

HYPNOTHERAPY TODAY

ASSOCIATION FOR SOLUTION FOCUSED HYPNOTHERAPY

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Power to adapt Resilience during a pandemic

Also in this issue:

Super Support

Insomnia

Moving Forward

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Association for
SOLUTION FOCUSED HYPNOTHERAPY



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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 Summer edition of Hypnotherapy Today. As we continue to live with COVID-19, the theme of this issue is focused on adaptation, change and making progress – something many of us will have needed to embrace since the start of the pandemic. We are quite adaptable as humans, and nature gives us examples at every turn of how creatures can change and adapt to whatever their environment becomes (hence the lovely chameleon on the front cover!).

At the time of writing, we are experiencing a bit of a heatwave, and I'm grateful to be seeing clients online, where I can enjoy wearing shorts and flipflops off camera! Of course, many of us may have needed to adapt to working online, which can sometimes bring its own challenges. This edition is packed full of articles that show how we can adapt and also how we can develop our levels of resilience, which can help us to cope with changes in the future. Of course, in coping with the pandemic, many of us will have changed how we work in our businesses, and we feature some great information about how we can continue to move forwards, but also make time to ensure we get the basics right.

One of the things we may have heard about, particularly at the start of the pandemic, is how many people were struggling to sleep well – indeed, this may still be the case

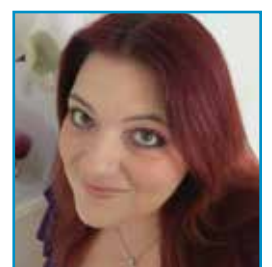
for many. We therefore feature a timely article on insomnia in this issue, serving a useful reminder of just how helpful we can be for clients who are struggling with poor sleep. I hope you enjoy this edition – a big thank you to everyone who contributed; as always, your efforts are greatly appreciated. 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 receive a £10 Amazon gift voucher as a little 'thank you' for their efforts!

I hope that this edition finds you and your loved ones in good health, and that you can find somewhere comfortable to relax with a lovely cool drink and take some time out to be inspired by the latest contributions from our members!

Best wishes,

Helen

Helen Green,
AfSFH CEO & Editor



Super Support

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

Super supporter: Mel Cook, AfSFH Supervisor

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

I have come to appreciate the benefits of attending regular supervision increasingly over time. In the beginning, when starting out my journey with solution-focused hypnotherapy in 2010, I attended group supervision at the Clifton Practice whenever it was offered and enjoyed being around other hypnotherapists. It was useful to be all learning and sharing together while getting used to my new role as a self-employed therapist, which sometimes felt quite isolating.

Once established and working full time with both SFH (Solution Focused Hypnotherapy) and SFBT (Solution Focused Brief Therapy) I continued with mainly one-to-one sessions with my own supervisor. At first, this was as and when needed, although over the last few years I have found the most benefit to be gained is from a regular session once a month. This has progressed over the last couple of years to a 2-hour monthly session, consisting of an hour's supervision and an hour's hypnotherapy immediately after, as it always seemed to be a squeeze getting everything processed in just one hour! I have found this works best for me, as it means I can work full time in practice and have enough time and energy for myself and family, school runs, relationship, and so on. This also enables me to keep up to date with CPDs along the way, so that I can offer best practice to my own clients and supervisees.

Over the past few months, I've also attended small group supervision sessions, locally in person and, more recently, via Zoom, which have proved to be helpful too. I've met new contacts through this and really enjoyed sharing experiences.

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

After recently completing the Level 5 SFBT supervision for hypnotherapists qualification with Alex Bronger at the Clifton Practice, I have really enjoyed working with supervisees in a truly solution-focused way and seen the benefits this way of working can bring about for supervisees and their clients, as well as for myself. This is an exciting time, during which we are still learning so much within our field, about ourselves and others, our brains and our work. At first, when taking on the supervisor course, I saw myself as doing it mainly to be able to explore more teaching opportunities rather than the supervision

itself. However, I have enjoyed the whole process so much more than I expected that I am now fully engaged with it.

I enjoy experiencing how every hypnotherapist has their own style and the amount of positive energy and enthusiasm generated within the sessions, both one to one and within a group. It is great to see supervisees progressing with their practice, how they are using their tools ever more effectively with their clients and how their confidence is building more, each time I see them.

Just recently, I held an exploratory online SFH coaching-style workshop with other SF professionals from around the world at an online retreat, which really illuminated the power of the solution-focused approach. From professional experience gained so far, including this year's supervision qualification, I am now enjoying combining all the best bits that have worked for me personally, to provide as a supervisor myself.

I offer supervision sessions in person in Bristol and Bath, as well as sessions over the phone or via Zoom. I find these sessions to be fun, collaborative, interactive, energising and most of all useful. I'm enthusiastic and excited about the future of solution-focused supervision for hypnotherapists and look forward to developing my work in this area.

Here's what one of my supervisees has to say:

"This was my first 1:1 SFH supervision, via zoom, and I found it incredibly helpful to really focus on my own practice so intensively. I have always got a lot out of group sessions before, but this forced me to look at my own thoughts, behaviours and deeply think about how I work, what has worked well, what I would like to do differently etc.

I really liked the structure of the session too. I realise it was a first session, so there was more getting to know each other too, but the solution focused structure of the session was not something I have experienced before, previous sessions have always been much looser and meandering. I definitely prefer the SF style. It's also great to experience just how powerful SF questioning is for myself. The whole session was very motivating and energising, and I felt much more confident afterwards, and this has continued.

One of the most useful bits of the session was a discussion about how to get a client past their negative beliefs. Mel's suggestion of finding their opposite of that belief and scaling it was brilliant and I have used this several times now with great success. Overall, Mel was warm and encouraging, pushing me gently towards what I want in the future, but have been feeling held back from, so that I can now see my way forward. I learned lots from the session too, both experientially and information/practical tools. This was by far the most useful supervision session I have had in my 2 years of practice, including supervision in my other therapies!" - Helena



About the writer:

Mel qualified as an SFH in Bristol in 2010. She runs her practice in the Bath and Bristol areas and runs small group supervision sessions as well as individual sessions, both online and face to face.

Super supporter:

Sacha Taylor AfSFH Supervisor

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

For me, the greatest benefits come in finding reassurance, connection and support as I watch my practice evolve. When I first started out, it was great to have the input of others in a group session, and it also boosted my confidence if I had an experience to share to help someone else having a query about their practice. It was nice to have a collective interaction, especially just after finishing the course, as working on your own after monthly group training course can be isolating. As my practice evolved, I moved to 1-1 sessions for more targeted support, so my supervisor could reassure me and help me feel confident I was on the right track, especially with any challenging clients or uncommon situations I might have found myself in. It feels great to have a therapeutic bond with my supervisors too, knowing they are there when I need them. And, because of multiple house moves over the years, I came to see a few different supervisors, which turned out to be an added benefit – I gained different insights from their different approaches and it means I am always able to choose the right supervisor for a session, depending on what I need at that time. Naming no names (!), I have my regular supervisor I see and then I still occasionally see my ‘nurturing’ supervisor who helps me feel confident but also reminds me to take care of myself as a hypnotherapist, and sometimes I go to my ‘kick-up-the-bum’ supervisor who gives me a no-nonsense nudge when I need it too!

I have learned lots of additional nuggets of gold to use with clients too over the years, as each supervisor may share a different anecdote or metaphor that helps me have better clarity with certain situations and it’s lovely to be able to share them with clients when appropriate too. Simply put, even after 6 years in practice, attending supervision sessions makes me a better hypnotherapist and ensures my clients always get the best out of their sessions with me.

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

When working 1-1, I love watching the pennies drop and seeing my supervisee physically ease during the session, as they find their solutions. There’s always laughter and moments of insight that lift them too, and I regularly find these may be relevant to me as well, so I get food for thought and evolve/grow from the interaction as much as they do. Being able to give my supervisee dedicated attention to support them in whatever they need to achieve from the session also gives me lots of supervision satisfaction.

When hosting a group session, I love watching the dynamics unfold and connections being made. I have a wonderfully eclectic mix of supervisees, from some who have been in practice for over 10 years, to some practising only for a few months, and yet they all have relevant experience and perceptions to share that keep us all fresh and focused on making our respective practices the best they can be. I like to

structure my group sessions into sections so they flow well and cover lots of bases, like sharing snippets of research information to stimulate thought and discussion, to occasionally discussing book recommendations, as well as the all-important “what’s been going well in your practice” and “what has challenged you in your practice” questions, which give each supervisee the opportunity to reflect on their strengths and then find solutions more easily to any challenges they may have, either with a particular client, or related to running their business. For this reason, I like to keep my groups relatively small to ensure everyone has a chance to engage, share and feel the session has been worth it for each of them individually.

One of my sessions earlier this year resulted in two of my supervisees being inspired to keep going when they had each hesitated to come, both feeling like they wanted to give up, albeit for different reasons. Through our discussions, they got motivated again and re-engaged with what they love about the work we do, and were able to shift their doubts, as well as their expectations to enable them to have full clarity on how best to get their practice thriving again – we were all buzzing by the end of that session!

Here’s what some supervisees have to say:

“As a newly qualified hypnotherapist, I have found supervision with Sacha really useful as a source of advice or when I am letting my primitive mind sneak in! The group sessions are also a great way to meet other hypnotherapists and get new insights and are a great substitute for the regular peer support I was used to when training”.

“Supervision is a valuable resource for all therapists, and it’s not just the newly qualified who benefit, more established therapists like myself find supervision helps to ‘straighten things out’ from time to time. I found supervision with Sacha to be very helpful last year when I started to feel overwhelmed following the loss of my previous supervisor and a run of quite difficult clients. Sacha helped me to reflect on the successes I have had so that I could find the confidence to move forward once again. Supervision with Sacha was the ‘safe space’ I needed during that difficult time and I will continue to work with her for many more years to come”.



About the writer:

Sacha is the Head of Finance for the AfSFH. She qualified as an SFH in Bristol in 2014 and became an SF Supervisor in 2018. Based in Bath, Sacha runs supervision in small groups or individual sessions, held face to face or online.

Virtual adventures!

By Caron Iley

Covid-19 has brought many changes into our lives; the way we construct our time, our relationships with friends and family and for most of us therapists, huge changes to the way we conduct our business.

Before this pandemic, I'd enjoyed face to face sessions and had only ever worked online with one client; my best friend's son who lived too far away to attend my consulting room here in Bolton. In his teens and working shifts, our sessions were full of laughs, mostly because he would fall asleep in the trance session and I would have to send his mum a quick text to keep an eye on him and wake him up!

What the pandemic has shown me, is that I can be resilient, adaptable and resourceful. Running a busy practice, I was heartbroken when my client numbers deteriorated daily when the lockdown first took hold. Day by day, clients dealing with their own anxieties and fears paused their sessions, frightened of virtual therapy. Other clients who had just had an IC or had only had one or two sessions balked at moving onto Zoom sessions. I was in despair, I had huge concerns for the clients who had just stopped mid treatment, knowing that they were nowhere near ready to finish and still needed ongoing support. I also really missed being busy. Group Supervision sessions reassured me I was not alone, and I took comfort sharing tips and advice from my colleagues.

Although I had doubts about the safety and effectiveness of online Hypnotherapy, I decided to focus my spare time on learning all I could about virtual therapy and attended a couple of very helpful CPDs. I ordered a supportive desk chair and got familiar with Zoom and set about making the virtual experience for the clients that had moved over as comfortable and relaxing as possible. What I didn't prepare for were the added ingredients of pets and children in my virtual journey!

One gentleman was lucky enough to have his own man cave, which was the garden shed. It was his escape after a busy day, somewhere to have half an hour to relax and unwind after work. He decided he would have his virtual sessions in there as there was a couch and he would not be disturbed. Our first session ticked along nicely and after the MQ, I sent him to the couch, pleased that our first virtual session was going so well. He lay on the couch and positioned the phone so I could see him and as I started the trance session, he opened his eyes, jumped up and shouted: "Agghhh, the rat is back!!!" Looking petrified, he apologised, and we agreed to finish the session there with him promising to go to the house and listen to the download.

Later in the week I had a session with a very lovely lady who had a busy job and was used to daily Zoom meetings, so I felt quite confident it would go well. She decided to have her session in her bedroom with her partner looking after her two young children downstairs. Halfway through the trance session, a little face appeared at the side of the bed and started waving at me. I continued with the trance session, panicking inwardly and wondering what I should do; should I just continue, or should I wake mum up? I decided to continue and waved back at the child putting my finger to my lips silently begging her to be quiet. She then continued to play peek a boo with me for the next 20 minutes with me stifling my giggles!

Client number 3 lived alone with two cats. I have a dog, so our inconsequential language was usually centred around our pets, who all sat in on our virtual sessions together. Recently, we started a session and Tabby wasn't anywhere to be seen, so I enquired after him. My client explained that he had been told off for taking food from the counter and was sulking upstairs. We had a very positive session and then my client moved to her couch, which was positioned in front of the staircase. About 10 minutes into trance, Tabby came slinking down the stairs. I watched him with interest while continuing my reading and then gasped as he jumped onto the arm of the couch and proceeded to walk along the edge at the back of the couch glaring at my client with his tail flicking wildly. What to do? Wake her up? Integrate some language referring to cats pouncing on their owners? I watched almost holding my breath but trying to sound as normal as possible. Imagine the sigh of relief when he decided to lay down on the couch arm and nod off!



My final adventure tested my resilience and my patience! Conducting the first half of the session, my client was balancing her two-year-old on her lap. I was distracted at the constant interruptions of the little man who kept waving at me and pushing various toys in mum's face, but she wasn't fazed so I did my best to continue, trying very hard to remember that the client knows best...thankfully, dad came and collected the toddler when we prepared for trance.

As a Solution Focused Practitioner, I've tried very hard to turn this whole experience into a positive and also to share that positivity with my clients. I kept in touch with the clients who paused their sessions, giving them regular updates, offering them free taster online sessions, sending out new downloads and links to my free online relaxation sessions. I also held free bitesize group sessions for clients and ex-clients who felt they needed some extra support. As the weeks have turned into months, clients have started to get back in touch and book themselves in for virtual sessions. I now have clients who've said that when the pandemic is over, they'd like to continue their sessions online, enjoying the comfort of Hypnotherapy in their own home.

Online work has brought about some lovely experiences and some very definite hairy moments. It has expanded my business concept and shown me that our work virtually is as safe and effective as face to face. I'm pleased to say that I am now very comfortable working online and feel confident to advertise myself as a Virtual Hypnotherapist!



About the writer:

Caron graduated from CPHT Leeds in 2018. She runs her busy practice in Bolton, Greater Manchester and is now a Senior Lecturer at CPHT Leeds.



Embracing change: CPHT Leeds adapting to online training

By Jenny Mellenchip

When the Government suggested people self-isolate for 12 weeks at the very beginning of the Coronavirus pandemic, what were your first thoughts? I'm embarrassed to say now that my immediate response was: "I couldn't possibly do that! What about my students and my clients, what about my business? No that definitely won't happen". Seven weeks into lockdown, my first response seems crazy now, but I'm pretty sure that I wasn't alone in my initial view.

On May 23rd, Caron and I realised that we had to get to grips with the situation quickly. The students were struggling to see how the training course could work online, particularly with the CNHC's previously held stance of not admitting online-only hypnotherapy graduates to their ranks. We quickly arranged an online meeting via Zoom, to reassure them that all the relevant bodies had amended their guidance to suit the lockdown situation, that they would be able to join their desired organisations after graduation. Some were concerned that staring at a computer screen for 2 full days would be a trial and they offered suggestions of alternative ways to run the course. We reassured them that would be plenty of variety to hold their interest and the usual number of breaks and stuck to our guns.

We recognised that we were lucky, we had completed module 7 only a week earlier, so we had plenty of time to adapt the course to an online format. We promised the students that we would hold weekly 'open-house' sessions to answer any concerns they may have. These hour-long sessions continue to be held every Wednesday at 6pm and have proved to be very popular with the students. We use the sessions to answer questions about the portfolio, experiment with various aspects of Zoom and of course to answer questions about their clients. The students have enjoyed getting involved in the learning process with myself and Caron.

When it was time to hold module 8, the students were fully prepared for the weekend. Not everyone had their own printing facilities, so we took the decision to send out the handouts for the sessions ahead of time. The students had received the Zoom codes and passwords for the sessions the previous week too. We started at 10am as usual on the Saturday with an inspiring talk from Glenn Catley about improving sports

performance. The students were light-hearted and relaxed and asked lots of questions. Some of the other sessions continued to be carried out in a large group, including the case studies, while other sessions were completed using Zoom's break-out room facility. We used a mix of video, PowerPoint, lecturer-led and small group activities for the students, helping to give the variety that students are used to.

During the weekend, some students chose to relax in their bedrooms to avoid disrupting the family environment, while others sat comfortably in their study or lounge. I had a bit of fun with the background facility and a few students quickly caught on. One took a photo of himself with his laptop in his study and then used it as a background before leaving the room. However, he quickly returned to grins from a number of the other students who thought Caron and I hadn't noticed. The odd pet made an appearance, jumping up for a cuddle or a stroke. One student blew up a paddling pool in their break, as it was a lovely hot day and kept an eye on her children through the window to make sure they were safe. Despite all this, the students remained focused on the subject matter at hand. At the end of the weekend, all the comments were positive. Students said that it hadn't taken an effort to stay engaged and the break-out rooms had made it feel just like a normal weekend. One student who normally flies over from Germany each month, remarked that it had saved her loads of time and money, while another commented on not having to drive the long journey home.

All in all, the weekend was a huge success and any fears held by students or Caron and I were quickly quashed. Everyone is now looking forward to module 9 and although we're all a little disappointed that module 10 cannot be back at Weetwood Hall, Caron and I have a plan to make sure that graduation weekend will be enjoyable as ever! It's amazing how we can all learn to adapt!



About the writer:

Jenny qualified as a SF Hypnotherapist in 2015. She now runs her practice online as well as seeing clients at her Stafford clinic. Jenny is a senior lecturer at CPHT Leeds and is also a Supervisor.



The Power to Adapt

By Helen Green

The impact of COVID-19 has been far-reaching all across the world and has required all of us to adapt during these challenging times. As we think about how our lives may be impacted over the coming months and years, it seems fitting to reflect on how we can enhance our abilities to cope, and this is where we can consider ‘psychological resilience’.

What is resilience?

When faced with adversity in life, some individuals appear to cope much better than others – they’re able to adapt and overcome difficult situations and seemingly take everything in their stride. Others seem to struggle, become stuck in a rut or become overwhelmed and can see no hope of how to move forwards. So, what is it that enables some people to move forwards, seemingly able to cope with whatever life throws at them? The answer lies in ‘resilience’.

In simple terms, psychological ‘resilience’ can be defined as the ability to: “mentally or emotionally cope with a crisis or to return to pre-crisis status quickly” [1]. There are, therefore, two distinct ways of thinking about resilience – an ability to use psychological and behavioral capabilities that allow people to remain calm during a crisis/time of stress or adversity and, secondly, the ability to move on from such incidents without long-term negative consequences. In other words, when faced with a tragedy, global pandemic, relationship issues, health, or work problems etc., resilience refers to how well a person can

cope and adapt to the events in their life. A person with good resilience is able to ‘bounce back’ more quickly from negative situations or events and with less stress than someone whose resilience is less developed. As Solution Focused Hypnotherapists, we enable our clients to develop their own levels of resilience, not just in their ability to cope in a moment of crisis, but also to adapt, move on and thrive following challenging times.

Adaptation and resilience

Much research into resilience has focused on stress and how we adapt to it. Resilience is generally conceptualised as “positive adaptation” after a stressful or adverse situation [1]. When a person experiences daily stress, it disrupts their internal and external sense of balance, presenting challenges but also opportunities – as repeated exposure to stressors in daily life can promote more resilience. Facing challenges gives us the opportunity to develop our resilience strategies and this is important as there is a close link between resilience and our ability to adapt [1]. The more we learn to adapt, the more we can rebound from adversity, and emerge as stronger and more resourceful individuals. As well as providing opportunities for the brain to learn more useful coping strategies, developing resilience through adaptation is also positively associated with increased happiness [2].

In times of stress, resilient individuals adapt to challenges by using personal resources, strengths, and other positive capacities of 'psychological capital' like hope, optimism, and self-efficacy [3], and each of these attributes have been studied at length. Using such tools of adaptation promotes resilience in the face of a challenge, but also enhances our ability to cope and thrive after dealing with an event or challenge and increases our ability to cope with future challenges.

The ability to adapt to failure can also be an asset in developing resilience. One recent study, for example, found that young scientists who experienced a significant setback early in their career actually went on to greater success than scientists who had seen early wins [3]. Becoming 'okay' with making mistakes helps build better emotional regulation, which can benefit someone in many areas in their life, from relationships to the workplace. Furthermore, analyzing and accepting a setback can provide lessons that can prevent future failures from being repeated, providing a very useful form of adaptation, that creates better resilience for future challenges [3]. For example, I'm sure that during the early stages of lockdown, many therapists learned how to adapt from their initial attempts at using Zoom or other online platforms for therapy, to becoming more comfortable and confident using these methods. A prime example might be that after early attempts, we may now always check the microphone icon to make sure we are not on mute when speaking! Such is the power of learning and adaptation!

How can we become more resilient?

Research has shown a variety of other factors can help directly increase resilience, including [4]:

- Having a positive self-image and confidence in one's strengths and abilities.
- Being able to regularly make realistic plans, and then being able to regularly carry out plans.
- Being able to effectively and appropriately manage feelings and impulses.
- Developing effective communication skills.
- Developing effective problem-solving skills.

As Solution Focused Hypnotherapists, we help our clients to identify and to cultivate their inner resources that can help them to be more resilient in the face of life's challenges. Through our work, we can help clients develop all of the factors mentioned above, from helping to build confidence and identifying the clients' strengths (especially by



noticing exceptions), through to creating useful plans and developing better communication and problem-solving skills (use of the Miracle Question, Rewind or Reframes are especially helpful in creating a client's preferred way of reacting to a stressful or negative situation). We encourage a solution-orientated approach, and this helps our clients to develop a more adaptive and hopeful approach to difficulties in their lives.

In many ways, our mantra of the 4Ps (positive thoughts, positive actions, positive interactions and positive purpose) are particularly useful for considering how we can help our clients increase their resilience:

Positive Thoughts...

There's significant research around the relationship between positive emotions and resilience. Studies show that maintaining positive emotions such as good humour, whilst facing adversity, promote flexibility in thinking and problem-solving. One study of an elderly population in Zurich, Switzerland, showed the significant role humour plays as a coping mechanism to maintain a state of happiness in the face of age-related adversity [1].

Positive emotions also serve an important function in their ability to help an individual recover from stressful experiences and encounters. Additionally, maintaining a positive outlook by cultivating positive thoughts helps to counteract the physiological effects of stress and negative emotions. It also facilitates adaptive coping, builds enduring social resources, and increases problem-solving and personal wellbeing [1].

People who are resilient usually exhibit a positive attitude that helps them to overcome difficulties. They shift the label of failure or defeat to something more helpful instead [2]. With feedback and motivation, we can help our clients by reminding them to look at their strengths, and to reflect on times of resilience that have previously occurred (noticing exceptions).

Several strengths are associated with happiness, which in turn is a helpful emotional state that increases resilience. In addition, science shows that consciously embracing moments of daily life (noticing 'What's been good') and being fully present (mindfulness) leads to increased happiness, thereby directly promoting greater resilience [2]. Building a positive mindset naturally enhances our resilience. Tools such as optimism, for instance, have been shown to help blunt the impact of stress on the mind and body in the wake of disturbing experiences [3]. That gives people access to their own cognitive resources, enabling the intellectual mind to rationally reflect on what may or may not have occurred and to consider more appropriate behavioural paths that might be more productive in helping them move forward (i.e. using positive emotional tools to cope rather than using alcohol, drugs etc).

Part of the work we do as Solution Focused Hypnotherapists can be to help clients learn to perceive obstacles as challenges rather than hindrances. According to the 'challenge-hindrance stressor framework' researched by Cavanaugh et al. (2000), people who view problems with curiosity are more likely to solve the issue and move forward, rather than be defeated by the issue itself [2]. People with this type of curious perspective may view problems

as an opportunity for growth and as a chance to improve themselves. Unlike a hindrance perspective, a challenge perspective allows people to see their problem as something that has happened “for them” rather than ‘to them’ [2]. Enhancing a sense of curiosity is a great asset in our work as Solution Focused Hypnotherapists but is an equally useful mindset to encourage in our clients.

In some cases, reflecting on challenges themselves – especially with hindsight – are actually what provide people with meaning and the passion to persevere. Sometimes referred to as a ‘victor mentality’, these positive ways of thinking about situations encourage personal growth, which creates a positive feedback cycle by boosting resilience. Therefore, when acknowledging an obstacle and identifying areas for personal improvement, we can learn to reflect on inner strengths, and can find positive meaning in situations that can lead to future resilience. Helping our clients to identify what was good, what went well or to acknowledge times that they successfully overcame difficulties, reinforces their perceived ability to cope and adapt, not just allowing the brain to learn via adaptation, but for the individual to consciously learn from that adaptation, which boosts confidence and lays further foundations for future resilience.

Positive actions & positive purpose...

As well as cultivating a positive, optimistic, curious and solution-orientated mindset, there are many practical things that people can do to help increase their resilience. For example, creating and maintaining healthy habits such as getting enough sleep, eating a nutritious diet, and exercising can reduce the physical effects of stress on the body and emotional distress in the brain, which can boost our resilience – both when faced with an immediate challenge or threat, but also in our ability to cope with future difficulties [3].

Rather than letting difficulties, traumatic events, or failure overcome them and drain their resolve, highly resilient people find a way to change course, emotionally heal, and continue moving towards their goals. [2] Through the use of the Miracle Question, trance and use of metaphor, we can help clients to not only to relax and sleep better (both essential for reducing stress!), but also to help them imagine how to modify counter-productive behaviours such as drinking excessively, which will reduce stress and increase emotional and physical resilience.

Taking positive, purposeful actions may involve other small steps that the client

can identify (via the Miracle Question), that may help them to manage in the face of difficulty, but also reflect on what they would do to help overcome such situations. Having a plan of what steps we would take that would show we were coping, lays some very positive foundations in the brain...as we know! And creating positive purpose can help us to take a practical approach to problems instead of reacting with avoidance of indifference, which can often create more stress and impact us in a negative way.

For us and our clients, many positive actions can include increasing our self-care – taking deliberate steps to include activities in our lives that make us feel positive, relaxed and calm, adding to our increased levels of resilience, reducing our stress levels, and providing clarity of thought that can encourage helpful and creative problem-solving to overcome difficulties. Not to mention the practical use of trance and listening to our audio recordings, which can help promote useful thoughts and galvanize effective REM cycles, which we know can be a powerhouse for helping us solve problems and help us to empty our stress buckets!

Positive interactions...

Relationships play a vital role in building the resilience of an individual and are perhaps the most important factor in enabling someone to develop effective resilience. Sources of support can include from parents, and close family and friends, but resilience is also highly correlated with peer support and group cohesion. Groups with high cohesion tend to experience a lower rate of psychological breakdowns than groups with low cohesion and morale [1]. So, spending time with others who have similar values, interests and shared goals can be very valuable.

Getting in touch with other people, helping them, and establishing positivity are important steps in learning and developing resilience [2]. We encourage our clients to have plenty of positive interaction, and although COVID-19 may have made this a little trickier in recent times, even online or interactions over the phone are positive, cultivating a system of support that can be invaluable in enhancing our resilience.

In addition, for us as Solution Focused Hypnotherapists (SFH), developing a positive rapport with a client is a very powerful way to demonstrate mutual values of promoting change – providing the client with support that shares common goals of creating their preferred future, and this interaction on its own

*Reflecting
on challenges as
opportunities
promotes resilience*

lays powerful foundations for helping to develop a client’s resilience.

Resilience is a very potent tool, and as we all adapt to living with COVID-19, it is a worthy resource to cultivate – not just for our clients, but for us in our own lives as well, as we adapt our lives and SFH practices as the world continues to adjust to the pandemic. Being part of the AfsfH, we have access to a highly supportive and encouraging network of colleagues, via our closed Facebook Group, or through our peers and Supervisors. We also have a dedicated area where people can seek out some reciprocal SFH (<https://afsfh.com/self-care-reciprocal-therapy>), and we know how helpful that can be!

As a community of SFH, we all share common goals and values in wanting to run successful practices, so we can impart the powerful benefits of SFH to all who need them. In these challenging COVID-19 times, I know that having such a collective network of support has undoubtedly boosted my own resilience – helping me to stay upbeat and seek out useful ways to adapt in our changing world. Crucially, being part of a group who have shared so many positive experiences during this challenging time, has served as a constant and inspiring reminder...that we all have the power within us to adapt.

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What to expect from effective supervision

In this article, AfSFH Head of Professional Standards, Nicola Taylor, reflects on what great supervision should be all about!

Supervision has never been more important than in recent times when many of us have had to change our practice and adapt to new ways of working. It has been notable reading posts on our AfSFH closed Facebook page, how many times a response has been 'have you spoken to your supervisor?' or, 'I spoke to my supervisor for help with that'. From feedback about running relaxation groups, recommending reading to support new ventures or simply being there for 'tea and chat,' our Supervisors have, and continue to be, invaluable. The positivity exuding from our Facebook page about the support we receive from our Supervisors and the upbeat comments and posts from Supervisors themselves highlight what we should expect from great supervision...that is, that at the end of any supervision session or interaction you should be feeling upbeat, positive and energised, confident in your work and raring to go!

How do our Supervisors achieve this? Well, we should not be surprised to find that they bring about this remarkable change in us by being solution focused! The reason why we should feel so confident in our skills at the end of a Supervision session is because the principle aim of a Supervisor is to encourage self-awareness and help us to recognize that we have all the necessary resources within us to support our clients. Ultimately, they are helping us to develop our own 'internal Supervisor' and have the ability to step outside of ourselves, to 'see' ourselves in practice and monitor our own performance. Supervisors will encourage this by asking us to consider the solution focused experience from the perspective of the client.

Many of us will be able to relate to the experience of feeling 'stuck' with a client. I know from conversations with colleagues and supervisors that this is a common problem presented in supervision sessions. But once you are asked that question 'what do you think the client is getting from the sessions?' and you start to shift your perspective, the realization dawns! The client keeps coming back because they are achieving what they want to achieve, and you are doing a good job! Great supervision should leave us feeling empowered. Of course, our Supervisor may not have all the answers, but that is not their role...they are there to help you find your own answers. They are not there to dictate or to impose their own beliefs or ways of thinking, but to help you uncover your own skills and strengths to allow you to move forwards with things in a way that is right for you...just like we do with our clients.

We should also expect our Supervisors to be sensitive to where we are on our journey as Solution Focused Hypnotherapists. Going to group supervision when newly qualified can soon put us into our primitive brain as we worry that we will feel out of our depth because everybody else will be an 'expert.' Remember, Supervisors were once trainees and newly qualified hypnotherapists too. They know that rather than an 'internal Supervisor' the newly qualified supervisee is more likely to have a self-critical voice with high expectations for performance and outcome from their practice. At this stage, a supervisee may well feel very dependent on the Supervisor to 'tell them what to do' and offer solutions. Using solution-focused, gentle

guidance the Supervisor will shift the focus from 'mistakes' to a consideration of 'what else could be done?' This can be effectively achieved in a group supervision session with well-managed interventions from others. By considering a number of options, the supervisee will be better able to monitor their own performance in the future as they learn to recognise the resources and skills they already possess. Effective supervision is therefore about helping us to create our own light-bulb moments, whether working with a specific client or for running our business in general. That's why supervision is so valuable – whether we have just qualified or have been practicing for years...for a Supervisor, it is not about having the right answer, but asking the right questions.

We should never expect our Supervisors or fellow supervisees to tell us what to do! You wouldn't do this to your client, so why expect it? However, what is brilliant about solution focused supervision is that you can learn through modelling. Supervisors know that solution focused techniques work with clients, so work for supervisees too. Expect your Supervisor to ask the miracle question and to use scaling to help you recognise and build upon strengths and find our own solutions. Being on the receiving end of these questions also helps to build empathy with the client's experience as well as helping us to see how these tools are used effectively, which is all part of the empowering experience of supervision.

In their varied and important role, Supervisors also contribute to the maintenance of high standards by providing the supervision requirements of professional associations and by monitoring the ethics and legalities of practice. They are the first person we should turn to if we are worried or feel threatened in any way in our profession. If they don't know how to help find a solution themselves, they will know a person who does! This is why the AfSFH works collaboratively with our Supervisors to support them in supporting you, so that we can do the very best for all of our clients.



About the writer:

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



Moving forward

In this article, AfSFH Head of Marketing, Andrew Major, reflects on our continued growth in a COVID-19 world, along with some helpful insights from the rest of the AfSFH Executive Team.

COVID-19 has had a big impact on many aspects of normal life including the way we work with clients and run our practice. However, despite the challenges, one of the common topics of conversation that I've heard from colleagues and clients recently is how the lockdown and restrictions has caused a 'fresh start' effect, presenting many people with an unexpected opportunity to make positive changes in their lives. For example, more of us are calling friends and family, exercising at home, and volunteering in our local community.

Of course, not all change is good; there are many reports in the media of Britons saying they have put on weight or are drinking more since lockdown due to changes in routine. As Solution Focused Hypnotherapists, we are all well placed to provide support just when it's really needed - of course this may mean coming up with our own solutions to do things differently, including how we look after our own emotional wellbeing. So, here are some suggestions to help you move forward with your practice as we emerge gradually from lockdown.

Be clear about your goals and aspirations

Over the past few months, everyone has been on a journey of discovery as we've all navigated the challenges of working, running a business and keeping in touch with people virtually or at a distance! It's also been a time of reflection for many as these changes have given us an opportunity to evaluate our priorities, goals and aspirations. So right now is a fantastic time to be clear on what is you want and what it is you don't want in your life and your business, because when we have clarity on what we want to achieve at work and in life, it helps us set clear goals and define the exact actions required to reach these goals. Being clear on the steps forward means we don't get stuck in a rut of doing things the way we've always done them.

Sitting down to write goals can sometimes be challenging, so a great place to start is figuring out what you want to change. Wherever you are right now, ask yourself, 'what don't you want

in your business' and 'what you do want instead in your business'. Then repeat this for your life outside of work and write down the answers.

Take time to really notice how you feel when you read back what you do want. Imagine your life and business filled with the things you want instead. Choose the top 3 things you'd like to change and write down what you are willing to change in your practice or life to make it more fulfilling. This process will help you achieve the clarity and fresh thinking you need to develop the actions required to achieve your new goals and aspirations, whilst recognising your own skills and resources to in the process. Bringing in more structure to your life will also give you a serotonin boost!

"Stay solution-focused and believe in yourself! Sometimes it's easy to overestimate our problems and underestimate ourselves. Although working as a therapist might be different at present, who we are and what we offer hasn't changed. We help our clients to recognise their skills and strengths – we must remember to do that for ourselves too" – Helen Green, AfSFH CEO

Invest in your own self-care

As Solution Focused Hypnotherapists, we're well placed to help our clients with the impact of change. However, with all the additional changes and pressures facing us all such as sporadic working hours, time pressures, irregular income and even limited social interaction, it's important now more than ever that we make time for our own self-care to ensure we remain calm and focused on the reality of what's happening and not allowing our subconscious mind to influence our rational thinking. We all know how a calm mind helps you think clearly and allows for more creativity and inspiration!

"Investing in your own development and self-care has never been so important. Arrange for some reciprocal therapy if you need it! Also stay in regular contact with your Supervisor, who can be a vital source of information, inspiration and support" – Sacha Taylor, AfSFH Head of Finance

Maintaining this focus on your own self-care now will pay dividends in being productive and helping you achieve your new goals, but it will also ensure the quality of clients' sessions are enhanced, for example, your energy is infectious, even working online clients will pick up on it and therefore referrals are more likely. If your attitude is positive, you can take time off, without guilt, more easily! This means you will be healthier and stronger and thereby more likely to be there to help your clients – we also know the benefits to our immune systems if we relax.

So why not schedule in your self-care time? Whether it is taking exercise, having a chat with a friend, or focusing on something on your to-do list – anything in life that is scheduled in is more likely to be completed. So, do the same with your self-care activities! It could be as simple as little breaks of self-care during the day. Ten minutes of meditation in the morning, a 15-minute tea break, 20 minutes of reading before bed, having reciprocal therapy etc. – make it a regular part of your routine.

“Don't forget peer groups are a great source of support; set up a regular online meeting to support each other. This could be with your Supervisor, SFH peers or even other self-employed business owners. Keep the conversations solution-focused and decide on what small step(s) you can take ahead – Anne Wyatt, AfSFH Head of Membership.

Embrace new ways of working and adapt

One of the upsides to COVID-19 is that it has encouraged many more people than ever to do things differently and adapt. Therefore, now is a good opportunity to harness this change and adapt your practice and business plan in a way which allows you to protect yourself moving forward, especially if there are further changes to restrictions again. Here are some questions that you can ask yourself (there are plenty more things to consider on our Covid-19 page on our website – <https://afsfh.com/COVID-19-Resources>):

- Will you go back into therapy rooms or work from home, or will you carry on working online?
- Consider your pricing structure for online work – will it stay the same as previously?
- Have you incorporated a risk assessment in your business plan?
- Have you reviewed your insurance company's requirements given your way of working may have changed?
- What are your own views (and those close to you) about risk and face-to-face sessions?

- If working from home, does that affect other people, such as your family. How do they feel?

“Make time to check your client agreements. Do they need updating to reflect changes to your current practice? If you are continuing to see clients online it's important to have a working agreement with your client that reflects this. Make sure you keep records of agreement from online clients to show that they have read and understood your terms and conditions for working together” – Nicola Taylor, AfSFH Head of Professional Standards.

Marketing – Are you visible?

Now is a good time to consider carefully how you are talking about your service, where you are talking about it and who these messages are reaching. Having a clear set of goals and actions is great – now you need to be seen and heard in the right places on a consistent basis to attract your clients. So here are some high-level thoughts to help you think about how you may target your marketing and make it more specific and cost effective as we move forward:

Who do you want to work with and help? It may be beneficial to temporarily change your focus and marketing messages to incorporate the fact that some conditions such as trauma, OCD and anxiety will have increased since lockdown restrictions. You can add specific pages to your website to deal with these more prevalent issues right now and promote those in social media pages and other advertising.

Demonstrate your value on a regular basis so clients in your local area get to know, like and trust you to help them feel more comfortable in making contact – begin that therapeutic alliance before they even contact you and building your own content such as blogs, posts and videos is a great way to do this and allows you to be unique. For example, include some valuable information on how the brain works, the negative fear factor, what people can do to help themselves and be clear on exactly how you can help and how people can get in touch.

Be consistent in your communication frequency, whether that is social media, emails or even to past clients. This consistency helps to increase followers and awareness, especially locally. It's part of the process that helps build trust, which is so important in potential clients taking that first step to request an appointment.

Don't forget to track where your clients come from. It may seem a simple thing

to do, but many people forget this vital step. Simply asking new clients where they found you and why they decided to work with you will allow you to focus your marketing spend more effectively on methods that work and conditions which you wish to specialise in.

Remember to visit the members' area on our AfSFH website – in the Business Support pages you'll find a quick marketing plan template, which is a great tool to help you reflect and think simply about your business and practice. It will help you explore your strengths and new opportunities for the future, allowing you to build your own action plan as a result of the information you provide.

“Read through the text on your website. Does it still reflect what you want to say in 2020 and not what you wanted to say 2/5/10 years ago. Is it easy for a potential customer to see whether you do stop smoking/confidence/insomnia sessions - and to contact you about it? Also, plan your social media campaign while you're not too busy. Have plenty of graphics and associated text scheduled to post for times when you are busy. Post motivating quotes; about what you do; client comments; and 1 in 10 posts should be about you personally - on the beach/celebrating a birthday with friends/stroking your cat/etc” – Trevor Eddolls, AfSFH Head of IT and Social Media

In conclusion, these strange times have shown us all the need to reflect, adapt and change. There have been many challenges, and there are just as many (if not more) opportunities now and on the horizon to do things differently in a positive way to help our clients and build a successful business. I'm reminded of one of my favourite quotes, which I think is very relevant for us all:

“Bear in mind your own resolution to succeed is more important than any other” – Abraham Lincoln.

Remember, we're here to support you and your practice. Being part of the AfSFH community gives you access to a fantastic community of like-minded solution-focused professionals and it's great to see the way we're all adapting and supporting each other despite these challenging times.



About the writer:
Andrew is Head of Marketing for the AfSFH. He qualified in SFH from CPHT Southampton and practices in Bagshot and Farnham in Surrey.



Brainbox: Insomnia

Insomnia – we’ve all had it. And many more people seem to be suffering with it during the lockdown than at any time in the recent past. But what is it?

Insomnia is a sleep disorder in which people have trouble sleeping. It’s sometimes called sleeplessness. People with insomnia may have difficulty falling asleep, or they may wake up early and can’t get back to sleep. They may wake up several times during the night or they may lie awake at night. The trouble with not getting enough sleep during the night is that people feel sleepy the following day although they find it hard to nap during the day even though they’re tired. They also feel low on energy, they can be irritable, and may feel depressed. Episodes of insomnia may be short-term or may go on for much longer.

Sometimes, insomnia is linked with other conditions such as stress, chronic pain, heart failure, hyperthyroidism, heartburn, restless leg syndrome, menopause, certain medications, and drugs such as caffeine, nicotine, and alcohol. Insomnia can also be associated with working night shifts and sleep apnoea (where a person has pauses in their breathing or periods of shallow breathing during sleep). Poor sleep quality is defined as the individual not reaching stage 3 or delta sleep, which has restorative properties. We’ll talk about these stages of sleep later.

Let’s look at some statistics. It’s been estimated that between 10 and 30 percent of adults have insomnia at any given point in time and up to half the population experiences insomnia at some point over the course of a year. About 6 percent of people have insomnia that is not due to another problem and lasts for more than a month. Women are more often affected than men.

People have a higher chance of experiencing insomnia if they:

- Are older than 60.
- Have a history of mental health disorder including depression, etc
- Are experiencing emotional stress or work stress.

- Work late/night shifts.
- Have travelled through different time zones.
- Have chronic diseases such as diabetes, kidney disease, lung disease, Alzheimer’s, or heart disease.
- Have alcohol or drug use disorders.
- Have gastrointestinal reflux disease.
- Are heavy smokers.

You know you’ve got insomnia if you:

- Have difficulty falling asleep, including difficulty finding a comfortable sleeping position.
- Wake during the night and are unable to return to sleep or you wake up early.
- Are not able to focus on daily tasks and have difficulty in remembering.
- Experience daytime sleepiness, irritability, depression, or anxiety.
- Feel tired or have low energy levels during the day.
- Have trouble concentrating.
- Are irritable, or act aggressively or impulsively.

Insomnia can be classified as transient, acute, or chronic:

- Transient insomnia lasts for less than a week. It can be caused by another disorder, by changes in the sleep environment, by the timing of sleep, by severe depression, or by stress. Its consequences (i.e. sleepiness and impaired psychomotor performance) are similar to those of sleep deprivation.
- Acute insomnia is the inability to consistently sleep well for a period of less than a month. Insomnia is present when there is difficulty initiating or maintaining sleep or when the sleep that is obtained is non-refreshing or of poor quality. These problems occur despite adequate opportunity and circumstances for sleep and they must result in problems

with daytime function. Acute insomnia is also called short-term insomnia or stress-related insomnia.

- Chronic insomnia lasts for longer than a month. It may or may not be caused by another disorder. People with high levels of stress hormones or shifts in the levels of cytokines are more likely than others to have chronic insomnia. Its effects can vary according to its causes, but they may include muscular weariness, hallucinations, and/or mental fatigue. Chronic insomnia can cause double vision.

Insomnia can be measured using the Athens Insomnia Scale (AIS). It assesses eight factors on a scale of 0–3. The factors are: sleep induction; awakenings during the night; final awakening (how early); total sleep duration (how sufficient); sleep quality; well-being during the day; functioning capacity during the day; sleepiness during the day. The higher the number on the scale, the worse things are. A total score of 6 or above equates to a diagnosis of insomnia.

It's worth noting that sleep onset insomnia, which is a difficulty falling asleep at the beginning of the night, is often a symptom of anxiety disorders. Delayed sleep phase disorder (DSPD) is often misdiagnosed as insomnia. DSPD is where sleep onset is delayed until much later than normal while waking up is also much later in the day.

Paradoxical insomnia is where people say they have slept poorly, or not slept at all, but they actually have. Using electrodes or other sleep monitoring devices, it can be shown that there's a huge mismatch – the person has slept much better than they report. People with paradoxical insomnia have the illusion of poor sleep, when it's not actually poor.

So, what are the causes of insomnia? There are two models of why people get insomnia. In the cognitive model, people are thought to be unable to get to sleep through rumination or hyperarousal. The second model, the physiological model, is based on what's found in people with insomnia. Firstly, there's increased urinary cortisol and catecholamines (e.g. adrenalin and noradrenalin), which have been found, suggesting increased activity of the HPA axis and arousal. Secondly, people with insomnia, have been found to have increased global cerebral glucose utilization during wakefulness and non-REM sleep. Thirdly, increased full body metabolism and heart rate has been found in people with insomnia. These findings suggest that there's a dysregulation of the arousal system, cognitive system, and HPA axis that contribute to insomnia. What's not known is which is the 'cause', and which is the 'effect'.

Other common causes of insomnia include: noise, a room that's too hot or cold, an uncomfortable bed, alcohol, caffeine or nicotine, recreational drugs like cocaine or ecstasy, jet lag, or shift work.

As mentioned earlier, sleep disturbance is about twice as common in women as men. Additionally, around half of post-menopausal women experience sleep disturbances. This seems to be due in part to changes in hormone levels. Also, changes in sex hormones in both men and women as they age may account in part for increased prevalence of sleep disorders in older people.

So, what does ordinary sleep look like for those people who get it? Sleep is divided into four stages (it used to be five, but stages 3 and 4 were combined). The first three stages are non-REM (NREM) sleep, and the fourth stage is REM (Rapid Eye Movement) sleep.

These stages are:

- **Stage 1** – which can be considered a transition period between wakefulness and sleep and lasts around five to 10 minutes. The brain produces high amplitude theta waves, which are very slow brain waves.
- **Stage 2** – where people become less aware of their surroundings, their body temperature drops, and their breathing and heart rate become more regular. It lasts around 20 minutes. The brain begins to produce bursts of rapid, rhythmic brain wave activity called sleep spindles. People spend around 50 percent of their total sleep in this stage.
- **Stage 3** – where a person's muscles relax, and blood pressure and breathing rate drop. Slow brain waves (delta waves) are generated. People become less responsive, and noises and activity in the environment may not get a response.
- **Stage 4 REM sleep** – where the brain becomes more active, and the body becomes relaxed and voluntary muscles become immobilized. Dreams occur and the eyes move rapidly. There is also an increase in respiration rate, and increased brain activity. People spend around 20 percent of their total sleep in this stage.

Sleep begins in stage 1 and progresses into stages 2 and 3. After stage 3, stage 2 sleep is repeated before entering REM sleep (stage 4). Once REM sleep is over, the body usually returns to stage 2 sleep. Sleep cycles through these stages approximately four or five times throughout the night. Typically, sleep cycles last around 90 minutes. The first cycle of REM sleep might last only a short amount of time, but each cycle becomes longer through the night. REM sleep can last up to an hour as sleep progresses.

What's going on inside your brain when you go to bed? In good sleepers, the amygdala, the hippocampus, and the alertness regions of the brain stem become less active as they begin to fall asleep. With insomniacs, these regions stay active. Their thalamus also stays active. People with insomnia also have lower quality of sleep with shallower and less powerful brainwaves during NREM sleep, and more fragmented REM sleep.

The hypothalamus contains the suprachiasmatic nucleus (SCN), which receives information about light exposure from the eyes and controls a person's circadian rhythms. It produces the neurotransmitter gamma-Aminobutyric acid (GABA), which reduces the activity of arousal centres in the hypothalamus. The brain stem communicates with the hypothalamus to control the transitions between wake and sleep. The brain stem also produces GABA, which reduces the activity of arousal centres in the brain stem.

During most stages of sleep, the thalamus becomes quiet, ignoring messages from the outside world. But during REM sleep, the thalamus is active, sending the cortex images, sounds, and other sensations. The pineal gland receives signals from the SCN and increases production of the hormone melatonin, which helps put a person to sleep once the lights go out. When the eyes receive light from the sun, the pineal gland's production of melatonin is inhibited. When the eyes do not receive light, melatonin is produced in the pineal gland and a person becomes tired.

The basal forebrain promotes sleep and wakefulness, while part of the midbrain acts as an arousal system. Adenosine is produced by astrocytes (a type of glial cell) in the basal forebrain. Adenosine is a neurotransmitter/neuromodulator affecting the sleep process, particularly the initiation of sleep. In the brain, it is an inhibitory neurotransmitter and inhibits many processes associated with wakefulness. While awake, levels of

adenosine in the brain continue to rise, increasing a person's level of sleepiness. Adenosine levels decrease during sleep. Neurons, located predominantly in the hypothalamus, produce orexin, which is a neuropeptide that seems to promote wakefulness. It also regulates arousal, feeding, energy expenditure, and modulates visceral function. The role of the orexin system is to integrate metabolic, circadian, and sleep debt influences to determine whether an animal should be asleep or awake and active. Orexin neurons strongly excite various brain nuclei with important roles in wakefulness including the dopamine, noradrenalin, histamine, and acetylcholine systems, and appear to play an important role in stabilizing wakefulness and sleep.

If you get enough sleep, it:

- Reduces stress
- Reduces the risk of depression
- Makes you more alert
- Improves your memory
- Cleans up your brain
- Makes you cleverer
- Helps your body repair itself
- Reduces inflammation
- Keeps your heart healthy
- May prevent cancer
- May help you lose weight.

But what happens if you don't get enough sleep? Insomnia:

- Is linked with depression and anxiety
- Makes you forgetful
- Impairs your judgement
- Cognitively impairs your thinking
- Causes accidents, eg falling asleep at the wheel
- Is linked to health issues (heart attack, stroke, diabetes)
- Kills sex drive
- Ages your skin
- Can cause weight gain
- Increases the risk of death.

So, if your client does have insomnia, what can you do to help? Milton Erickson had a client with insomnia. He famously used an avoidance-avoidance bind to resolve his client's symptoms. The client was a meticulous elderly man who prided himself on doing all his own housework. All of it except waxing the floors, which he hated. Erickson told the man that there was an obvious solution to his insomnia problem, but he might not like it (a typical Erickson comment!). The man insisted that he would do whatever was necessary in order to sleep. Erickson, as usual, was reluctant to tell the man what he needed to do, and the man insisted that he'd do whatever was necessary, giving various examples of how persistent he was in dealing with difficult problems. Erickson finally told

him that if he wasn't asleep within fifteen minutes of going to bed, he had to get up and wax floors until he felt he could sleep. After that, if he was still not asleep within fifteen minutes, he had to get up again and continue this procedure until he was asleep. The end result was that the man had well-waxed floors and slept very well.

Clients may want to try medications from their doctor, but, remember, these are not recommended for more than four or five weeks, and chronic insomnia can last longer than that.

Therapists can also suggest (what's called) 'sleep hygiene' changes. Sleep hygiene is a common term for all of the behaviours relating to the promotion of good sleep. So, what could you suggest? Here are some ideas. Clients should:

- Go to bed and wake up at the same time every day (including weekends)
- Make sure their mattress, pillows, and covers are comfortable
- Find soothing ways to relax into sleep, including use of white noise
- Use the bed only for sleeping (and sex)
- Make sure the bedroom is dark, cool (18°C), and quiet
- Relax at least 1 hour before bed
- Take a bath or read a book before bed
- Eat a small amount of food rich in carbohydrates, such as cereal. In addition, the milk with the cereal contains tryptophan which promotes the production of melatonin.
- Exercise regularly during the day. Exercise not only improves sleep, but good sleep improves a person's performance of exercise
- Get exposure to sunlight during the day
- Sprinkle lavender or neroli oil on their pillow before sleeping
- Try some moderately difficult mental arithmetic
- Get out of bed after 15 minutes of wakefulness and do something relaxing or non-stimulating for twenty minutes before going back to bed.
- If in these days of working from home (#WfH) and if their bedroom is also their office, make the room look different during the daytime and the night time, e.g. put a different blanket over the bed during the day.

And here are some things for them to avoid:

- Do not sleep in after a bad night's sleep
- Do not nap during the day
- Do not strengthen any links between bed and the idea of not sleeping.
- Do not keep checking the time
- Do not watch television or use devices with screens right before going to bed
- Do not smoke or drink alcohol, tea, or coffee at least 2 hours before going to bed

- Do not eat a big meal late at night
- Do not exercise at least 2 hours before bed

One technique that is sometimes used is to restrict the amount of time that people with insomnia spend in bed – maybe to just six hours. By keeping people awake for longer, this builds up the sleep pressure, and people fall asleep faster and sleep better. It also increases their expectation that they will sleep better in future.

You can also recommend that clients who can't sleep try 'paradoxical intention'. This is where, instead of lying there struggling to get to sleep, a person remains passively awake and avoids any efforts to fall asleep. This eliminates any performance anxiety that may inhibit sleep onset. People often naturally fall asleep.

If your client's insomnia is caused by stress or anxiety or feeling depressed, then we can help with that. It's the usual bucket emptying and emphasis on the 3Ps – positive thoughts, positive actions, and positive interactions. (And that fourth P – purpose.) And, of course, listening to your download/CD will help them to get to sleep – whether that's when they first go to bed or in the middle of the night. Sleep well.

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



Running your Business

In this article, Jennifer Dunseath reflects on the practicalities of running a successful business.

As Solution Focused Hypnotherapists we have more to do than seeing clients - we have Marketing, Admin and Accounts stuff to do too. We all have our strengths and weaknesses, some of those subjects may fill some of us with fear, but they are necessary.

Keeping on top of things is important. It's easy to bury your head in the sand when it's a subject you hate – how many people leave their tax returns till January; how many leave their CPD and Supervision records until they get an audit?! You give each of your clients one dedicated hour a week of your time, your undivided attention for that whole hour – imagine if you did that for your own business every week? Spent an hour a week working ON your business instead of IN your business, or perhaps two hours or more if you're newly qualified and more foundations to establish! If you had a client booked into your diary you wouldn't change their appointment without a really good reason – so make an appointment in your diary every week for your own business – don't value your own business development time any less than your client time.

There is plenty to do in business development, at least one hour a month should be on your accounts, keeping your books and records up to date – make sure you're capturing all those receipts that help to reduce your tax bill. Book-keeping is not rocket science, keeping a dedicated bank account purely for your business and using a debit card for most things means your book-keeping is often just a matter of exporting a copy of your bank statement, 90% of the transactions you need are there – find a system that works for you. HMRC can't tell you what system to use, they only need two single figures from you at the end of a year – how much were your sales and how much were your costs, how you keep that information is up to you. Keep checking you are keeping enough money set aside to pay your tax bill!

At least half of your business development time will likely be on marketing, from updating your website, to scheduling social media posts, writing press releases and blogs and arranging group talks. Don't get too caught up on what others are doing,

your marketing should be a reflection of you, it is the start of the therapeutic alliance. It's good to look at things from the client's perspective – imagine yourself as a client with anxiety, how are they finding out about you? What impression do they get on every potential point of contact they might have before they actually sit in your clinic? – from your website to your answering message, is there a picture of you and your clinic on your website? What is that client's journey like? Now imagine a client with depression etc., is your website saying what they want to hear, as opposed to what you want to say? Work smart – if you use Google ads, are your search phrases correct and cost effective? What time of the day do people most react to your social media posts etc? If writing a blog, use that information for lots of different types of marketing.

Other business development time will be needed for looking at CPDs and other aspects of admin. Being organised can make things easier – a simple, at-a-glance solution can be to keep a single page with the renewal date of professional memberships and a list of each CPD and Supervision attended; you can even include your insurance and mobile phone renewal dates.

At least once a year, you should look at your business and ensure it is giving you what you want – financially and emotionally. If it isn't, what can you change? If it is, then check it's robust to keep doing that. Reviewing things to ensure your work life balance good!

Make running your business as valuable as seeing your clients. Ensure it is giving you what you want it to!



About the writer:

Jennifer has a practice in Northern Ireland and is also an assistant lecturer at CPHB Belfast. She is also a qualified Supervisor and runs CPDs covering various aspects of running a business.

All about you!

As we have all experienced so much disruption due to COVID-19, instead of running our usual member survey about our SFH practises, we decided to take the opportunity to provide you with some recent updates and additions to our website that you may have missed.

Latest additions to the website

Since our last journal, we have created our COVID-19 Resources page, which contains a great deal of information about running our practices throughout the pandemic. If you haven't looked at it yet, we recommend you check it out: <https://afsfh.com/COVID-19-Resources>.

Also, from this COVID-19 page, you can view our new Marketing during COVID-19 page, which also contains some tips on making videos about your work: <https://afsfh.com/Marketing-during-COVID-19>.

In addition, we have added a Quick Marketing Plan template, which may be a great tool to help you to refocus and adapt your business. It can be found in the Business Support hub in the Marketing Templates area: <https://afsfh.com/marketing-templates>

We have also added a new page about GDPR, which includes information about Subject Access Requests: <https://afsfh.com/GDPR>.

Important policy updates

We have also recently updated some of our policy documents including:

- AfSFH Membership Agreement
- AfSFH Code of Conduct, Performance and Ethics
- AfSFH Guidelines for conducting therapy online

These documents can be found in the Professional Standards area of the website, under our Policy Library: <https://afsfh.com/afsfh-policy-library>. These are important documents pertaining to your AfSFH membership, so please take time to read them if you haven't done so already.

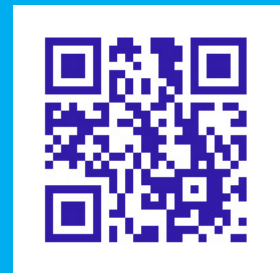
If you have any questions about our standards or policy documents, then please get in touch: Standards@afsfh.com.

Help us continue to spread the SFH word!

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

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

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



If you are a Registered member, or a Student in your 8th month of training, you can also join the closed AfSFH Facebook group at: www.facebook.com/groups/Afsfh/. 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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