recommended by your fellow AfSFH members.

4. Getting Started? (via the Business Support Hub page)

You'll find a handy guide in the Business Support area which provides all the AfSFH Top tips for success! From things to consider when setting up your business to practical advice for creating a client-friendly space. You'll also find lots of useful marketing information and membership discounts to help you grow and promote your business.

5. Digital Advice (via the Business Support Hub page)

Our Head of IT and Social Media, Trevor Eddolls, considers some of the technological aspects of running a Hypnotherapy practice. Find out about the technical side of our work, from taking payments with card readers, using online video-conferencing to using appointment text reminders.

6. Safeguarding (via the Professional Standards Hub page)

This is an important part of maintaining professional standards in our work – on this page you can find useful advice, information and external links to help you recognise who we need to safeguard and how we do this, in order to promote the welfare of vulnerable individuals (you should also always consult with your Supervisor).

Your Public Profile

Of course, one of the greatest things about the AfSFH website is that you can list your details so that potential clients can find you, so it's important to make sure all your details are up-to-date! To help you, we've put together a short step-by-step guide to making the most of your profile, which is available to download in the Members' Area page.

Once you're logged in to the AfSFH website, your name will appear at the top right hand of the screen. If you click on it, it will bring up the 'My Profile' page, where you can view your details and choose to edit them by clicking on the 'Edit profile' grey button. Here's a few highlights of things you should consider updating:

- **Your Practice Information** – check your listing information is up-to-date and correct. These details will be how the public will find your listing on the website. The system uses a text-based search in the database, so you need to include all relevant text like town and postcode if you want your details to come up in a public search.

- **Contact details for Admin use only** – it's worth checking these details are correct and up-to-date, as this is the address to use to send you a copy of the AfSFH Journal, Hypnotherapy Today. All membership email communications, newsletters etc. will be sent to the email address you list here.

- **Your photo** – it's great for clients to see you, so make sure your photo is a recent one and consistent with pictures featured in your other marketing materials (consistency in building your therapist identity is important!).

- **Areas you work with** – You can now select and choose to display the areas and conditions you can help with, which will also appear if a client uses the Advance search on the directory (e.g. specifies help with 'anxiety'). It's also a great idea to complete these details so that your AfSFH colleagues can find out what areas you work with when they are looking to refer clients on. It's a new feature, so worth making sure it's up-to-date. Once you have selected your preferred options, you must make sure that you select to make that information available to the public, otherwise it won't show up! The 'Getting the most out of your AfSFH

profile' guide explains how to do this (available on the Members' Area page).

Managing your Membership Online

We've made some changes to make Registered membership renewal even easier, it can all be managed online*. When it's time to renew your membership, we'll send you an email letting you know what to do. The first step is to complete the payment process online - we use PayPal to process payments as it is a secure industry-leading online payment facility that is easy to use. After your first renewal payment, the membership automatically renews each year using the same payment details, but we'll always email you before this happens. You can make changes to your payment settings from the 'Invoice and Payments' link on your profile.

*Note: Student members wishing to upgrade to Registered membership must email our Head of Membership to upgrade: membership@afsfh.com.

We're here to help

The AfSFH Executive team are all busy practising Solution Focused Hypnotherapists and bring a wealth of experience from their diverse career backgrounds. Although we're only available part-time to work on AfSFH matters (more or less enthusiastic volunteers for the organisation!), we are here to help if you have any queries or would like further support. You can find out more about the team and our roles by visiting the 'About Us' section on the website, where you'll also find our contact email addresses.

We hope this has given you a useful overview of our new website. As with all things, the content on the site will evolve and expand over time - we'd love to hear your thoughts and ideas about anything new you'd like to see included in the future so don't hesitate to get in touch!



About the writer:

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



A Different Stroke

We are often reminded of how precious life is. In this article, Alan Woollard bravely shares his story and reflections of when the unexpected happened, and how to cope with change...

After finishing the course and qualifying as a Solution Focused Hypnotherapist, I had great plans. I was going to find a local clinic and offer my services, write a magazine/newspaper article, do talks, get advertising sorted and I looked forward to helping people improve their lives...

I was in supervision at the time, my first session. I went to speak and found I was speaking strangely. To me, all the consonants were being pronounced as Ls. However, no-one seemed to notice. I am a person who likes to maintain control so, perhaps, I was able to do that sufficiently at the time for my problem not to show.

During the session, it came and went. I hadn't a clue what was going on with me, but I managed to get through it. Once home, I started to feel emotional and told my wife I

needed to take a nap for a while.

About 3-4 hours later I woke up, feeling cold. My wife appeared, and we discussed my health. I had been off the week before with a cold virus and we put it down to me doing too much too soon.

The next morning, I awoke feeling that I'd had a good night's sleep. My wife was already up, and she discussed my health again. She had done some research and suggested I call 111 for some advice. This I did. After answering their questions, they suggested it would be a good idea for a paramedic to call round in order to do some tests. So, about an hour later, they duly arrived. After more questions and some tests, they suggested I ought to go to hospital to do further tests. I was unaware at this stage that all the questions and tests I'd had were to test for a stroke. I went along with their advice and was taken to hospital. Once there, I was taken to A&E and wired up while they did their checks. Eventually, they told me they wanted to keep me in.

I didn't sleep much that night as every 30 minutes

I had my blood pressure checked followed by these tests that involved me pushing or pulling the nurses hands. Although I knew I was in a stroke ward I still had no idea of what they were testing me for. The word was never mentioned.

The next day, I was exhausted. My wife and step-daughter came to visit me, but I could not tell them anything new, nor could the nurses. As the day progressed, I was taken away to have my head examined. I don't know how many scanning machines they have at Yeovil Hospital, but I'm sure I saw them all. Every time I was wheeled back to the ward I was wheeled out again not long after.

Now, you'd think that, with all this going on, and without knowing why, I would be anxious, worried and stressed. Yet, for some reason, I was very calm and relaxed. I'm usually a calm person and one that has plenty of patience, but even I wondered why I wasn't more concerned.

I've thought about this since and wondered if it was some sort of safety mechanism. The brain taking over to make sure I didn't do any more harm. I'd like to think it was my normal calmness, influenced by my SFH knowledge of how the brain works that I'd learned in my previous months of training at CPHT.

So, Wednesday morning arrived. My wife and step-daughter are here again. Sometime around mid-morning I am visited by a small group of specialists. One of them tells me what they found.

The scans revealed some damage in the brain, very deep, suggesting it happened a long time ago, possibly at birth. Over a period of time this damage had calcified and, for some reason or another, a piece of it had broken off and blocked an artery in the brain. Basically, I'd had a stroke. They went on to show me the scans showing the new damage. They were unable to tell me what caused the piece of damaged brain to break off, or what I could do to reduce the risk of it happening again. It was a lot to take in. After the white coats had left, there was a moment of silence whilst we processed the information. I was shocked. My wife looked shocked too. Since I'd been in the ward I was fully aware of how severe a stroke can be, so I was grateful that mine was mild by comparison. Now I had to find out what happens next.

Later in the day I was told I could go home soon, maybe tomorrow or Friday. The next day, the specialist who had been assigned to me came in to have a chat. I asked her what I do from now on. Do I need to change my diet, cut out alcohol, and exercise more? As there was no health reason for the stroke she told me it was okay to carry on as before. What could I do to reduce the risk of it happening again? Avoid things like Deep Sea Diving was her answer. Throughout our conversation she made it very clear that, as they didn't know the cause, they couldn't really advise me as to what I could do to help myself. Having the knowledge that now that I've had a stroke I'm at greater risk for another, I found quite scary.

Recovery from any kind of illness or injury is different for everyone, but as with our clients, progress is often best made by taking one step at a time...



ONE STEP AT A TIME

I was told later that I could go home the next day.

That night I thought a lot, or at least tried to. Thinking required my full attention, as did talking or listening, so it wasn't long before I was asleep, and I slept well.

On Friday, my wife and step-daughter came to take me home. It was strange leaving the hospital. I felt kind of safe in there. Knowing there were all those machines and nurses and specialists on hand was reassuring. Now we'd be on our own.

I did have support at home after with a speech therapist and a psychologist as well as a nurse visiting regularly. Though it all came to an end after about 5-6 weeks.

Once home, I settled on the sofa and rested while my wife and step-daughter tried to give me some space and peace and quiet.

This is essential. Don't ask the Stoke Survivor endless questions; indeed, don't even talk too much. Listening and comprehending words and sentences is extremely tiring.

Just sitting there doing nothing was boring, yet that is what I had to do. I found watching the TV tiring, as I did reading and talking. The only thing I found easy was listening to music (I had to wear headphones though as my family don't share my great taste in music!).

Physically, I was not affected by the stroke. There was no drop of the mouth on one side nor were there any weaknesses down one side of my body. However, I found that my fitness had completely vanished, all my strength had disappeared. Normal activity like using the stairs, were tiring. Walking 50 yards up the lane was tiring too. This I found very frustrating. In fact, I think that's one thing I took on board the most, how frustrating having a stroke was. Without a healthy brain you can do very little without feeling fatigued. I was also aware of how, after a stroke, it was easy to start negatively forecasting the future. Let's face it, I had no idea how to stop it happening again and there's every chance that next time it will be more severe.

A couple of weeks later, I was taken to see my mother on her birthday. My parents were naturally worried about me, but I was able to put their minds at ease by appearing to be okay. I was able to converse and appear in control. Little did they know how much hard work that was. It was just a small group of five of us, but boy, did I find it tiring. Once back home, all I wanted to do was sleep.

During my recovery, I started to think differently about it. I started to think of how lucky I was that it wasn't more severe. I was grateful for the NHS and a loving family. I also started to look at my strengths. I was able to keep calm throughout the event. Despite my lack of fitness now, being fit before had definitely helped. Being a calm person with lots of patience - that was really important too.

My rehabilitation was not how it should have been. It's best to avoid stress as much as you can, but a couple of months after my stroke my father, who had been unwell for some time, was diagnosed with Motor Neurone Disease. He died 6 months' later. There was a lot to deal with that year. I used my own strengths (calmness and knowledge and all the useful things I'd learned when I was training

to be a Solution Focused Hypnotherapist) and distraction (helping/focussing on someone else, in this case, my father). This, and the huge amount of love and support from my wife, enabled me to cope. Then, the following April, my mother had a mild stroke that developed into Dementia.

Since I had my stroke, things have been very challenging, especially for my wife (whose health has suffered as a result). We support each other and keep moving forward. Small steps at times, but always steps forward. I was so pleased to be able to finally start providing Solution Focused Hypnotherapy at a local clinic in June 2017.

Helping others

If you are helping a stroke survivor in their recovery (either helping a client or a loved one), understand that they will be feeling very frustrated and scared. The rehabilitation time is long and tiring, so they will appreciate your patience. Be aware of your body language and facial expressions, keep them positive. Talk softly. Let them sleep as often as they need to. They may feel a hindrance to their family. There's a good chance they could become depressed due to the length of the rehabilitation. Boredom leads to over-thinking, and we all know where that can go. Confidence and self-worth may be at an all-time low. They will need plenty of reminding that they will get through this. They will improve. Don't forget the stroke survivor's family too. Their partner will feel they are under a huge amount of pressure. You may only see the stroke survivor once a week, but their partner will be with them 24/7.

Make sure you look after yourself too. You need to keep well to help them. Too much work combined with a lot to do at home can leave you little time for a break and to relax. Although I will never know what caused that little piece of old brain damage to break away, I do wonder if the busy year I had doing the course and practicing in the evenings, holding down a full-time job and taking my parents to various specialists contributed.

Now, over four years later, I find I still have improvements to be made. Fitness is a slow work in progress. My physical strength is still poor, but my mental strength has definitely improved, but I still get problems from time to time. I've got better at recognising when I need to rest. I'm able to notice that I have to work harder to concentrate when I'm talking, so I slow down. When I get stressed my voice can change pitch too, another warning sign I've learned to take notice of. All in all, I consider myself lucky and fortunate. I've learned a lot and continue to learn.

I can highly recommend the book 'My Stroke of Insight' by Jill Bolte Taylor. It was bought for me by my lovely wife, but I couldn't read it at the time, as it was too tiring. I've read it since and it is a fascinating read. Offer it to the stroke survivor to read when they are ready and suggest they at least read chapters 13 onwards; they don't have to read the others. It will help.



About the writer:

Since his recovery, Alan now works as a Solution Focused Hypnotherapist and practices in a local clinic in Shepton Mallet, Somerset.

Brainbox: Alcohol and Mental Health

By Dr Rachel Gillibrand

When conducting an IC with a new client, we discuss how in the face of stressors, the amygdala, hippocampus and hypothalamus work together to produce a neurochemical response that we respond to in a number of ways: anger, anxiety and depression. As we explain, these are natural instincts triggered by these regions located within the primitive brain and each may result in a further series of associated behaviours. For instance, when angry, our client may find themselves responding to events from the worst possible perspective, mis-reading comments, facial expressions and behaviours as acts of aggression. When depressed, our client may find themselves responding to events by staying at home, pulling the duvet over their heads and withdrawing from all interaction with the world. When anxious, clients may display various behaviours such as obsessive-compulsive rituals, social avoidance and other behaviours aimed to soothe the catastrophising mind. Another common 'coping' strategy is to use alcohol to target the primitive brain. A glass of wine to 'warm up' for a social event, a pint of beer to 'relax after a stressful day' or a wee dram to 'get me off to sleep'. Whilst these are not the best strategies for coping with our needs, occasional use of alcohol in these situations is rarely harmful. However, when our clients start relying on alcohol to cope with their day, as Solution Focused Hypnotherapists we are very well placed to help.

What effect does alcohol have on the brain?

Alcohol is a depressant, which means it can disrupt the careful balance of neurochemicals in the brain, affecting our thoughts, feelings and actions. The depressant effect is partly down to the effect of alcohol on neurotransmitters, chemicals that help to transmit signals from one nerve (or neuron) in the brain to another.

The relaxed feeling you can get when you have that first drink is due to chemical changes alcohol has caused in your brain. For many of us, a drink can help us feel more confident and less anxious. That's because it's starting to depress the part of the brain we associate with inhibition. However, as we drink more, more of the brain starts to be affected. Even if we are in a good mood when we have our first drink, when high levels of alcohol are involved, instead of feeling happier and happier, what happens is that the primitive brain becomes further activated and anger, anxiety and depression can occur.

Alcohol interferes with the neurotransmitters in the brain that are needed for good mental health (serotonin, dopamine etc.). With the primitive brain activated, our client starts to see things from the worst possible perspective, they enter 'red alert' and experience either a narrowing in perception of a situation (missing contextual factors) or developing hypervigilance (seeing threat where there is none).

Alcohol and anxiety

Alcohol acts as a sedative, so it can help someone feel more at ease. It may make them feel more socially confident at a party or help them forget their worries. However, these effects wear off fast and the pleasant feelings fade. If your client relies on alcohol to mask their anxiety problems, then they will soon become reliant on it to relax. A likely side-effect of this is that the more they drink, the greater their tolerance for alcohol will be. Over time, they may need to drink



About the writer:

Rachel has a background in Health and Developmental Psychology and qualified as a Solution Focused Hypnotherapist in 2016.

more alcohol to get the same feeling. In the long term, this pattern of drinking may affect their mental health. The way the body processes alcohol can also have a direct effect on mood. As the body processes alcohol, the sedative effects wear off and alcohol withdrawal symptoms kick in. These symptoms can be psychological such as feeling depressed or anxious. Many people feel like this the morning after drinking alcohol. This is because they are withdrawing from the effects of alcohol. This feeling often goes hand in hand with physical hangover symptoms such as a headache or upset stomach.

For some people, these feelings of anxiety or agitation may be barely noticeable. But if anxiety is already an issue for a client, experiencing withdrawal from alcohol can make their symptoms feel worse. If the client is prone to social phobia, they might find themselves worrying about what they said or did the night before. If the client suffers from generalised anxiety disorder (GAD), they may wake in the middle of night (as the alcohol wears off) and lie awake worrying and feeling stressed.

Alcohol and depression

If the client drinks heavily and regularly they are likely to develop some symptoms of depression because regular drinking lowers the levels of serotonin in the brain. In Britain, people who experience anxiety or depression are twice as likely to be heavy or problem drinkers. For some people, the anxiety or depression came first, and they've used alcohol to try to relieve it. For others, drinking came first, so it may be a root cause of their anxieties.

Alcohol and sleep

Regular drinking can affect the quality of sleep because drinking disrupts the sleep cycle. Drinking alcohol before bedtime may result in you falling into deep sleep quicker (this is why some people find drinking alcohol helps them drop-off to sleep), but as the night goes on you spend less time in this deep sleep state and more time than usual in the less restful, Rapid Eye Movement (REM) stage of sleep. As we know, too much time spent in REM sleep is enervating and can leave you feeling tired the next day no matter how long you stay in bed.

Other ways that alcohol can affect sleep is that you may have to get up in the night to go to the toilet. It is not just the liquid that the body is getting rid of - alcohol is a diuretic, which means it encourages the body to lose extra fluid through sweat too, resulting in dehydration. Drinking can also exacerbate snoring. It relaxes the muscles in the body, which means the tissue in the throat, mouth and nose can stop air flowing smoothly, and is more likely to vibrate. Alcohol is linked to suicide, self-harm and psychosis. Alcohol can make people lose their inhibitions and behave impulsively, so it can lead to actions they might not otherwise have taken – including self-harm and suicide.

According to the NHS in Scotland, more than half of people who ended up in hospital because they'd deliberately injured themselves said they'd drunk alcohol immediately beforehand or while doing it. Additionally, 27% of men and 19% of women gave alcohol as the reason for self-harming. Extreme levels of drinking (such as more than 30 units per day for several weeks) can occasionally cause 'psychosis'. It's a severe mental illness where hallucinations and delusions of persecution develop. Psychotic symptoms can

also occur when very heavy drinkers suddenly stop drinking and develop a condition known as 'delirium tremens' (or the DTs) – some symptoms of which can even be fatal.



Alcohol can damage your memory

Soon after drinking alcohol, your brain processes slow down, and your memory can be impaired. After large quantities of alcohol, the brain can stop recording into the 'memory store'. That is why it is possible to wake up the next day with a 'blank' about what you said or did and even where you were. This short-term memory failure or 'black out' does not necessarily mean that brain cells have been damaged, but frequent heavy sessions can damage the brain because of the negative effect of alcohol on brain chemistry and processes.

Drinking heavily over a long period of time can also have long-term effects on memory. Even on days when a person does not drink any alcohol, recalling what they did yesterday, or even where they have been earlier that day, become difficult. In extreme cases, excessive alcohol use can cause serious effects on how the body uses various vitamins and minerals, which can have a devastating effect on the brain. For example, when alcohol can cause severe memory impairment due to its depletion of vitamin B1 (thiamine), which causes a condition known as Alcoholic Korsakoff's Syndrome (AKS).

Summary

The consumption of alcohol can have a wide-ranging effect on individuals. Through the action of alcohol on the brain we can see an increase in anxiety and depression, an increase in anger and negative forecasting, a disruption to sleep, the neurological conditions of delirium and psychosis and impairment to memory. Some of these effects can be temporary but with prolonged excessive alcohol consumption, these effects can become permanent unless action is taken. Solution Focused Hypnotherapy can help the client take back control of their drinking and target the triggers of their bingeing to help them make positive changes to their habits. It can also help them to confidently work towards building more useful strategies for coping with negative emotions, without using alcohol. Further information

For further advice on alcohol and its effect on the body and mind, check out <https://www.drinkaware.org.uk> and <https://www.drinkaware.co.uk/alcohol-facts/health-effects-of-alcohol/> and speak to your Supervisor for further support where appropriate.



My Hypnotherapy journey... step by step...

As we celebrate the themes of change and growth, Lisa Williams reflects on her journey to becoming a Solution Focused Hypnotherapist.

I have sat here for a while thinking about how I start this piece for our great AfSFH Journal, and in doing so, have realised what an amazing journey it has been for me; and as every journey starts with the first step, I'll start at the beginning...

My previous working life was within the financial services industry, and with the pressures of work and life I became stressed, burned out and ill. I had to take time off from work to recover, and the experience of where I didn't want to be anymore was like a wake-up call for me. I booked myself in to see a Solution Focused Hypnotherapist, who had trained at The Clifton Practice with our very own David Newton. The decision to go and see a therapist was the first step; this was nine years ago. After four months and twelve sessions later, I was blown away – my life has never been the same since. My life was completely changed around; I thought differently, felt differently and acted differently...and life became different, positively different; so much so, that I wanted to do it for a living! My therapist asked: 'then what's stopping you?' and, 'if you could do one small thing towards becoming a hypnotherapist, what would it be?'

A year later, I enrolled on 'Intake 52' at Bristol and qualified in September 2012 and have never looked back.

I started my therapy business in November 2012, running it from a shared treatment room in a Podiatry Clinic in Congresbury, North Somerset. I spent a

couple of months creating a website – sort of a paint-by-numbers one with Vistaprint and it served me well for six years before I had a great web designer, who many of us know as Marvelous Marvin, smarten it up for me with a new branding, logo etc. I created leaflets and business cards and literally put them wherever I could or wherever there was a waiting area (even if I wasn't allowed – oops!). I'd walk through a pub garden and pop a couple of cards in the smoking areas, put leaflets in garage waiting rooms, pub window sills, car wash waiting areas, dentists...you name it, if it had a waiting or seating area for the public, I put my materials there! This started me off and within the first two months I had six clients a week. I then put an advert on the local radio station and the local free magazine for North Somerset and during the first two years, and with my new Solution Focused experience, worked as a tutor for a development team within Bristol City Council running confidence courses and also coaching adults with issues such as low self-esteem, poor social skills or substance dependencies in finding their own tools and inner resources for positive change in behaviour, and in getting the life they want.

By year two, I had built a client base of twenty within my private therapy practice, and by year four, a client base of thirty-two. By then, I had finished my work with Bristol City Council and had moved premises and worked full-time from a beautiful therapy room with views across the Mendip Hills to converting my own garage to a therapy room with cloakroom area.

I have received invaluable training over the past seven years through CPDs run from CPHT Bristol and on-line from our own graduates, therefore, keeping up-to-date with the latest relevant research to keep my practice on top of its game. I have been given vital guidance and support from my Supervisor, and from the Association for Solution Focused Hypnotherapy (AfSFH). All of this, in my professional journey, has led me now to be running a very successful practice.

My aim is, and always has been, to help my clients see what often they may perhaps have lost sight of; that we all have our own skill set of resources inside us, we may just have forgotten they are there and where to find them. My work helps every client to learn how to train their brain to help them, encourage them, remind them of their own achievements and capabilities. Remind them perhaps of what resources they have that can help them in their present situation. Anything as simple as remembering riding a bike as a child, falling off many times, however with dedication and repetition we soon felt confident in this. We all have skills we have used before, and it's often looking at what we can do rather than what we can't do that can motivate us, give us pleasure, help us to feel happy. My work involves helping clients use their minds in such a way that it helps them, gives them confidence and motivation – they feel excited at the changes that are taking place rather than fearful.

Last year, I was given a fantastic opportunity by David Newton to work alongside Julie May, who I trained with, and who has become a very firm friend and valuable colleague, in working towards opening the first CPHT Satellite School in Europe – in the beautiful city of Nice, France. Also, in taking over CPHT Southampton from two great and experienced colleagues, and Julie and I are working hard in



promoting the second Southampton HPD Training Course starting in May of this year. Because this new venture requires Senior Lecturers to become Supervisors, it gave Julie and I the motivation, opportunity and privilege of undertaking the Supervisor's Diploma with the brilliant and knowledgeable double act, Susan Rodrigues and the late Paula Rose.

I feel incredibly lucky to work in an area I enjoy, and to be able to share my learnings to such beneficial effects with my clients, supervisees and students; also being able to offer, on a voluntary basis for the past four years, Solution Focused Hypnotherapy to those living with cancer, undergoing chemotherapy and/or who are terminally ill. I see myself continuing this Solution Focused work for many years, and in living it, and look forward to welcoming many more clients and being part of their amazing journeys.

So, as I look back on my own journey and the steps I have taken, I realise that everything that went before was for a reason, and I am so thankful for Solution Focused Hypnotherapy and how it has changed my life!



About the writer:
Lisa is a CPHT Senior Lecturer and Supervisor and runs her practice in North Somerset.

All about you!

In this section, we explore some of the feedback received from the recent AfSFH Members' survey about our Member's Event, which was sent out in February and was also posted in the closed AfSFH Facebook group.

We were delighted that so many members took part in the survey and told us that they would be interested in coming to an AfSFH event!

Survey results...

Q. Where would be your preferred location to attend an event?	Response rate (% of all votes)
a. Birmingham	12.79
b. Bristol	66.28
c. Manchester	20.93

From the results above, we can see that the majority of members who voted would prefer an event in Bristol. This seems quite a fitting choice too as it is the birthplace of SFH and of the AfSFH of course! Given this, we are looking at potential venues in the city – focusing on locations with great connectivity by bus or train and with parking if possible. We'll confirm further details in due course! As mentioned in the survey, the AfSFH aims to subsidise the costs for all members, to try and make attending as affordable as possible!

We also asked about food preferences, and the vast majority of you (82%) preferred the idea of having a buffet lunch rather than a formal sit-down meal, so we will do our best to accommodate this. As we know, Solution Focused Hypnotherapists are a particularly sociable bunch, so casual dining seems like a good option!

Members also voted for the type of activities they would like to see at the event, with the most popular votes for: speaker talks, workshops, the chance to network and the option to purchase relevant books etc. Again, we have taken your views on board to help with our planning! We also asked you to let us know about the kind of topics you'd like to see featured at the event. Here are the topics that received the most mentions:

Q. Are there any topics or themes that you would like to see featured at the event e.g. information/talks on specific topics or areas?

Working with children/teens
Marketing and business development activities (and getting more clients)
Research/science of what we do/science of therapy
Future of SFH and NHS working

Those are some great topics, and we'll look at what we can fit in! We also asked about your 'best hopes' from attending such an event and the most popular themes were: to develop my practice, to learn about new topics, to network and meet other therapists – and... all of the above - which had the most votes!

Thank you to everyone who took part! And thank you to those who offered to help with the event too (we'll be in touch!). We will announce further details about the Member's Event in the next few weeks, so keep your eye out for an announcement email from us soon!

Help us continue to spread the SFH word!

Join us on Twitter: @afsfh

We also have an up and running LinkedIn page – just search for 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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Committee Members



Chairman and Trustee: Nicola Griffiths

Nicola trained in Solution Focused Hypnotherapy in 2007. She is passionate about maintaining the integrity of Solution Focused Hypnotherapy and ensuring that the AfSFH continues to support its members. She is a Senior Lecturer at Belfast and Manchester and is also a Supervisor.



Trustee: Susan Rodrigues

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



CEO and Editor: Helen Green

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

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Head of Finance: Sacha Taylor

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

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Head of IT and Social Media: Trevor Eddolls

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

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Head of Membership: Anne Wyatt

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

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Head of Professional Standards: Nicola Taylor

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

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Head of Marketing: Andrew Major

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

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