

HYPNOTHERAPY TODAY

ASSOCIATION FOR SOLUTION FOCUSED HYPNOTHERAPY JOURNAL ISSUE 11

WORKING WITH CHILDREN

Hypnobaby

Children's rights and protection

Young people and parents

Teenage angst

Children's case studies

Listening to Children

Freestyle scripting

KEEPING ON TRACK

Back in September, when we had our open day, I took the opportunity to talk to Alison Givings from Holistic Insurance. I asked her to write a piece for the journal about their work because despite all of those who have studied at the Clifton Practice sticking to their training and ethics, there are hypnotherapists out there who do get sued or taken to court.

It can also be weird things that send some people off to sue a therapist. One case I was cited by another insurance company was of a therapist sued by a woman who saw a photo of the therapist's family, and broke down in tears because the client's life was not like hers. She had no family. She said that the photo reminded her of all the things in life that were missing. I doubt very much it would have gone to court, but one lesson to be learnt through this is don't personalise your work space.

A counselor I knew was threatened with being sued, by a man with anger issues. Again there was absolutely nothing to pin on the therapist - this individual had a habit of suing people who - in his eyes - failed!

But you never know when you may get it wrong - it does happen on occasion - you can't expect every person that comes through the door to get to their goal for therapy. I hope over the last couple of years many of our experienced practitioners have shared their experiences with members through the journal, and this edition is no exception. Working with minors can be fraught with all kinds of difficulties, and as Deborah Pearce points out in her article - often it's the parent that need the therapy, not the necessarily the children!

Penny Ling

WHY HAVE INSURANCE?

Why have insurance? It is not a legal requirement, but then it is not a legal requirement for you to be qualified either, you would not think of working unqualified so why would you want to work unprotected?

In these difficult times, those working as professionals have to remember, we are living in a "blame" culture, if something has happened then quite often the person is looking for someone to take responsibility for that. Unfortunately that someone could be you!

As a therapist you are as vulnerable as the person sitting in front of you, you will never really know that person and you do not know what is going through their mind when they leave your consulting room.

As Insurers we have to deal with these matters on a regular basis and that is what we are here for, to help you through a difficult time when a client has made an allegation against you. The allegations range from you have just taken my money and done nothing, to the most serious of criminal allegations. The male therapist is still the most vulnerable from receiving the call from the police. We have dealt with several of these claims and the outcome has ranged from cases being dropped due to lack of evidence, full acquittal or conviction on a guilty plea.

We have seen a marked increase in the request for records from the police when a client has decided to press charges for something that has happened in the past, we will advise you through this process. Similarly if you find yourself on the end of a complaint to your Professional Association, we are here for you.

We are happy to talk through scenarios that may be on your mind. Just give us a call.

Alison Givings - Holistic Insurance Service 0845 22 22 236

LETTER FROM THE EDITOR

Welcome to the January 2014 edition of Hypnotherapy Today, which is focusing on working with children. As someone who doesn't have children and doesn't much enjoy working with children, I have largely left it to those who work regularly with parents and children to write up the pieces. And there is a clue in there - working with parents, as they are often much more difficult than the children themselves.

I have also included a form, which you can also download from the AfSFH website, which you can use to get parents to authorise working with their offspring. This starts a number of forms I will be publishing for our use over the next year. So make yourself a nice cup of tea or coffee, sit back and enjoy.

*If you have any contributions or comments to make, please email me at:-
journal@afsfh.com*



Penny
Penny Ling, Editor

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HYPNOTHERAPY TODAY

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Thanks to my proof reading team.

The Journal of the Association for Solution Focused Hypnotherapy established 2010 represents the practice of solution focused hypnotherapists as a distinct profession in its own right. Membership is open to those practitioners who have the appropriate qualifications and experience within the field.



HYPNOBABY – HOW 2 HYPNOTHERAPISTS BEGAN RUNNING THEIR HYPNO-BIRTHING CLASSES IN BRISTOL

Centre in Southville. We advertised in The Pigeon magazine, NCT newsletter, and magazine Clifton Life, Redland Directory... and leafleted Granby House, The Maternity hospital, nearly new baby clothes sales, any shops, hairdressers, pubs, GP surgeries, libraries and schools that would let us.

Our first course had 6 women attending, which we felt pleased about. We didn't make much profit after deducting rent, printing leaflets, building the website, printing handouts and course notes, and providing refreshments. However, we kept the long-term picture in our minds and remembered that you have 'to speculate to accumulate' with a business. We continued to run the classes after that from the Natural Health Clinic as Clementine worked there practising hypnotherapy during the day. They were kind enough to advertise our courses for free and didn't charge us for the room if we failed to run the course due to lack of participants. Here's how our advert ran:-

Miranda and Clementine began to think about running a hypno-birthing course in 2010.

We did lots of research into the legalities of using the name "hypno-birthing" in our advertising, which was complicated as it was copyrighted. We discovered that inserting a hyphen was legal. So we chose the name "hypnobaby" and created a website using hypnobabybristol so we could be easily found in this city.

We both read up a lot about childbirth. This included; the history of birth in the UK, the medicalisation during Queen Victoria's reign, common anxieties during pregnancy, the many dangers during labour, pain relief, how to have the best birth possible. Basically we read all the advice we could get our hands on to help us become experts. We interviewed midwives, searched the Internet and talked to many women to hear their views on this complex and often frightening experience of giving birth.

When we'd stopped scaring ourselves stupid, we took a deep breath (using one of our many handouts on breathing techniques for labouring Mum's!) and decided to book a room in our local Community

Hypnobaby is a 5 week course run by expert hypnotherapists and hypno-birthers – Miranda and Clementine.

The course teaches pregnant women:-

- ◆ How to deeply relax –including breathing techniques
- ◆ Self hypnosis techniques for labour
- ◆ To feel confident about your body
- ◆ To be positive and ready for the birth
- ◆ To voice your hopes and fears
- ◆ To feel empowered
- ◆ About The Brain and hypnosis
- ◆ The role of positivity and the chemical response

Research shows that using hypnosis in childbirth

helps produce a safer and more comfortable birth, increases production of oxytocin, less need for drugs and intervention, often lowers blood pressure, cervix is more relaxed, labour often quicker, bonding is stronger, Mum less exhausted and a more satisfying experience during labour.

Since 2010 we have run about 2-3 courses a year. We discovered that Winter classes were not so popular, probably due to the weather and light.

It's been lovely to work with pregnant women and a delight to receive emails and photos of the new born babies when they arrive. Obviously we don't have 100% natural births, but as the national percentage of caesarean born babies at an all time high of 24%, we aim for Mums to feel more in control, even if their birth goes down the medical route ■

Email from a happy Mum

"Labour started at 5.30am, ate a banana, did some housework and by 10am started being sick- a bit worrying, but all normal. Contractions regular by 11am and coming every 2 minutes. Practised the breathing and felt really confident and happy. By 12.50 I was 3cm dilated. At 3pm found myself singing loudly. Midwife arrived at 3.40 and I started pushing which lasted 50 mins (though didn't feel that long). Felt in awe of my amazing body and the natural endorphins were amazing! I did tear a bit, but no problem. Thank you both so much for all your fabulous advice and support. The therapy has changed my whole outlook and approach to life. It's been such a successful time."

PREGNANT?

www.hypnobabybristol.com
A five week course teaching powerful self-hypnosis techniques to feel confident and in control during pregnancy and birth.



"We feel passionate about women's empowerment throughout pregnancy and the birth of their child"



Clementine O'shaughnessy and Miranda Roberts-Arnold are Solution focused hypnotherapists working in Bristol.

WORKING WITH CHILDREN - RIGHTS & PROTECTION

In the classroom with Denise Barkham

“Children are precious. The world they must learn to inhabit is one in which they will face hazards and obstacles alongside real and growing opportunities. They are entitled not just to the sentiment of adults but a strategy that safeguards them as children and realises their potential to the very best of our ability.” Paul Boeteng MP, Chief Secretary to the Treasury (2003), Every Child Matters.



In response to the inquiry headed by Lord Laming into the death of Victoria Climbié, the Green Paper Every Child Matters (ECM) was published in September 2003. In that paper the Government set out five outcomes which, they believed, mattered most to children and young people:

- ◆ Being healthy: enjoying good physical and mental health and living a healthy lifestyle.
- ◆ Staying safe: being protected from harm and neglect.
- ◆ Enjoying and achieving: getting the most out of life and developing the skills for adulthood.
- ◆ Making a positive contribution: being involved with the community and society and not engaging in anti-social or offending behaviour.
- ◆ Economic well-being: not being prevented by economic disadvantage from achieving their full potential in life.

Of the five outcomes, being kept safe from harm and neglect is widely seen as the most important right of children and young people.

ECM concluded that children could only be properly safeguarded if key agencies worked together and that Local Safeguarding Children Boards (LSCBs) would ensure that this happened. LSCBs were established by The Children Act 2004 providing a statutory responsibility to each locality to have this mechanism in place. LSCBs are now the key system in every locality of the country for organizations to come together to agree on how they will cooperate with one another to safeguard and

promote the welfare of children. The purpose of this partnership working is to hold each other to account and to ensure safeguarding children remains high on the agenda across their region.

In 2006 the government released Working Together to Safeguard Children, which set out the ways in which organizations and individuals should work together to safeguard and promote the wellbeing of children. In 2010 this was superseded by Working Together to Safeguard Children (2010) which expanded the focus on interagency working and took into account the recommendations of Lord Laming's 2008 progress report The Protection of Children in England which suggested it was imperative that frontline professionals get to know children as individuals. (Wikipedia) This was further superseded this year by Working Together to Safeguard Children (2013) in which Professor Eileen Munro looked at the child protection system in England and concluded that the act needed to be shorter and clearer for professionals. Most importantly, she told the Government that the system should focus on the needs of the child.

Therefore, organizations in the voluntary and private sectors that work with children need to have the arrangements described in paragraphs 2.183 to 2.188 of Working Together (2010) in place in the same way as organizations in the public sector, and



should the need arise, to work effectively with their Local Safeguarding Children Board in their locality.

<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/standard/publicationdetail/page1/dcsf-00305-2010>

Our professional Codes of Conduct will mean that we already have a framework from which to work but we should be aware that we too can be vulnerable to allegations of misconduct (or abuse) when working with young people and children. The following link will enable you to download the document Guidance for Safer Working Practice for Adults who work with Children and Young People. Although lengthy (and there are parts that do not apply to us as hypnotherapy practitioners) it does contain some useful information.

<http://webarchive.nationalarchives.gov.uk/20100202100434/dcsf.gov.uk/everychildmatters/resources-and-practice/ig00311/> ■

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WORKING WITH CHILDREN, YOUNG PEOPLE AND THEIR PARENTS.

With Rachel Dimond



Our children develop in a world where they are tested, measured and expected to do more, consume more and achieve more. There are pros and cons of this modern reality, these increased demands and pace can be challenging and at times difficult to cope with.

Solution Focused Hypnotherapy is a gentle and safe way to work with young children, I have found they prefer this approach to counselling or psychotherapy. The reason for this is because the child doesn't need to explain their behaviour, relive their anxiety, or rehearse past events.

One of the main reasons I have always enjoyed the reward and challenge of working with Young People is they are not so stuck in their own negative patterns of thinking. They are open to exploring different possibilities and new ways of doing things, without the inhibitions that can come with adulthood. I feel

very passionate about working with Young People; they inspire, amaze and give me hope.

Most children will decide if they like you in the first few minutes so how you communicate in that Initial Consultation is vital. The child needs to feel that you are interested in them and all communication with the parent is via them. For example; "Does Mum understand that?"

In my experience it is the ability to respond to what "comes up" by thinking on your feet, being adaptive and always looking for creative ways of working with them. Working in a fun, imaginative way you need to be able to let go of any planned ideas and go with whatever makes their eyes light up.

Solution Focused techniques are employed using the same principles as with adults. Exploring their preferred future - getting a detailed description of what will be happening when a particular problem is solved.

Getting the child to use drawing as a response to the miracle question. For example- Imagine that someone has waved a magic wand and all problems have disappeared. Draw a picture of you at home/school. This gives the child another medium to describe themselves.

A therapist may find when they use the miracle question a child may give wildly unrealistic answers such as they would be a famous celebrity or football player. In this situation it is important that we ask what difference would this make to them. If they say "it would make me more confident" then you can look at smarter ways they can attain this characteristic.

I find that many children like to set small goals to work on along the way to their key goal, these need to be achievable, measurable and specific.

A therapist's use of scaling can be an enquiry about general well being as per a typical session, however, with young people I have found breaking the scaling into themes such as home, school, friendships and themselves gives more to explore. This can allow a client to see "what's going right" and the client can also see where the change needs to occur.

Anything can be scaled - "How close they are to their goals?" "How enjoyable the session was?" If a child scales something find out; "How is that better than the week before?"

It is important to identify strengths and exceptions. The child needs to be given the opportunity to recognise occasions when they have thought or behaved positively. The more the child's strengths are acknowledged the better the chance of these behaviours being repeated. Looking for and commenting on the resources that the child used in that situation when things were better, such as self-control, patience, will-power and confidence will

only help to boost their self-esteem and move them towards their preferred future.

At the review session I acknowledge and praise how far they have come and get them to list or draw all the things they have done to get this far. Ask them how close they are to their goal and open up the possibility that their goal may have changed.

The tone and approach of each session needs to be tailored to age and maturity of each young person. Some teenagers can be worked with in a similar way as you would an adult client.

Most young children will not want to lie still on the couch and close their eyes. First I will do a simple relaxation with them that involves them tensioning and relaxing different parts of their body. I will then use a variety of stories or imaginative play. Some of my younger clients will act out whatever I am saying to them and I encourage this. I do have a large collection of metaphoric stories that I will use and draw ideas from to hand. By finding out their favourite characters from a book, film or computer game the therapist and the child can create their own stories. I encourage and facilitate the child to do this. Each child's innate ability to make use of metaphor and imaginative expression to process difficulties is key to working with the mind to facilitate change. Stories, visualisations and imaginative games all help the unconscious mind to take on a change of perspective and process difficulties.

Even though the parent is presenting the child with the issues, the therapist needs to be aware that the work may need to take place with the parent. In fact the work with the parent can be primarily where change needs to occur. Working with the parent can be the most effective and sustaining way to benefit that child.

Continued Over...

As a therapist you may observe it is the parent who is “pulling their hair out” getting extremely upset or distraught, yet the child is “as cool as a cucumber”. It then becomes apparent where the real need is. Parents usually welcome this realisation and support. Once the parent can change their perspective and behaviour this will influence the child’s.

I find that having an initial chat over the telephone with the parent allows them to explain the issues from their point of view. This conversation also allows the parent to off load and receive a little acknowledgement and support themselves. It is important from the start that this doesn’t go on in front of the child as this is not appropriate. The therapist needs to be clear that the session is for the child. If the parent needs to speak to the therapist then a separate time can be arranged; either face to face or via telephone. This allows the sessions to be completely focused on the child. The therapist should make the parent aware that on session 4 or 5 a review of treatment with them and their child

will take place. Older clients who attend on their own should be in sole control at their own reviews, unless they request their parent attend.

Most young clients genuinely engage and work hard with you despite not seeking help themselves. Parents can send young people rather than them expressing need or motivation for change so it is critical the therapy’s content is led by the child finding out and expressing what their needs are. Boundaries must be clearly explained with the parent and expectations of the parents are realistic. By managing the parent’s expectations from the start about what can be fed back to them allows the child’s confidentiality to be respected. The parent is paying for these sessions so they require general feedback about progress and engagement.

I absolutely love working with children and young people. Their honesty and freedom to tell it like it is inspires me. I would say to all therapists working with children that it wasn’t long ago (well maybe for some!) that you were a child, so just let your imagination go and enjoy being a child again. Have fun!

Research shows that an ‘optimistic child’ is one that is likely to be happier and healthy now and in the future. “Unattributed quotation” ■

Rachel Dimond is a Solution Focused Hypnotherapist working from Gillingham Dorset. She has a background in counselling and is qualified to work with young people and have gained experience in schools and youth services.
www.wessexsolutionshypnotherapy.co.uk



TEENAGERS AND HYPNOTHERAPY

Julia Croft uses her years of experience as a teacher to help youngsters.

As an ex teacher in secondary schools starting in 1993, I have seen many different types of youngsters, and also adults, in Further Education. As behaviour is an everyday experience we all know that there are the ‘goody 2 shoes’ and the ‘little devils’, but the majority of students, young and old, are usually somewhere in that big grey area in-between. As we know there are geniuses and low ability learners at the extremes, and you may think that that is where behaviour will surface to create socially ‘unfair’ scenes. In my experience it’s more in the middle collection where problems occur with young people. Those in the middle somehow either keep their heads down and out of the limelight or demand attention because they may not understand. Those in the middle can be too shy to speak up if they are struggling or just think that they are stupid for not understanding.

Which leads me on to my case study about a student who had had counselling help for OCD within the local authority CAMHS system - Community Child and Adolescent Mental Health-concerning food and emetophobia (fear of vomiting). A student who had had food poisoning more than once but in addition at school, had felt that her dyslexia/dyscalculia wasn’t sufficiently understood and only had help from a few specialised teachers when time permitted. The type of student that gets to a point of saying to themselves ‘what’s the point in being here, I feel left out even though I understand and want to learn, I can’t do it their way’. Add the adolescent diversions and hormones and we get a student who switches off learning and sees a case for getting attention in whatever way they can,

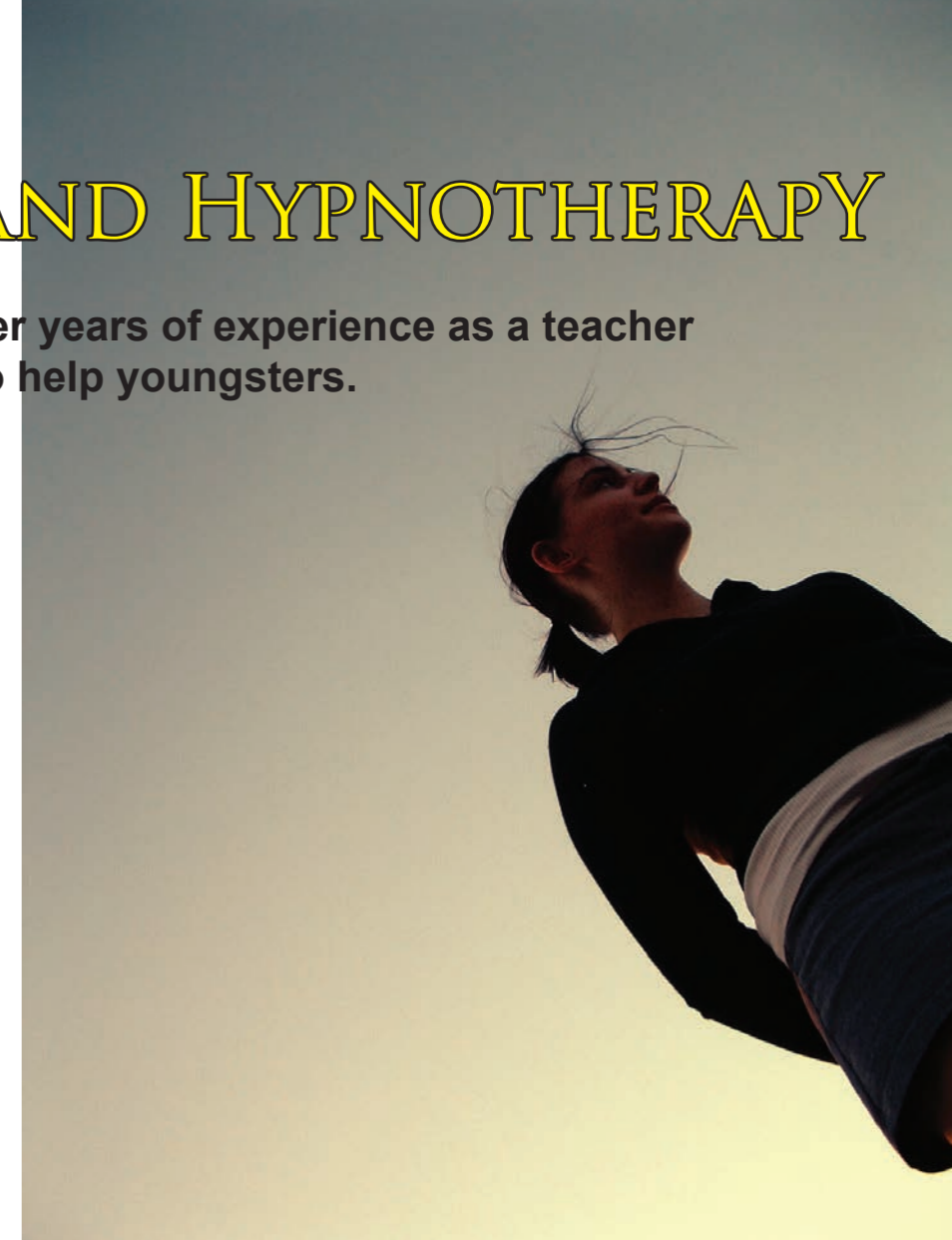
especially if they are very social. Educationally and psychologically challenged by ‘the system’ they behave challengingly themselves to get a balance.

Winter 2012 – Background

Some of this I did not know at the beginning

Kerry (not true name) came to me through an enquiry from a parent who had had hypnotherapy and had confidence in it. The previous counselling had helped the OCD of washing hands but no more than that and Kerry still felt angry and anxious, afraid of food poisoning and being sick. A place in 6th form college to study visual productions had been started, but finding the coursework still problematic due to demands of the self learning needed and still not getting on with simple maths etc., mother and student decided on extra help for her anxiety and moodiness/anger. There is a good bond between them, fortunately, and Kerry has a stepfather and

Continued over...



half-brothers and sisters on both sides, but no full siblings. They live as a family of 3. Kerry did have close friends from early childhood and also new ones at college. They are an average income family in their own home, pleasant part of town, a family friend who had child-minded on many occasion and is still reliable. Grandparents visit from time to time.

GSR:86

Wellbeing software: 17.7

starting level + had been 10/10 for happiness and 9/10 for confidence in the past.

Presenting Problem

For Kerry anger was only one issue because of her frustrations with her education. Her new friendships at college were part of this issue as she could see others behaviour wasn't helpful for her, because they made her worse. Every morning also, she woke up anxious and did have panic attacks about certain foods. There were habits such as always looking at food labels when buying things, but she avoided buying things mostly, preferring to let her mother do the shopping. From her food poisoning experiences she was clearly still very worried about dates of products and avoided restaurants as they featured in the experiences. Her sleep pattern wasn't good. As we discussed the issues Kerry was fluent in her explanations and desire to make things better and clearly determined to resolve things. I got the impression that she felt comfortable with me and that I wasn't judging her.

Her subsequent target

Kerry really wanted most help with her emetophobia and eating properly. In addition she was adamant at not having medication. She was interested in the brain explanation of the Amygdala and the Hippocampus and understood it well. There was appreciation of the childish brain needing to accept rules and also where her family situation played a part in her loss of REM sleep. Knowing that her brain chemicals needed balancing too, Kerry was relieved to see that hypnotherapy was

possible to take her forwards. We agreed that her sleep could be improved which would help calm her down. Partying would have to be reduced for the time being and that she could start straight away with getting the needed sleep. She gladly took the CD away to get started with hypnosis immediately after guidance of what to expect. I noted her artistic tendencies and sociability needs related very much to her nomad personality. Her mother had left her in charge of making appointments etc. so Kerry readily agreed the next weeks' appointment.

Goal: To take time for herself regularly and focus on relaxing.

Session 1 – outcomes:

Kerry had used the CD twice each day to reduce her stress bucket. This made her feel relaxed and reassured, plus being very aware of letting go and not pushing herself, also of feeling safe with the family and recognising the benefits of certain ways of being.

Scaling: Sleep up to 7 from 5 before

Software figs: Confidence 6.8 up from 6 before
Happiness 6.8 up from (point).6 before
Wellbeing scale 44.6

GSR: 53-22

Targets: Relaxing, forgiving others. Using humour and having a perspective on life. More reserved and taking responsibility for actions, apologising to friends for negative actions. Assessing situations and standing up for herself.

MQ: Being safe with everything, and eating normally, able to leave behind new friends with unhelpful influences. More in control of moods and going away with family on holiday, go abroad for new experiences, bar-tend and maybe child-mind later.

Kerry settled well on the couch and found the session a good experience, uncovering her bubbly personality and how forthcoming she is with information and self-help. She went down well and was congratulated. Kerry mentioned her appreciation

of her past childminder as a calming influence.

Couch session 1 procedure and scripts

General progressive relaxation
Magic Rainbow
Watermelon

Goal: Not caring about insignificant things

Session 2 outcomes:

At college Kerry had passed her English test with a C and her Media grade was good. CD work going well and sleeping all through the night afterwards. Eating jam again and ate at her step-sister's house and friend's house – not done for a long time. Had bought food for herself and was feeling more positive. More relaxed and not bothered by her college friends' behaviour plus visited an old friend again. Feeling more sociable and being casual and even started at the gym as she felt good. A friend texted her to say they were glad she was back to normal. Her sister happier and they were closer as Kerry's reactions were different. She was feeling more independent and growing up.

Scaling: Sleep up to 8
Software figs: Confidence 5.8
Happiness 7
Wellbeing scale 40.9

GSR: 70 -32

Targets: Self-awareness, being her 'annoying' self again, chatty, filling silences, getting closer to family and old friends.

MQ: Eating normally, accepting others offer of meals, fully independent, and sorting things out for herself. To have a proper job once settling what she wants to do. Mum benefitting plus others who know about the situation, including a long-term friend she really appreciates.

Kerry settled onto the couch well again, and clearly relaxed very much. She was congratulated again.

Couch session 2 procedure and scripts:

Within the heart
Personal Boundary
Two Wolves

Goal: Focusing on having more self-control and getting life more balanced.

Sessions 3-4 outcomes:

Kerry was enjoying college more as she practiced backing off from arguments and finding she was less bothered by things. Realising too how many friends she had which helped her feel better in herself. Thinking positively and spending time on her own enabling quieting of her thoughts, getting more invitations to birthday parties and looking forwards to her own birthday. Operating her alcohol limit as she wants control of what she says to others. Kerry is also beginning to choose different friends who are more reliable, chatting less and listening more. Confiding more in her mother and knowing which adults to respect and when they need space. Kerry is analysing life again to enable achievement of many things, feeling more grown up now.

Scaling: Sleep down to 5
Software figs: Confidence 7.5
Happiness 8.3
Wellbeing scale 49.5

GSR: 54 – 20

Targets: To know more about herself and eating more of the recent foods added to diet. Drinking more water not Pepsi and trusting her food choices, to be more confident with it. Choosing more enjoyment and experiencing being a peacemaker again.

MQ: Feeling successful at achieving something, healthier and her skin looking better. Her mother being happier and everything at home being easier. Visiting her dad more and going out more with friends. To get up one morning and have a fry-up for breakfast. Clearer thinking. Couch sessions improved, she was able to reach a depth where

Continued over...



calling her back, I had to be firm, even though she twitched a lot but was congratulated and assured the twitching was just a stage of relaxation.

Couch sessions 3-4 procedure and scripts:

Experience induction
Time Capsule/Flatten the past
Pebbles/Autopilot

Goals: Be more concerned about how others see her, thinking smart and independently.

Sessions 5-6 outcomes:

Kerry was now enjoying life more with many parties – too many but controlling her drinking choices, investigating fruit juice again and liking its smell with her senses more switched on now. Generally eating better when at home or at a party, also having lots of visitors and assisting with the food. College still improving and past relationships being smoothed over by discussions, ‘clearing the air’. Her intuition is coming back, and after a ‘sleep over’ of

friends, listening to some revelations of theirs about past events. These friends seeing her as calmer now and she now feels more realistic about life.

Scaling: Sleep up to 6
Software figs: Confidence 9.1
Happiness 9.9
Wellbeing scale 61.5
GSR: 63 – 24

Targets: Experimenting with food and identifying medications that affect food reactions, also being less fussy about food. Using her reflections to help friends increase their awareness of their actions, now she knows what can be done.

MQ: Setting an example to others with her friends growing up too. Also having a better social life, with Kerry showing genuine emotions more; her mum being more proud of her and Kerry’s wish that her friends can improve their family relationships with her influence; to be her old self, fearless about trying all foods, being normal especially when washing her hands. Being able to sleep away from home by being laid back; checking food dates sensibly when shopping, switching appliances off naturally and being normal with house security.

Couch sessions were both good as before, with some more benefits reported afterwards that she forgot at the start; e.g. not having problems with touching door handles now – re germs, telling herself off for lapses. Wants to keep a note book of achievements as her mother did when she had hypnosis. Mum is adamant she continues hypnosis due to the benefits and continues to set an example to Kerry of how to pick herself up after having problems.

Couch sessions 5-6 procedure and scripts:

Counting & breathing/experience induction
Stephanie Newton metaphor 1/Goal achievement
Confidence building/Boulder

Goals: Noting her achievements as she goes and allowing her intellect to rule.

Sessions 7-8 outcomes:

Kerry had in a week seen her family, especially her brother, and spoken properly to her dad, and was now going to sleep straight away after CD work. She had visited Rome with her mum and step-dad for the first holiday in a long time, feeling better about flying and had confidence eating foreign chocolate, now unafraid. Happy to eat off other peoples plates, but her own food still. She’s more open to different meal times and feeling naturally hungry at mealtimes. Kerry has confidence in eating more variety and bigger quantities of food, ensuring healthy options, although currently addicted to pickles. Her moods are stabilised and she has confidence at persisting in finding the right route for herself. Others saying she looks healthier and other nice things plus she’s stopped feeling sorry for herself. She feels herself again, joking and making people laugh, but accepting being told when to stop. Glad many internal resources are back again such as being laid back, being positive and unaware of problems, food not an issue and she’s fun to be around and getting more attention.

Scaling: Sleep up to 9
Software figs: Confidence 9.8
Happiness 9.9
Wellbeing scale 68.1
GSR: 58-21

Targets: Dealing with up-coming exams better, having more parties to go to.

MQ: Fearless first thing in the morning and dealing with anything that crops up, friends being proud of her when she stands her own ground, normality will have returned and rationalising best options in order to continue happiness and being an individual. Also being able to be relaxed in classes with no worries about her learning; just sorting out a way to deal with her worse lessons, focusing on the future starting with learning to drive as this will lead to better job prospects and moving locality.

Couch sessions continued to be congratulated over her depth of trance and doing the rewind. Kerry felt really relaxed and positive we had dealt

with her food fear and was glad I put a party into the reframe.

Couch sessions 7-8 procedure and scripts:

Counting & breathing/Scripting for success
Rewind on food/general reframe
Reframe food

Goals: She’s so pleased that she wants to continue coming to finish off sorting out other things, such as the ear-popping she gets when flying. After her birthday we’ll do fortnightly sessions.

Sessions 9-10 outcomes:

Kerry said her friends were being really good to her and her mum was hiring a bar for her birthday venue. She’s still feeling calm and constantly happy every morning, rushed but not stressed. She’s still making small changes with her food and trying more types and brands of food and drink, plus combinations. She had a great birthday and trusting the hygiene by drinking from the bar’s glasses, and was now able to order drinks at the college canteen. A minor panic attack was minimised because she distracted herself and Kerry is still feeling her old self. She has found a tutor that she can talk to and listen to about her difficult classes and is taking a renewed interest in college work. Her real father is supporting her by encouraging positive thinking and she has tidied her room finally, making it as she wanted. Her skin is better, giving her more confidence, and she regularly keeps up her gym sessions. Kerry also makes an effort to help prepare food and has even helped a friend by giving information as content for a book about raising awareness of dyslexia. Her perception has increased.

Scaling: Sleep 8
Software figs: Confidence 9.9
Happiness 10
Wellbeing scale 68.5
GSR: 63-36

Targets: To sort the flight anxiety and have more confidence to speak up about college, at college.
Continued over...

MQ: Have the food situation completely sorted by eating more of the foods she used to eat. Her mother's shopping to be improved with healthy choices, they will all be in better moods and regularly eating together as her real dad's family does. Being more happy-go-lucky and dealing with others disruptions differently.

Couch sessions were as good as before even though the readings regularly fluctuate and Kerry was congratulated.

Couch sessions 9-10 procedure and scripts:

General relaxation/progressive relaxation
Scripting for success pt 2 + Scars of life
(ref. ear-popping)/Stairs & room
New you/Library of change

Goals: To rewind the emetaphobia itself and improve family issues on boundaries.

Sessions 11-12 outcomes:

Kerry was absolutely on time, instead of the regular few minutes late to the session, has increased her part-time job by request from her boss and seeing the possibilities it brings. She likes the busy times and gets to bed by 10pm and has really good sleep, napping when she needs to and getting a balance. Kerry now self-hypnotises without the CD sometimes before sleep. She has more motivation for everything and standing back more from negative situations. Her social life is settling and arguments with friends are subsiding, especially when she makes her choices of where she goes with them because of the food etc., being more flexible. Kerry is happy to be alone now and also has a new, quieter, better boyfriend. College work improving in some areas and more relaxed there, her meaningful long-term friends have noticed she's happier and more her old self, so they are getting closer plus she shares her problems now. Her attitude to her step father is now muted and she keeps the peace, even though he still tries 'pushing her buttons'. Anger is replaced with cheerfulness and she's no longer phased by the idea of sickness because pressure has gone after seeing a friend being sick recently and she wasn't affected. Back in charge of her food and tasting more with her mum's support, eating before she goes out too to prevent feeling sick. Her relationship with her mum is more grown-up and they are less reliant on each other. Her mum now goes out more with her friends and there's less control from her step-father because

he can see her as more independent.

Scaling: Sleep 9
Software figs: Confidence 9.9
Happiness 9.9
Wellbeing scale 69.3

GSR: 62-26

Targets: Continue to be observant and increase confidentiality with what she says.

MQ: Her mum feeling even better because her step dad won't push Kerry's buttons. Getting more ideas about the future in order to explore the world, enjoying lessons and getting the most out of college, continue confident and using opportunities, applying herself to necessities to see the results and adding maths applications.

Couch sessions continue to go well even with the meter fluctuations, taking her right down before core work.

These last 2 sessions were a month apart as a rewind on flying/ear-popping and food was the penultimate one in order that Kerry knew the last session was booked for her peace of mind.

Couch sessions 11-12 procedure and scripts:

Tropical Island/Within the heart
Rewind combination/Magic rainbow
Flights+ears+food reframe/ Thebookoflife

Goals: To start driving lessons, taking each day as it comes and eating what's on offer.

SUMMARY AND REFLECTION

Kerry was a very determined young lady and came at the right moment to sort things out. Ultimately one benefit of her dyslexia was the fact that, like many other dyslexics, she had acquired a good memory for learning, in this case of all that was required of our work and so could feed back lots of information of the gains. She understood how the process was working and was completely co-operative. Her efforts did help others to see how she could change for adult life and back off from the negatives. At a time of change, adolescents need the support into adulthood and when parents in particular support this, success is normal.

I saw Kerry for 13 times and given all aspects of her situation Kerry did very well, especially to be so motivated to do double CD work voluntarily at the beginning! ■

EVER WISHED YOU COULD WORK WITH THE PARENTS?

Debbie Pearce knows it's often the parents that need to be on our couches

I used to rescue cats for Cats Protection. Hundreds of them. Over the course of a decade mind you, not all at once. On one of my many visits to my drop-dead gorgeous vet I remember him telling me that vets were trained to treat the owner as well as the animal. If the owner was highly strung, chances were that their pets would be too.

Years later his words came home to roost when, as a Hypnotherapist, some of my clients began to report that, as their anxiety levels fell, their dogs became better behaved.

In early 2013, I had one of those Number 56 Bus moments. I hadn't had a child client for ages then all of a sudden three came along in the space of a week. Now, I always explain to the parents that rapport is everything in therapy and, since I have never had children, I find it more difficult to establish rapport with them. I'd be happy to see them for a free initial consultation, but really, wouldn't they prefer to see someone else? (Subtext: please see someone else, I'm scared stiff of children. I know, I really should get some therapy myself).

Anyhow, they all get around my protestations with what my dad used to call 'flannel'. 'Oh but we've been recommended to you by xxxxxxx, you were an enormous help to their child. We've heard you're so good.' Well, I'm only human and who can resist flattery?

So it was that I saw the three separate children for an initial consultation. Oddly enough, the symptoms were exactly the same. The children were all afraid to sleep alone and so slept in the parents' bed:

Simon:

Aged 6, had been to the Beauty and the Beast Show and took fright at the Beast. Hadn't been able to sleep in his own bed since. Parents were at their wits end because they needed sleep themselves. I explained that 6 was very young to be having hypnotherapy, but as the parents were so desperate, I agreed to see them all for an initial consultation.

Simon was delightful (see, what were you worried about?) and during the initial consultation I asked what would be better if he slept in his own bed. His answer? 'Mummy and daddy would be happier.'

I caught the look that passed between Simon's parents. They hadn't considered talking about what would be better. I talked with them about the principles of Solution Focused work and they were fascinated. It seems Simon enjoyed the consultation and we booked him in for a half-hour session.

Continued over...



Mum came with him and reported that he had been sleeping right through the night in his own bed. We booked another session, but Simon's delighted mum later cancelled saying she felt that it was 'job done'.

I just know Simon's parents were taking a different approach to the issue.

Kerry:

Aged 10. Has sleeping problems. Doesn't like being in her own bed or being downstairs on her own. Doesn't like going to school. Had a painful 'tummy condition' which was anxiety related. Kerry's 'single' mum was in a highly agitated state when she rang me and was desperate for Kerry to sleep in her own bed so she could get a good night's sleep herself.

Kerry was very fidgety during the initial consultation and mum explained that her problems started when Kerry's father left the family home. We talked about how the mind works and I gave both of them a CD, as I felt mum would benefit too. I figured this might give a subtle message to Kerry about sleeping separately.

A week later Kerry and her mum came to the half-hour session we'd booked. Mum reported that Kerry didn't like the CD so hadn't been listening to it. There had been no change to Kerry's sleeping pattern. We revised the brain stuff and during the Miracle Question discovered that Kerry wanted to

be able to have sleep-overs with her friends.

Then it came time to do the couch work. Kerry didn't want to do it. I agreed with mum that she herself might benefit from some relaxation and I'd hoped that Kerry would see that there was nothing to be concerned about. We booked another session a week later, but I wasn't surprised when mum cancelled it because Kerry didn't want to come.

I so hope that mum gets some help for herself. I know that both she and Kerry would benefit.

Martin:

Aged 12. Had been naughty when his 'single' mum went out on Halloween and he downloaded 'Nightmare on Elm Street'. Since then has been unable to sleep in his own room at night due to bad dreams.

Martin was an intelligent, articulate lad. He was home educated, confident and knew perfectly well that his fear was irrational. We decided that the Rewind process would be the best way to go.

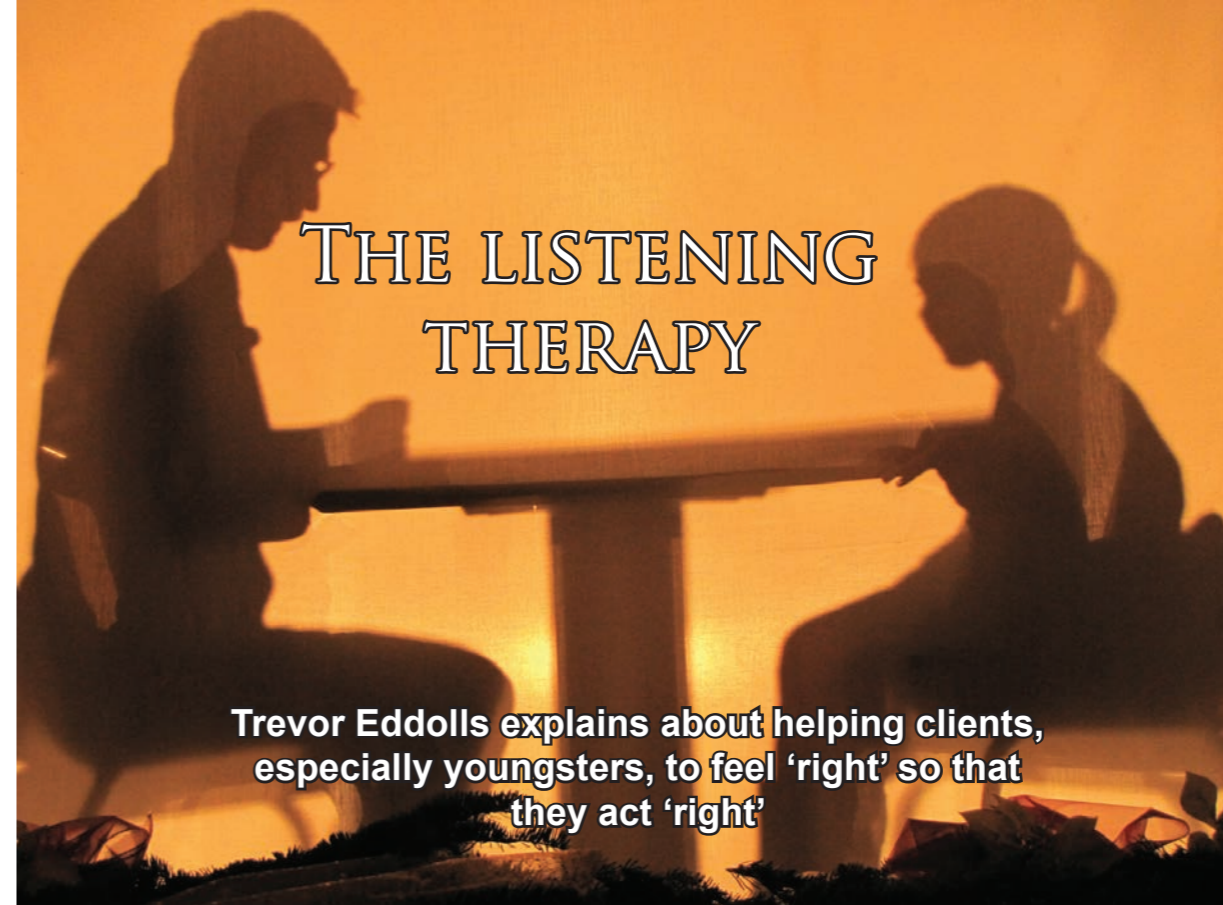
When Martin turned up for his first session he reported that he'd been listening to his CD which prevented him from thinking about the film as he dropped off to sleep. He'd only had two disturbed nights with bad dreams. The penny dropped during this session and Martin said, 'So what you're saying is that the fear is just in my head – I'm doing it to me'. Ooh, bless him!

When he arrived for the Rewind session he reported that he'd had no bad dreams at all.

Martin arrived for the Reframe session and I asked him what had been good about his week. His reply really amused me: 'Our objective has been achieved', he announced. He'd had no dreams and had been sleeping in his own bed.

Job done! I have a feeling his positive response was due in part to his mother's influence. Things were clearly well-disciplined at home.

So, what has this got to do with cats and my dishy vet? Well, I'm sure that, just as pets are better behaved when their owners calm down, I think the same can often be true about children. I am seriously thinking about insisting the parents have therapy too ■



One of the most important actions for a therapist is to help their client to accept their feelings and control their behaviour – so that the client is able to act in the way they want to, so that they are in control of their life.

While this sounds very laudable, it can sometimes be harder than we think. Sometimes we just find ourselves responding to a client's admission of a feeling or emotion in a way that doesn't help them and doesn't help the therapeutic support that we offer them. So how can we find out what's the best thing to do? Well, there are some excellent suggestions in a twenty-year-old book on bringing up children called *How to talk so kids will listen and listen so kids will talk* by Adele Faber and Elaine Mazlish.

Why would a book about children be any use? Well, the answer is because what works on children still works on adults – you just need to be a little bit more subtle about it. And besides, many of us find ourselves working with youngsters.

So let's look at some of those (all too common) wrong responses to a client talking about a feeling or emotion they had:

- ◆ Denial of feeling – there's no reason to feel so upset.
- ◆ Philosophical response – life is just like that!
- ◆ Advice – you know what I think you should do?

- ◆ Questions – didn't you realize he'd be angry if you didn't do it.
 - ◆ Defence of the other person – I can understand their reaction.
 - ◆ Pity – oh you poor thing.
 - ◆ Amateur psychology – have you ever thought that the real reason you're upset is because they remind you of a father figure...
 - ◆ Empathic – that sounds like an unpleasant experience.
- To help with feelings, the authors suggest:
- ◆ Listening with your full attention.
 - ◆ Acknowledging their feelings with "Oh", "mmm", "I see".
 - ◆ Giving their feelings a name – everyone likes a diagnosis or just having their emotion named. It normalizes it.
 - ◆ Give them their wishes in fantasy. The authors suggest saying things like, "If I had a magic wand there would be <insert breakfast cereal here>, but we'll have to make do today with <insert some other cereal name>". In a way, this is bringing about something similar to the miracle question we use. It makes clients see possible alternatives.

The point is that you don't have to agree with the feelings (as a therapist or parent), you're just acknowledging their existence. Having accepted the feeling, it's then possible to move on to controlling the unwanted behaviour.

And when it comes to changing a person's

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behaviour, the book advises us on things to avoid:

- ◆ Blaming and accusing – “how many times do I have to tell you?”
- ◆ Name calling – “you’re just stupid.”
- ◆ Threats – “if you don’t stop, I’ll come over there and ...”
- ◆ Commands – “I want you to xxx right now!”
- ◆ Lecturing and moralizing – “do you think that was a nice thing to do?”
- ◆ Warnings – “watch out or you’ll fall!”
- ◆ Martyrdom statements – “stop xxx or you’ll give me a heart attack!”
- ◆ Comparisons – “why can’t you be more like your sister?”
- ◆ Sarcasm – “is that what you’re wearing today, you’ll get a lot of compliments!”
- ◆ Prophecy – “do you know what’s going to happen to you? You’ll end up like xxx.”

Now, again, that’s aimed at parents, but so much of that applies to therapists too. We may not use direct threats (“I’ll come over there and give you a smack”), but we may use indirect ones (“if you carry on like that you could end up in police custody”).

The book gives advice on how to engage cooperation:

- ◆ Describe what you see or the problem – “there’s a wet towel on the bed.”
- ◆ Give information – “the towel is making my bedclothes wet”
- ◆ Say it with a word – “the towel!”
- ◆ Talk about your feelings – “I don’t like sleeping in a wet bed.”
- ◆ Write a note – (on towel rail) “please put me back so I can dry.”

Again some things will be different with clients and their behaviour won’t affect the therapist directly, but using the first couple of items on the list would work.

There is a section on alternatives to punishment. This again includes techniques that we therapists could make use of:

- ◆ Point out a way to be helpful.
- ◆ Express strong disapproval.
- ◆ State your expectations.
- ◆ Show the child how to make amends.

- ◆ Give a choice.
- ◆ Take action.
- ◆ Allow the child to experience the consequences of his misbehaviour.

Simply, if we ask clients to listen to the CD and they don’t, we can use many of the above techniques. The last one on the list probably wouldn’t apply to clients.

The book’s section on how to problem-solve mirrors many of things we might do:

- ◆ Talk about the child’s feelings and needs – we start with the client’s needs and feelings.
- ◆ Talk about your feelings and needs – no match with this one.
- ◆ Together, brainstorm to find a mutually agreeable solution – once the client has run out of ideas, the therapist might offer some ideas from their experience.
- ◆ Write down all ideas without evaluating.
- ◆ Decide which ideas you like, which you don’t and which you plan to follow through on – in this case the client decides what they want to do and we can help ‘future pace’ his or her new behaviours.

It’s important to encourage autonomy with children, and similarly, we want our clients to be able to make the ‘right’ decision about how to behave rather than emotionally respond to situations:

- ◆ Let children make choices – “red or blue shoes?”
- ◆ Show respect for a child’s struggle – “sometimes it can be hard to open a jar.”
- ◆ Don’t ask too many questions – “welcome home!” People are more likely to tell you things when they don’t feel defensive because of your probing questions.
- ◆ Don’t rush to answer questions – “that’s an interesting question, what do you think?”
- ◆ Encourage children to use sources outside the home – “let’s ask the pet shop owner.”
- ◆ Don’t take away hope – “so you’re thinking of trying out for the team. That should be an experience.”

When it comes to praise and self-esteem, the book suggests that you don’t evaluate:

- ◆ Describe what you see – “I see books on shelves and a bed that’s been made.”
- ◆ Describe what you feel – “it’s a pleasure to walk into this room.”
- ◆ Sum up a child’s praiseworthy behaviour with a word – “that’s what I call organization.”

Too often it’s tempting to offer empty praise. Saying, “That was good” to a client may raise self-esteem, but it can quickly be taken away by saying, “That was bad”. Descriptive praise can never be taken away or negated like that.

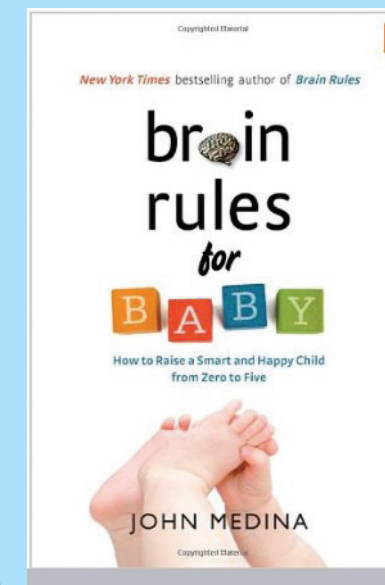
Lastly, the book suggests looking for ways to free children from playing the roles that they can be forced into:

- ◆ Look for opportunities to show the child a new picture of themselves.
- ◆ Put children in situations where they can see themselves differently.
- ◆ Let children overhear you say something positive about them.
- ◆ Model the behaviour you’d like to see.
- ◆ Be a storehouse for your child’s special moments – “I remember the time you...”
- ◆ When your child acts according to the old label, state your feelings and/or your expectations.

In terms of clients, describe them behaving in the new way that they’d like to adopt. With trance you can put them in new situations and describe their behaviour. It’s not possible to let them overhear you commenting about them – and that’s probably unethical too! And it may not be possible to model the behaviour they want. You should try to remember times they’ve told you when they have successfully behaved in a particular way and remind them of those times. And if, during a session, they tell you about slipping back into their old ways, you could suggest that by this session other clients have usually managed to maintain the new behaviour.

Obviously there are huge differences between parents dealing with children, and therapists dealing with clients, but there are so many overlaps, and the lists supplied in the book seem so good, I thought it was well worth sharing ■

BOOK REVIEW



Brain Rules for Baby by John Medina

Brain Rules for Baby is the follow-up book to John Medina’s excellent Brain Rules book. This one is subtitled: How to Raise a Smart and Happy Child from Zero to Five. In nearly 300 pages, Medina covers topics such as Pregnancy, Relationships, Smart baby, Happy baby, and Moral baby, and he does that across seven chapters.

John Medina is not only an engaging writer, he’s a developmental molecular biologist and research consultant. He’s also affiliate professor of bioengineering at the University of Washington School of Medicine. And he’s director of the Brain Center for Applied Learning Research at Seattle Pacific University. So he should know what he’s talking about!

When looking at pregnancy, Medina mixes his own experiences, exploding myths, and the latest neuroscience findings to illustrate such things as when a baby can first hear and smell its mum, that their memories are being formed, and tips to help the baby’s brain – weight, nutrition, stress, and exercise.

His relationship chapter has the tag line: “start with empathy”. We’re reminded of Harlow’s work on monkeys – how they prefer comfort to food. And Meltzoff’s work on memory and matching. Medina talks about the four reasons parents fight – sleep loss, social isolation, unequal workload, and depression. But he does give some hints and tips on how to protect a relationship.

When it comes to learning, Medina tells us that babies need to feel safe first. He spends some time looking at IQ, and then tells us that being smart relies on crystallized intelligence (the ability to record information) and fluid intelligence (the ability to problem-solve). For babies, intelligence depends on their desire to explore, self control, creativity, verbal communication, interpreting non-verbal communication.

We’re told that the prime role of the brain is surviving – and that learning is a good way of achieving that prime directive. Medina recommends breast feeding, playing with babies, and talking to them lots. His big suggestion is to always praise effort not the result – say things like: “You really worked hard”. And don’t pressurize children into learning things that they’re not ready for.

When it comes to happiness, there is emotional happiness, moral happiness, and judgemental happiness. But happiness research indicates that the only thing that makes us happy is our relationships with other people. Medina also stresses the importance of naming emotions for children – everyone feels better once they have a diagnosis! The best parenting style is demanding and warm.

We’re told that children are most likely to internalize moral behaviour if parents explain why a rule and its consequences exist. The last chapter of the book is full of practical tips.

It’s a brilliant book if you have a child under 5 in the family. It’s also incredibly insightful for people working with children in any capacity ■

Brain Rules for Baby: How to Raise a Smart and Happy Child from Zero to Five.
By John Medina
£7.19 on Amazon
Paperback: 294 pages
Publisher: Pear Press (19 Jan 2012)
Language: English

REFERENCES: How to talk so kids will listen and listen so kids will talk by Adele Faber and Elaine Mazlish. Piccadilly Press. ISBN-10: 1848123094
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THE HYPNOTHERAPIST THAT LOST HER SMILE...

Dipti Tait realises how important a smile is to another person

Cast your minds back to your own Hypnotherapy Training, specifically the end of your training, just as you were about to fully qualify as a Solution Focused Hypnotherapist and be launched into the world with your practice starting to grow and take shape. How excited you were? How ready to fly? ...So was I. I was so excited, so enthusiastic. I had done everything I was asked to do. I had learnt the ropes, I had a room sorted and decorated, I had lots of clients lined up ready and willing to make the jump from half price to full price. I had set up The Cotswold Practice, a budding practice about to grow out of the ground into a Spring time shoot. A website built, a film about Solution Focused Hypnotherapy produced and a blog ready to launch.

It was Easter, all around us was the promise of Spring, new growth and new beginnings, it was an amazing time to launch into the world as a Solution Focused Hypnotherapist, and I was at the starter's blocks, just waiting for the starter signal to go off.

The signal did go off. But it was not the signal that I expected. It was a signal in my brain. Something inside my brain shut down, and ground me to a screeching halt.

I woke up on Easter morning with partial facial paralysis and a very stiff neck and aching all over. The paralysis started with my lips. I couldn't purse my lips or move them apart, then over the course of the day, the paralysis slowly spread like a crawling invisible rash into my cheeks, my eyes and then my eyebrows and forehead. By the end of the day, my whole face had turned into a frozen, expressionless,

unblinking mask.

I could not blink, raise my eyebrows, move any of my facial muscles, chew, eat, talk or smile. My face was completely and utterly stuck. Over the next few days and weeks, I was hospitalised, tested, scanned, punctured and examined. Nobody knew what had happened; no one was able to make a firm diagnosis. We were given working diagnosis of Miller Fisher Syndrome, but that didn't really fit. Every one seemed to scratch their heads in confusion. I became used to the doctors and nurses puzzled, bewildered and baffled looks.

I had to have my eyes taped shut at night because I could not close them, and in the day time, I had to manually close my eyelids with my fingers every few minutes so my eyes wouldn't dry out, as I couldn't blink automatically. I had to drink soup through a straw because my mouth was unable to open and I spoke like I had a ventriloquist dummy by my side. I had to wear dark glasses, as the light was too bright for my extremely sensitive eyes. I couldn't drive, or go out much or face the world. It was rather limiting.

As you can imagine, this really did throw a spanner in the works with the momentum I had created in my hypnotherapy practice. I managed to stay incredibly solution focused throughout the whole time, and even put some of the practices we have learnt to the test. During the two hour long procedure of the lumbar puncture, I took myself off to the beach and visualised the process as a pain free procedure, that would not affect my homeostasis and after it I was able to return to a rebalanced state, even though they took six test tubes of brain fluid out of the base of my spine.

The two things that were really important to me were taken away from me overnight -my ability to communicate, and my ability to smile. Both things

essential for my job and also for my identity. I decided to use this time to explore how my brain was giving me an experience that I could turn to my advantage, and utilised this experience as one that can help and inspire others. So, my partner Toby, who is a filmmaker began making a documentary about it, and I began writing the story down in a journal.

I also made it my priority to keep visualising my face smiling in the mirror and also kept watching videos of myself talking and watching closely the expressions on my face and keeping the neural pathways of belief alive as I refused to accept that my facial movement and function wouldn't come back quickly.

I went through various treatments of facial physiotherapy, acupuncture, reflexology as well as some cranial osteopathy. I used Hypnotherapy every day and I changed my diet to include many more immune boosting ingredients.

The hospital, after three months, finally confirmed a diagnosis of basal meningitis, which was a shock and a surprise as this had not even been mentioned until now. Although, thinking back to the original symptoms of stiff neck, light sensitive eyes and aching limbs were a good indication that meningitis was a possibility. By the time the meningitis was diagnosed, I was back at work seeing a few clients, with a little bit of difficulty, but managing all the same. I was determined to keep going and to keep those positive neural pathways firing and wiring! Maybe it was a blessing that meningitis was not mentioned before, as this is such a scary word, and I am not entirely sure I could have maintained such a positive outlook if I had known I had meningitis. So, actually, it really does show how what doctors tell us can have a huge impact on our state of mind.

The thing that I found the most surprising was that my world around me also became unsmiling.

I am normally and naturally a very smiley person, and I smile at everybody who I come into contact with, I was now unable to do this any more, so this experience meant I was going through my day unable to smile, and I noticed that nobody was smiling back at me. I was smiling on the inside, but on the outside I looked very expressionless. This meant I was suddenly plunged into a very unsmiling world, and this really upset me. I felt that my whole world had changed and this was very hard to accept.

I then remembered about the mirror neurons, which are the brain's pattern matching ability, so for example when we see a smiling face, this subconsciously makes us feel like smiling and reciprocating back. I felt that I was in a real-life study of unsmiling mirror neurons, and it became harder and harder for me to remember what the smiling world was like. It was then when I noticed that my levels of serotonin seemed to be dropping, and I began to feel more and more despondent. So, to pick myself back up, I began to look at pictures of people smiling, and this made me feel like I could almost regain control over my intellectual brain and a return back to the full flow of serotonin.

In the six months that I, and my family went through this, my partner Toby had moved from London to live with me and my boys, I got my DHP from The Clifton Practice, and also finished my portfolio and got my HPD qualification. I also had my 40th birthday, and moved house and practice. As my facial functioning returned slowly, so did my confidence, and now this is my very own Solution Focused story of how I lost my smile, but how I found my purpose and strength. Through all of this, it made me realise on a very deep level of how Solution Focused Hypnotherapy helped me and helps other people and I feel blessed to be able to share this story as an inspiration for all of us to remember to explore beyond our blockages and our setbacks as this is the very place we discover our strengths and courage ■

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FREESTYLE 'ON THE FLY' SCRIPTING - WHAT IT MEANS, HOW TO USE IT; AND HOW IT CAN HELP TO IMPROVE YOUR BUSINESS

For the past 18 months, I've been building a business that has meant learning new skills, resurrecting old ones – and completely re-framing my sense of what I do, who I am and the transformations I make possible for clients.

That's meant re-engaging old marketing skills, learning completely new coaching and business development skills – and redefining the role of hypnotherapy in my business; as I work with hypnotherapists to re-structure their own businesses.

It has pained me at times to feel distanced from daily practice of the very thing I love – hypnotherapy and freestyle scripting.

The irony has been that I assumed hypnotherapists would just want my business and coaching skill and not my hypnotherapy skill.

In truth, I was devaluing the gift that is mine to practise freestyle scripting; and I really missed it.

However, in the past few months, the penny has dropped. I had a “doh!” moment that allowed me to step back in and do what I love – solution focused hypnotherapy and freestyle scripting.

I have witnessed how, once someone chooses to expand their business, and is required to take bold steps, to be more visible, to do things differently from their family, friends or peers – they discover fears and doubts they never realised existed; and the achievement of the desire to build sustainable income and create a good living becomes blocked.

Heightened anxiety creates overwhelm that means they can't think straight, make decisions or take action. And that isn't great for building a successful business!

The irony is that I didn't recognise I had the perfect tool for the job – and had been using coaching tools,



Shirley Billson Rediscovered freestyle scripting

instead of hypnotherapy, to deal with this (the “doh!” moment).

Then just last week, the universe came knocking. One client wanted to postpone her coaching session because she felt she had too much on; and another was trying to reach me for a 15 minute ‘emergency’ coaching, call because she has been sleeping badly and experiencing stress and anxiety.

I realised the best option in both cases was to recommend we do a hypnotherapy session instead of a coaching session. I polished off my freestyle scripting hat and was reminded of the power and joy of doing it – for me; and for my clients.

The feedback has been phenomenal. What clients say they particularly love is the deeply personalised session that is made possible by freestyle scripting.

It seemed apt, therefore, to share how freestyle scripting works with those of you who want to stretch yourselves and be more creative in your client hypnosis sessions.

How – and why – I started using ‘Freestyle’ scripting

For a long time I clung to my hypnotherapy scripts for all I was worth, believing that the power was in the exact phrasing of the words in those magical pages.

Initially, I would carefully select my chosen script, induction and metaphor before a session, although I soon became adept at rapidly leafing through my folder to find the script and metaphor I wanted in the moment.

However, I felt a bit of a fraud and didn't like the thought that I would be ‘caught out’ in reading a

script. I actually used to hide my folder in a drawer and only get it out once the client was on the couch with their eyes closed!

In truth, I just didn't feel confident enough to use my own words; and when colleagues or trainers talked of adapting scripts, even that seemed way beyond what I felt confident doing.

However, I wanted to overcome my own sense of inadequacy at using someone else's words. Plus, I wanted to stretch myself and make the sessions more personal and unique for my clients.

I'm not sure if it was the creative in me – or the ambitious side of me - that meant I wanted to try something different. Or maybe it was the solution focused style of working that made me want to be more in the moment, to tap into my own creativity and strength – and to stretch myself to go with the flow of my clients and where they found themselves in that moment and on that day.

However, inspired by the books on WordWeaving by Trevor Silvester, I started experimenting with ‘freestyle,’ by practising with my chum and working colleague, Nicola Griffiths back in 2007, a year after qualification. Even though it felt very strange to begin with, I haven't picked up a script since.

How to create freestyle scripts

It is so much easier than you think; but you do have to trust yourself and your own ability to let words come to you in the moment.

For me, the words we use are the windows to the mind. They attempt to sum up the most complex patterns that describe how we make sense of the world and reveal the very core of our belief systems.

I describe them also as the navigational root maps to neurological pathways that we can only imagine (but that we know exist).

First and foremost, as you guide them through

your solution focused session, listen and take note of any metaphors they use, whether it is used in describing their problem or their solution.

These are the basis of your 'freestyle' script.

This is important to remember:

Words used to describe the problem can be the key to words and metaphors that will help them access solutions...so, it can help you steer them towards those solutions, both in the 'talking' part of the session and in the hypnosis part.

Some clients, you will find, use lots of obvious metaphor in their language – e.g, 'everything's up in the air'; others will use a lot of plain language and, apparently, little metaphor...so you have to listen more carefully.

However, note down any key phrases that seem to have meaning – and listen for 'hidden metaphor'. For example, 'there's never enough time to do anything' or 'everything is so cluttered. I need a clear space to work in;' 'my stomach clenches.'

I've highlighted the key words and phrases you are interested in for the purpose of your script. Observe those words and notice how some have a clear direction you can take that is positive, even if they expressed it as a negative.

Here's what I mean...up in the air is expressed by the client in a negative sense, but up and in the air could also be part of phrases that are full of lightness and possibility and hope – like 'look up what's possible, there' is a distinct air of possibility in the air, something light is floating up.'

When you convert a phrase in this way, you are reframing a negative metaphor in the moment; and, in my view, the mind provides less conscious resistance to the change because it recognises the pattern – and just assigns new meaning to it.

Words that have dual or multiple meanings are always gifts that I seize with relish. Space, for example, has so many different meanings that you can play with. Here's some I might use – 'outer space, bigger space, wide open space, space to think, space between moments, time and space.'

Even when someone uses a word like 'clenches,' you can simply talk about what 'unclenches' in order to construct the reframe on the fly.

You don't have to understand what the deeper meaning is. Neither does your client. Just trust that the word appears in their language because it does have deeper meaning for them.

Reading what I've written may have you thinking it is more complicated than it really is.

One of the joys of freestyle scripting is that you don't have to use complete sentences. Instead, you can use lots of seemingly disjointed phrases that could sound like some kind of nonsense poem if you read them back...but to the client they sound like a beautiful flow; and create a deeply personal experience.

Plus, repetition is fine...it doesn't matter if you keep coming back to a single phrase or word, or keep saying the same thing in slightly different ways – as long as the key ingredient in your repetition is your client's key language and metaphor.

To make it really flow – so that it is a natural, enjoyable experience for both – is to allow your own mind to enter a gentle trance state, so that you can trust a random flow of association.

You will be amazed how connections just occur to you as you look down at the page and observe the key words and phrases. Start by creating ANY sentence that creates a mini reframe using one of them – and see where it takes you.

Be unafraid of pauses and stumbles....your client will not care. They are having way too good a time! They will feel deeply honoured with the gift of something so personal.

Here's the BIG bonus. They will become more loyal, devoted clients, who are happy to give you testimonials and referrals.

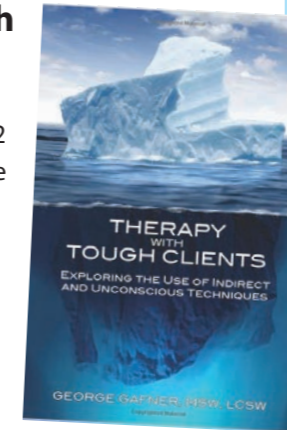
It's the most enjoyable marketing tool you can imagine.

Shirley runs workshops through the year and you can find out more on her website ■

BOOK REVIEWS

Therapy with Tough Clients

ISBN:978-184590-878-2
Crown House Publishing
George Gafner
★★★★★



This book is not out in print yet, but is available on Kindle. It was a suggestion by AfSFH member Michael Hughes and I wasn't disappointed. This is a book written by a veteran, he's been there, around the block several times and is not afraid of sharing his experience of some tough customers.

The majority of his clients are military veterans, and it's very US orientated, but that aside what he has to say makes an excellent read.

He's witty, honest, fun and makes one feel that you're not alone, even those with years of experience can sometimes make mistakes or misjudge people.

There are metaphors and scripts included within the anecdotes, and he shows us ways to build a script using all kinds of indirect techniques.

All in all, it was a very good enjoyable read, and educational, and underlines something that Michael and I have discussed in the past – ego strengthening. The book also suggests the first couple of sessions being ego strengthening and using metaphors/stories. And after all the anecdotes we're encouraged to share with our clients are just more stories for their subconscious to latch onto.

When reading a lot of books out there, it's usually the ones that have been written by those with lots of experience that stand out being the best. Oliver Sacks is another favourite author of mine.

So, if you have a kindle - buy it now, otherwise I would reserve it. Well worth it.

Penny Ling

How to earn six figures in Hypnotherapy

Paul Thomas
Kindle books
★★★★★

I am on occasions asked to review books on Amazon and asked to leave a comment, but sometimes I don't feel a book deserves endorsing, but at the same time I don't want to be seen as a sour puss and slugging something off. But I downloaded this book with interest only to be disappointed by a number of issues it raised.

Much of what is written can be found all over the internet – he wasn't saying anything new here. I decided to look further into Paul Thomas and what he was actually offering – He was a hypnotherapist and now he was building websites for hypnotherapists. My thoughts were – if you were such a good hypnotherapist bringing in 6 figures, why would you want to change to building websites for other hypnotherapists. I looked at his testimonials and searched for the UK hypnotherapists who had said such good things on his website – I couldn't find any. I found a few of the American and Australian ones but their website wasn't really up to scratch.

The book is very short – probably just an E-book, and it does suggest some things that may work in the USA, but over here in the UK, just don't. Like for example building relationships with doctors. I know from my experience of working in a GP surgery that they are tied pretty much to the recommendations that the Primary Healthcare Authority have laid down. Unless you're lucky and find a local doctor who understands hypnotherapy, then most of them at the time of writing are pretty closed to referrals. A nutritionist I have been seeing, as a GP herself, suggests providing more evidence for research when approaching a GP practice. But that's another story.

Chapter 5 - he suggests you should ask what other health problems the client may have – if you're not doing that already when explaining the brain, where have you been?

Chapter 6 - suggests you post all your success stories on Facebook – hello! Ever heard of privacy and confidentiality. We may on occasions feel pleased a certain client has made good progress, and we may refer to it in passing on FB without letting on who it is, but I'm sure any potential client seeing that would blanch at the idea.

He suggests many of the things we already put into practice, but giving the impression that it's easy and you'll soon be earning tonnes, but those of us particularly in the executive committee of the association know full well that it takes hard work, hard graft, and a little luck to do this job full time. Having spoken to some who have managed to make a full time career out of it, some of the keys to success are 1) Getting referrals from clients. 2) Getting referrals from other health professionals. 3) Network with the right people. 4) Work from somewhere well known with therapists already working there. 5) Get known by as many people possible that you are a hypnotherapist and what you can help with.

Penny Ling

Solution Focused Hypnotherapy

Client Agreement

Code of Care

- ◆ The client will be treated with respect and care at all times.
- ◆ Disclosure of all information during therapy and consultations remains confidential.
- ◆ The hypnotherapist has a professional obligation to report to relevant authorities any suspicion of abuse or harm to a child.
- ◆ The hypnotherapist has a professional obligation to report to relevant authorities any concerns if they believe the client may be intending to cause harm to themselves, the therapist or others.
- ◆ A query on suitability or conflict of therapy with other treatment practitioners may have to be sought occasionally, with client knowledge.
- ◆ If receiving medical treatment of any kind, it is recommended that proper diagnosis is sought where relevant, to assist the therapist and also to inform those professionals of your enquiries toward Hypnotherapy.
- ◆ A full copy of The National Council for Hypnotherapy's Code of Practice is readily available.
- ◆ This generally complies with that of the CNHC, a Department of Health supported Register on which I am a registered member.

Treatment Consent

- ◆ The therapist has fully explained the procedures and treatment, together with any self-help on my part (child's part – PTO).
- ◆ I accept the fee payable and note the 2 days' notice of cancellation of appointment that is required, otherwise half the fee will be charged.
- ◆ The therapist reserves the right to refuse or postpone treatment if they feel threatened or disrespected.

I have read the agreement above and accept the treatment on those terms.

Signed _____ Date _____

Print Name _____

Therapist's Signature _____

Solution Focused Hypnotherapy

Parental/Guardian's Consent

I understand that as parent/guardian of _____ I must give consent before a child under 16 years of age (or under 17 with special needs) can receive hypnotherapy and that I or an agreed adult will also accompany the above person to their appointments.

I have been informed by _____ (hypnotherapist) that I must consult a doctor concerning the health and wellbeing of my charge, according to Law.

I have read and understand the agreement and give permission for any treatment to take place.

Signed _____ (Parent/Guardian) Date _____

Print Name _____

Therapist's Signature _____ (witness)

Have a story to Share?

Happiness and Why men don't to therapy

Contact Penny Ling on journal@afsfh.com

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http://issuu.com/pennyling/docs/metamorphosis_issue4_winter2013/1

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web format) photographs are to be attached separately to the document; **please do not embed**. Please make sure there are no copyright issues with the photographs sent, and that all photographs are originals. These must be sent as a .jpg file. Any articles must have the references included and numbered.

If you have any case studies, scripts, metaphors, book reviews, news, areas you feel we need to investigate, then don't hesitate to get in touch.

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Don't Forget!

If you are a member of the NCH, then you can register your details of your supervisor (If they have been accredited by the NCH) with them - online. www.hypnotherapists.org



Chairman and Trustee: David Newton

David Newton founded the AfSFH and is an avid supporter of getting the word out to the public of what Solution Focused Hypnotherapy is all about. His inspiration brought the Association to life and has allowed us to flourish rapidly in our early days. His support of all that we do is greatly appreciated.



Trustee: Nicola Griffiths

Nicola did a wonderful job as secretary but has had to step down, but remains a trustee. The bee in her bonnet is to support both newly qualified and experienced Hypnotherapists in their careers, so she comes up with many of the initiatives that help our members improve their businesses.



Trustee: Susan Rodrigues

Susan is our mainstay who oversees our Executive meetings to ensure we're on the right track! Her knowledge ensures that our brain waves keep to the ideals (and regulations) of the solution focused world.



Trustee: Matthew Cahill

Matthew is one of our Trustees whilst also being heavily involved in training Solution Focus Hypnotherapy. He also helps us optimise the Association's web site so it appears on Google.



Company Secretary: Sharon Dyke

Sharon has taken over the role of Company Secretary for the association - is there no end to this woman's talents! Additionally she wears our Legal hat, keeping an eye on things such as Data Protection etc.



Journal Editor: Penny Ling

Luckily for us, Penny was in publishing before she became a full-time Hypnotherapist. Working with a team of volunteers who submit articles, Penny (amidst occasional tearing out of hair) writes, designs and produces our amazing Journal which has received unprompted and excellent feedback, and Metamorphosis which brings our articles to the attention of the public.



Assistant Company Secretary: Debbie Pearce

Due to the shift around of positions, Debbie has stepped up to the plate to help Sharon Dyke complete the transition from association to a regulatory body, and driving the association forward.



Marketing Officer: Dipti Tait

Dipti has agreed to step into the shoes of Debbie, taking over the marketing and she now has responsibility for our press releases and those lovely e-newsletters you receive!



Treasurer: Denise Barkham

Denise has the responsibility of keeping us in line when it comes to spending money, keeping a tight hold of the purse strings and balancing our books!



Website Manager: Trevor Eddolls

Trevor, for his sins, is charged with updating the website and inspiring us with ideas to further progress the site. A challenging and key role as we grow bigger!



Assistant Journal Editor & Membership Processing : Kim Dyke

Kim has thankfully come to the rescue of Penny who was drowning under a mass of admin and chasing up copy so Kim will be the liaison between writers and the editor in the future. She has also taken on the role of processing the membership, both new and ongoing.

Administrative Secretary: To be announced