

# HYPNOTHERAPY TODAY

ASSOCIATION FOR SOLUTION FOCUSED HYPNOTHERAPY

Edition 16, Summer 2015

## EXERCISE BENEFITS

**Including:**

Anticipatory Nausea

My First Year in Practice

Interview with  
Stephanie Betschart

Are You Charging  
What You're Worth?

**AfSFH**.com

Association for  
SOLUTION FOCUSED HYPNOTHERAPY



## A message from our Chief Executive Officer:

I took over in September 2014 from the position of Head of Research & Campaigning, stepping into Sharon's shoes reasonably comfortably to find a well run organisation. The Executive Team has seen many changes including key personnel but, personally, I feel we are in an even stronger place now to move forward through 2015 and beyond.

This period has been about consolidation but with a very firm eye on future progression and expansion. We must ensure that our foundations are correct to enable sustainable growth, this has come in the form of Enhanced Disclosure Barring Service (DBS) checks, self certification and a Compliancy Officer, ensuring we uphold the correct legal and ethical standards for our customers.

We have had some fantastic individual achievements over the last few months from our members including articles published in distinguished scientific journals, first time and experienced authors publishing in and around our field and local radio broadcasts to name but a few.

CPHT teaches excellence and our Association upholds it. Our Association is a platform to promote Solution Focused Hypnotherapy and, importantly, its members that practice within it. That is why we have invested in our new look, fully functioning website that is ready to launch very soon. We need to be on the 'front page' of search engines promoting our practitioners and, in a short space of time, this is where we will be.

This year is going to see growth due to more students than ever being trained, it's a great time to be a hypnotherapist and as David Newton would say, make sure you "enjoy it!"

**David Mclean**  
CEO, AfSFH.



Association for  
SOLUTION FOCUSED HYPNOTHERAPY

The Association for Solution Focused Hypnotherapy (AfSFH) ensures that it retains the highest level of professional standards from its members by adherence to its strict ethical code and structure.

The AfSFH also aims to raise the profile of the beneficial nature of Solution Focused Hypnotherapy to a wider audience, including the general public and businesses.

The AfSFH is proud to adhere to the top official standards both as a working board member of UKCHO (United Kingdom Confederation of Hypnotherapy Organisations) and also as a Verifying Organisation for the CNHC (Complimentary Natural Healthcare Council).

The CNHC is the UK voluntary regulator for complementary healthcare practitioners that was set up with government support to protect the public by providing a UK voluntary register of complementary therapists.

## Bienvenue...

Welcome to the "new look" Hypnotherapy Today magazine. As many of you will know, Penny has provided a sterling service as Editor of Hypnotherapy Today and has stood down from this role. We can only thank her for her tireless work and the wonderful contributors found in this "new look" edition are very much the fruit of her labour!

We hope that future editions will include regular items on technology, book reviews and, of course, your letters which can be e-mailed to me at: [afsfhjournal@gmail.com](mailto:afsfhjournal@gmail.com) or sent to the postal address at the bottom of the page.

Much is included in this edition – including constructive advice on pricing, how Solution Focused Hypnotherapy is being used to ease anticipatory nausea for cancer patients and, with summer now here, then what better time to start to raise fitness levels by heading outdoors!

This magazine cannot run without you! So, if you have an idea for an article then we want to know. Enjoy your edition of Hypnotherapy Today!

**Duncan Little**  
Editor - Hypnotherapy Today



## Contents

Issue: Summer 2015

- 4. **AGM Report**
- 5. **Exercising benefits  
Trevor Eddolls**
- 8. **Interview with  
Stephanie Betschart**
- 11. **Alex Bronger explores  
costs for your business**
- 15. **Dorothea Read  
examines her work  
helping cancer patients**
- 18. **Danielle Collins tells of  
her first year in practice!**

### Stuff:

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

Hypnotherapy Today address: Journal of the Association for Solution Focused Hypnotherapy, 8 The Crescent, Plymouth. Devon. PL1 3AB

Email: [journal@afsfh.com](mailto:journal@afsfh.com)

Editor: Duncan Little

### Disclaimer:

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

# AfSFH Facebook community doubles in number!



## Membership numbers for the AfSFH Facebook group have rocketed by 100%.

The incredible success of the FB group was among the many topics discussed at this year's Annual General Meeting, held at The Clifton Practice in Bristol on Sunday 1 March. The fourth AGM was attended by members of the Executive Committee and also a number of AfSFH practitioners. David Mclean, CEO of AfSFH, opened it by explaining he had taken on the role in September 2014 and that, before then, he had been Head of Research for the AfSFH.

He said that, following a period of consolidation, then the focus was now on growth and expansion which would be helped with the new look website as it would promote membership growth. He also mentioned how one member was working with cancer patients with the aim of alleviating nausea caused during their therapy.

High on the agenda were the new Advanced DBS checks which are coming into effect for the Association and the meeting heard that such measures will set us aside from other organisations.

David Mclean talked about how compliancy will work and explained a dedicated appointed person will check a percentage of the membership.

Since the AGM, Colin Hudson has posted on the AfSFH FB site that he has taken on the role of AfSFH Compliance Officer (which started in April). In his FB post, he writes, "This position has been developed to aid members in understanding, accessing supervision and clarifying CPD requirements."

"One of my tasks will be to check up on at least 10% of our membership to check compliance with the AfSFH regulations, with names supplied at random by the Head of Membership, Denis Caunce."

The Facebook community has grown from 80 to 160 members and the AGM heard that it

is a "thriving community." The new website is now up and running with the use of Wordpress (which aims to ensure access is easier).

David Mclean also highlighted how Solution Focused Hypnotherapy has received a rise in its public profile with a number of AfSFH therapists taking part in radio interviews for both BBC Radio Two and BBC Radio Cornwall.

Practitioners have also included their work in psychological journals. Nicola Griffiths and Debbie Pearce will be holding a "How to Run Your Business" CPD session for members (both at The Clifton Practice in Bristol and also at The Observatory Practice in Plymouth).

Denise Barkham, Head of Finance, talked through the profit / loss ledger and a full breakdown of the figures can be found in her report. She noted that the AfSFH was building its reserves which was good for its future security and also allowed for sound financial judgement to be made on behalf of all of its members.

The AGM also heard that Penny Ling was leaving the position of Editor for the Association's magazine, Hypnotherapy Today, which would now be edited by Duncan Little. Voting was carried for the adoption of the AGM's 2014 minutes together with the Annual Report and Accounts (for the financial period ending 2013).

Appointments were all successfully nominated and seconded before being carried for the following positions: David Newton as Chairman of the company, Susan Rodrigues as Director of the company, Matthew Cahill as Director of the company, David Mclean as Chief Executive Officer, Denis Caunce as Head of Membership, Tiffany Armitage as Head of Research and Campaigning, Trevor Eddolls as Head of IT, Denise Barkham as Treasurer and Duncan Little as Head of Communications and Marketing.

The AGM closed with David Mclean saying that the organisation was keen to see continued growth in its membership as it moves forward with its plans for members to have self certification in place for both insurance and DBS checks.

## Burn off that Easter chocolate with exercise for better health and toning

### Trevor Eddolls looks at some fact-based advice for burning calories and getting the most benefits from any exercise you do.



Often hypnotherapists are asked by weight management clients for some hints and tips on how they can lose weight, and the therapists often doesn't know much more than any other member of the public about what works and what doesn't, and probably suggests they join gym. Anyone looking to get fit should seek the advice of a fully qualified personal trainer and perhaps go to see their doctor if they are concerned about aspects of their health.

Obviously, in terms of general health, then there are two things people can do straight away that will make them feel healthier: Stop smoking – statistics indicate that smoking shortens a person's life by eight years.

Eat their five a day – eating five portions of fruit and vegetables a day extends a person's life by four years (mainly by reducing the risk of heart disease).

While joining a gym is good, actually going is better! Once the client is there, then research suggests it seems that aerobic training is better for their brain than just toning and stretching exercises.

Worryingly, a study of people between 1971 and 2009 found that the least fit people are almost twice as likely to go on to develop dementia than the fitter people. So it's well worth getting fit for just that reason.



Numerous reports suggest fitness is more important than fatness. One Dallas study, conducted over eight years, found fit people lived longer than unfit people, irrespective of their weight.

Perhaps, not surprisingly, a 2013 University of Illinois report found that exercise plus diet produced the biggest weight loss in people (in a study stretching over six months). But just doing exercise isn't the complete answer. Excessive exercise can damage your joints and so take the advice of that all important qualified personal trainer or gym instructor. For people who haven't exercised for a while then a trip to see your GP may also be helpful prior to starting to exercise.

Research indicates that jogging can add about four years to a person's life. But it's best for clients not to jog for too long and not every day. In fact, it's best for them to jog for about 20 minutes every other day. Doing more running doesn't seem to result in an equivalent amount of more benefit.

VO2 max is a measure of the maximum amount of oxygen that a person's body can use while they are doing intense exercise. It's an indirect measure of how good a person's heart and lungs are at getting oxygen into and round their body. VO2 max increases in response to exercise and people with good aerobic fitness are less likely to get heart disease, diabetes, cancer, or dementia.

So, how much exercise should you do? Well, a University of Pittsburgh study in 2008 found women in the 2-year study needed to do a whopping 70 minutes of exercise five days a week to keep their weight down. Eating a banana gives you 90 calories, which you can burn off by running 1.1 miles or walking for 50 minutes. A large chocolate muffin (480 calories) would require a 6-mile run or walking for three hours and 20 minutes. A pound of fat has 3500 calories in it, which means to lose that pound of fat would require you to run for an hour a day for six days.

Alternatives to running are available, what about weight lifting? Apparently, a gentle stroll burns more calories. And even the thought of doing exercise can encourage some people to eat more in readiness. A 2012 study found that people lose less weight than they expect because:

- They underestimate how much exercise is needed to shift fat
- They compensate by eating more



.....  
*jogging can add  
about four years  
to a person's life*  
.....



- Exercise has less effect in maintaining your metabolic rate than was thought.

It seems that running for an hour a day for five days a week (without any additional eating) produces a weight loss of about 3lbs in the first month. After six months, the monthly weight loss will be down to half (1.5lbs). After 12 months, it will produce a weight loss of a mere 0.4lbs.

## So, what works and doesn't take up hours in a day?

The answer seems to be High Intensity Training (HIT). It takes three bouts of 20 seconds, three times a week to lose weight, particularly around the stomach, and also to help avoid type 2 diabetes. Studies show that HIT will get you aerobically fitter and improve insulin sensitivity faster than standard exercise. It's also the most time-efficient way to build muscle tone and lose fat.

An Australian study compared women doing three lots of 40 minute moderate intensity cycling against a HIT group alternating 8-second sprints and 12 seconds gentle cycling. After 15 weeks, both groups were fitter, but only the HIT group had lost weight, the other group actually put on weight. For a similar test with men, it took six weeks of HIT before they started losing fat. So, perhaps it is fair to say that there may be a time lag before they start to see results.

When it comes to eating, a French study found that people doing HIT actually ate less than people who weren't, indicating that HIT curbs people's appetite. Studies using buffet meals show that most people eat more if they think they are going to do exercise, and reward themselves with food once they have.

But what exercise your clients do is only part of the story. There's a huge variation in how people respond to an exercise regime, and this seems to be explained by 11 genes out of the whole human genome (an estimated 20,000-25,000 human protein-coding genes). The more 'positive' genes your clients have, the fitter they will be and the bigger improvement in all areas they will make. The fewer 'positive' ones they have, the harder they'll find it to increase muscle strength and VO2, for example.

So, the bottom line for clients trying to lose weight is that they can do it with much less effort than they thought. But they do need to eat fewer calories and they do need to exercise – it's just that the exercise won't take up too much of their time to get a positive effect. HIT has a proven track record (Roger Bannister used it to train for his famous sub-four-minute mile run in 1953). But there are some people who have the wrong genes to ever aspire to being a top athlete.

*Trevor Eddolls is a supervisor and hypnotherapy master practitioner who is based in Wiltshire. He is also Head of IT for AfSFH.*

# AfSFH interviews Stephanie Betschart

Wednesday, 28 January 2015



## Originally, where did you train?

I trained at the Clifton Practice, but I also had some comprehensive counselling training years ago in the context of supporting women who self-harm.

## What was the year that you qualified?

March 2009 – oh my god, coming up to six years!

## Do you have any additional hypnotherapy qualifications (i.e. CBT etc)?

I went straight on to do the SFBT – solution focused brief skills for hypnotherapists.

Since then, of course, I have attended a number of weekends and workshops at the Clifton Practice, such as childbirth.

I also have the NLP level 1 qualification.

## Do you have any positions held in any organisations, i.e. AfSFH, NCH etc?

I had the great pleasure of being there at the start of the AfSFH as the Treasurer, setting up the basic financial systems and the first two annual returns.

## How many clinics do you work from?

Well, I started working from three different locations, but now I just work from one. I find that being based in one place is benefiting me and my clients. I am less tired, happier and my clients don't want to leave therapy... so, something is working!

## How many clients do you see in a week?

That can vary quite a lot still, last year was between 9 and 13 clients a week. This year it has dropped down a little bit. I have had problems with my health and family health too,

and it seems clients 'know' that and give me the space I need at the moment. The most number of clients that I feel comfortable with is 14.

## Was your journey to Hypnotherapy influenced by your Buddhist faith?

Yes, of course, massively. I have been practicing Buddhism and meditation seriously for 19 years now and have been ordained for 6 years (I am like a Buddhist vicar if you like)! So, Buddhism is my life and everything else has to fit around that, from a lifestyle, ethical and spiritual point of view.

I came to a point in my life where I very much wanted to find a job that would support my spiritual practice as well as being informed by it directly, that's what motivated me to take the plunge with hypnotherapy – I felt there were compatible and mutually supportive activities.

For example, I know the value of 'skilful means': what might be helpful to one client, is not the same as to another and it is not always about being 'nice' or how I might come across. So, in other words, in the therapy room, it's not about me, but about what's needed and what is going to carry the highest gain for the client.

Obviously both Meditation and Mindfulness influence my practice. I will use those skills for myself when I need to, for example, I might practice the Metta Bhavana (loving kindness) meditation before a tricky client! And I practice mindfulness with clients as well, when appropriate, I teach them about thoughts, body awareness and encourage them to listen to their hearts more.

I follow that through with them of course, they can get it wrong! Quite a few people mention my Buddhist background at the initial consultation, even though it isn't very obvious from my website.

## What did you do before you trained as a hypnotherapist?

I was an accountant, and still am apparently! I was the finance manager for an International Charity. I come very much from a charity and volunteering background and still want to be connected to that. Working in charities can be a great stimulating and supportive environment. Mostly I went into accounting and stayed in it for ten years because I could see that it was helping people, helping them to make decisions and to go out and save the world. And I could just be in the background supporting that.

## Did anything you did in the past, help you in building up your business?

I guess being an accountant, though I was a charity accountant, it still helps to have a down to earth approach to business. But, designing leaflets and website, marketing myself, all that was completely new. It was a hard learning curve. Also, our work requires being a bit extrovert, and being cheery for clients, that was not something I learnt as an accountant!

My own experience of dealing with anxiety, low self-esteem and IBS keeps being a source of motivation and understanding. When my anxious clients act in less than ideal ways, like turning up late, I remind myself of what it is like to be in such a panic state all the time. Being an ex-smoker too helps me empathise with smokers and their difficulty in giving up, I don't judge them and people can sense that.

## David Newton often says that therapists become successful because of their engaging personalities, what other attributes do you feel are important?

Yes, I agree. I think it also takes resilience, being self-employed is not all rosy. You have to be willing to see past the immediate difficulties and challenges, such as marketing or low times, when they arise and keep going. You also have to bring in your life experience as a whole to be able to think outside the box sometimes.

## Meditation and Mindfulness influence my practice



Personality is not all that counts though, at the end of the day it's about the clients, compassion and empathy are pretty crucial qualities to develop.

**Do you have any Hypnotherapy or psychotherapy heroes, and why them in particular?**

This is a trick question! I have two heroes at the moment and they are not hypnotherapists! The first one is Jon Ratey, because I'm reading his book "Go Wild", which is very stimulating and helpful to quote with clients, it is very practical no-nonsense science and lifestyle advice that we all need in order to live a more wholesome fulfilling life. What he says really fits in with our approach and the kind of things our clients struggle with.

The other one is Rick Hanson because he is a Buddhist neuropsychologist: how sexy is that?! I understand what he is talking about (we share a Buddhist language) and his work has helped me greatly to integrate my Buddhist knowledge and experience into my hypnotherapy work.

**How do you get your clients? Do you have referrals from other health professionals or is it through advertising?**

I get most of my clients through online advertising and leafleting. Having said that, referrals have been growing a lot in the last two years and they can come from previous clients and other health professionals such as chiropractors, massage therapists, GPs and acupuncturists.

**Often when therapists start out they like to focus on one particular thing like weight loss, or stop smoking, but then have changed to other areas as they gain more experience, which areas do you enjoy most now and why?**

I didn't specialise in anything to start with because I didn't want to limit myself and wanted to learn as much as possible. Also, sometimes, having a specialism is provided for you rather than the other way round! You know, when you suddenly have three clients with jealousy issues calling in the same week!

Most of my clients have high anxiety levels, that's what we deal with isn't it?! So, I could say anxiety and depression are my specialities. I also really like working with IBS. Maybe because I use to have it a lot, and still do very occasionally: I find it very rewarding because of the "wow" factor, the smile on people's faces and the hugs after a few weeks!

Smoking is still a favourite of mine: as an ex-smoker myself, I get it, and I know I can help.

**Do you take credit cards, or do you have any payment schemes?**

I don't take credit cards at the clinic, but I have a PayPal facility on my website that can be used for deposits and emergencies. I could link my PayPal to my phone, but I have seen it done and found it a lot of faff, very slow and not great if connection is not optimum. On the whole people are happy to pay cash or cheques.

**Do you do anything else that uses your skills in hypnotherapy outside the clinic room?**

I have run some workshops and courses. I have really enjoyed running my confidence course in the past. Though I am not at the moment, I have a lot of ideas! I just don't have enough time to do it all!

**Some people will give up their day jobs way too soon to pursue Hypnotherapy, what one piece of information would you have liked to have known, which you found out the hard way, before going full time?**

I haven't found anything out the hard way, which I wish I had before going full time. I planned and timed it all carefully. But, no matter how much you plan, you just never know how long it will take for your business to be self-sustainable, and it can be very up and down.

So, I would say don't burn your bridges, don't fall out with your old boss or colleagues, you know don't slam the door saying 'so long suckers, I'm off to live the dream'. You just don't know when you might need a part time job to support you again.

**If you could give one tip to a new graduate, what would that be?**

Follow your heart. There is no one way of doing this, except your way. Then, plan, be realistic and think straight. Also, do go to supervision and make friends, build a network of buddies for support. We are not immune to life, we also need to have the support, the network, the exercise routines and some activities that are not hypnotherapy related. But, on the whole, just be you and enjoy it!

*Stephanie was speaking with Penny Ling and her website can be found at:  
<http://www.stephanie-hypnotherapy.co.uk>*



## Alex Bronger asks that all important question, **Are you Charging What You Are Worth?**



**What is an appropriate amount to charge our clients is a constant source of robust discussions amongst the hypnotherapy fraternity. The going rate for an appropriately qualified Hypnotherapist seems to have been in the vicinity of £60 for quite some time now.**

**I know some, especially those that work from home, charge less and others (like me) charge a little more. However, over the last few years inflation has eaten into the value of that. Whilst I agree it should never be all about the money, I hope to outline in this article why we should re-evaluate our charges.**

### **It's About Time - A Couple of Benchmarks.**

From the research I have done the going rate has been around £60 since at least 2007. I recently asked several Hypnotherapists who have been qualified for at least that long what they were charging back then. All said £60 per session. Allowing for inflation, today's equivalent of 2007's £60, is £75.76! To reverse this calculation charging £60 today is the same as charging £47.52 back in 2007.

I completed my course at the end of 2011 when David Newton was advising we should charge at least £65 a session and we should certainly charge at the top end of whatever was being charged in our geographic location.

I started charging £60 before increasing my prices 18 months later to £65 and starting to charge £30 for the Initial Consultation. Using an "inflation calculator" then today's equivalent of

2011's £65, is £72.69. I will be increasing my prices to £70 in March 2015, and I know several Hypnotherapists will have beaten me to it by then. During a conversation with David Newton in September of 2014 he suggested that £75 per session would be an appropriate fee.

What is also important to remember here (assuming you have not increased your prices recently) is that not only have you had a very significant revenue reduction in real terms your costs have undoubtedly increased in that time. Clinic fees, marketing costs, accountancy fees (if you pay them), insurance costs etc. have not stood still. At the very least these will have kept pace with inflation.

So if you trained in 2011 (as I did) then your costs have likely increased by nearly 12% and your revenue, in real terms, has reduced by the same. If you've been charging the same since 2007 then real term revenue has dropped by over 25% and your costs have likely increased by over 25% too!

Let's take a look at another benchmark: the VAT threshold. I am not an accountant but it seems to me that most Hypnotherapists would see no benefit in exceeding this threshold. However, I do not think it is unreasonable for any Full Time Hypnotherapist to view this threshold (or perhaps a small amount short of it) as a realistic and achievable revenue target for their business. Thousands of other less skilled small businesses do, so why shouldn't we?

Part of the reason for having the threshold there is to allow small business owners like us to run our accounts simply and without the need to charge VAT on our services. For the 2007/08 Tax Year, the threshold at which small businesses have to register for VAT was when revenue exceeded, or looked like it would exceed, £64,000 per year. Since then, it has increased by 26.5% to £81,000. Back in 2007 a busy Hypnotherapist charging the going rate of £60 per session could see 23 clients a week for 46 weeks of the year before running the risk of exceeding this threshold. To run the same risk in the 2014/15 tax year, seeing the same number of clients, over the same number of weeks of the year our busy Hypnotherapist would have to be charging £76.50!

### Our Job Can Be (Very) Hard Work:

A while ago I was reminded of just how hard the work we do can be. I found myself dealing with an unplanned visit from a highly anxious client who felt unable to contain his suicidal thoughts, and couldn't stop self-harming whilst having a panic attack in front of me. The session left me physically and emotionally exhausted, but I had another two clients booked in back to back after that.

It reminded me that we have to have an unrivalled flexibility of thought as one minute we are dealing with a 15 year old girl who is struggling with the school bully; 20 minutes later we are welcoming in to our clinic a highly successful business man who's been told to slow down or face another heart attack, and then a short while after that dealing with a middle aged lady who's facing a battle against an abusive husband. We give them our all.

Then, after a quick cup of tea we have to put our Marketing Hat on to make sure we have more of the same booked up in a few weeks time; or we put on the Finance Director's hat on and sit down in front of a spreadsheet to do the accounts in such a way to keep HMRC (or the Accountant) happy!

Don't get me wrong I love what I do, but that little lot takes skills, lots of them and flexibility in their use. I don't think it unfair to expect such a skillset to be appropriately rewarded.

### We're Different - Be Careful Who You Compare Yourself To!

I was having a conversation with a Psychotherapist a little while ago. They charge £50 per session. My immediate reaction was, "Wow! That's not a lot! After you've paid your clinic fees that doesn't leave much", but as the conversation developed I realised why. They complained that in the previous month they had lost three clients. "Only three," I thought to myself, "but that happens to me every month!" Of course, there are many different models of Talking Therapy and if your model demands clients return week

*I don't think it unfair to expect such a skillset to be appropriately rewarded.*



after week for many years (which it did in this person's case) then you can probably afford to charge less because there is less pressure to find replacement clients. That means less marketing overhead in money, time and energy.

Similarly some Osteopaths (most of the ones I know charge the same or more as Hypnotherapists) will have people come back once a fortnight or once a month sometimes for many years. Once you have built a strong customer base you can be confident that there'll be steady stream of people coming back for session after session. We all have different business models. Ours normally involves seeing people for a couple of months (preferably longer) before sending them on their merry way. Of course, we will often see people for top ups and perhaps different conditions, but in my experience we do not get the same client return with anywhere near the same consistency as a Massage Therapist or an Osteopath might.

At the other end of the scale, a while ago, I read that each 10 minute appointment with an NHS GP costs £45-50. A recent visit to a private medical company's website advised that a 15 minute consultation with one of their doctors costs £70. It came with a warning that the £70 covers the consultation only, any tests or additional consultations would attract a further cost. Whilst I appreciate that GPs demand, quite rightly, a much higher salary, it's interesting that their consultations are deemed to be worth a similar amount to ours (only theirs last only a quarter of the time). I find that especially interesting as their primary tool is usually the prescription pad.

An hour's consultation with a Psychologist typically

costs in excess of £100. How many times have you seen a client who's been down the Psychologist route before landing on your doorstep because you are "their last hope"?

When comparing what you charge to salaried positions bear in mind that a quoted salary will probably represent less than half the cost of that employee to the business placing the advert. In your case, your business has to foot the bill of those costs and that has to be reflected in your fees. The national average salary is £26,500 (I believe we deserve to be paid significantly more than the National Average)! That means for every person who earns the national average, the organisation who employs them will have to fork out over £50,000 to pay, train, provide office space, tools to do the job, pension contributions, holiday cover etc. How many clients do you need to see to generate £52,000 of revenue per year?

### We Make a Massive Difference to People's Lives:

We all know this. Usually it is not a priority to our client but sometimes there is a very obvious, very real and very quick financial Return on Investment (ROI). I list here some examples from my Practice, not to boast but only to make the point. And remember these are really obvious and immediate ones; I'm not talking about a ROI people may experience over many years of changed behaviour:

- A client who'd tried to commit suicide twice. She had ten sessions and was back working part time feeling "the happiest I've been".

- A lady who resumed her career after gaining control over her IBS.
- A client who saved £50 a week by stopping bingeing on chocolate, biscuits and crisps.
- A businessman who reckoned he improved his efficiency at work by 40% by beating his addiction.
- A young man who went from smoking cannabis every day to only once every two weeks (you win some, you lose some)!
- And, of course, the one we are all very familiar with: The smoker who saved £70 a week by beating his/her smoking habit!

Less obvious but by no means less important: How much is a life free of IBS, anxiety or depression worth? How much is a life free from diabetes caused by obesity worth? How much is a life lived with a feeling of confidence and connection to the world worth?

### But You're Struggling to Get Clients and There's Lots of Competition:

This is true for a lot of us. However, charging less than the competition is NOT the solution, not least because it means that you need to see so many more clients to make a reasonable living. abHypnotherapy is my fifth business (if you include a Young Enterprise Business, a gardening business and a car washing business I set up between the ages of 12 and 18)! Before that I owned a business called EQ which tried to provide top end(ish) Wellbeing Weekends at Rock Bottom prices. It did not work! My pricing strategy was entirely wrong, I only ever attracted people looking for discounts who were spreading the word to people who were also looking for discounts.

Pricing is only one factor in your overall marketing strategy. It is the one that people get wrong the most and normally by charging too little, not by charging too much. The difference between EQ and abHypnotherapy (apart from a few years of experience) is that I am 100% confident that the service I provide my clients is top notch. My prices have to reflect that otherwise my clients may not start with the same belief that I have!

Undercutting works for the likes of cheap airline providers who can provide mass volume, and charge for "up-sells". It rarely works for people

who sell their time, because we all have limits on that resource. Charging less than your equally qualified colleagues will put more people off than it will attract.

In fact, in my view, if you charge less than your competitors, and your clients know this, then you are on the back foot straight from the start.

### So You Want to Charge More But Are Still Nervous!

Remember This: Clients are not paying you! They do not give you £50 or £60 or £70 for you to slip in your pocket and pop to the pub with! Clients are paying your business, which has a broad range of costs and overheads, of which you are only one. The vast majority of clients get this. They understand that you are a highly skilled practitioner working for a business that has overheads. When you take your car to be serviced you understand you are not just paying for the mechanics time.

Tell yourself (and your subconscious) that YOU ARE WORTH IT! If you've been thinking about it then just go ahead and do it now! If you don't then each time you take your fee from your client, your subconscious is being reminded that: you're not sure; you're a little bit frightened; you've not quite got the confidence and maybe you're not worth it just yet... we all know where those thoughts can lead!

If not now, when? You are going to have to put your prices up some time. The longer you leave it the more your costs will increase to keep up with inflation, and the more the value of your revenue will fall in line with inflation and you will have even less financial reward for your (very) hard work.

It's not difficult: I shared the above Inflation and VAT Threshold calculations with one of the Hypnotherapists who had been around since 2007. Within two hours she had increased the prices advertised on her website. Job done! Crunch the Numbers: You don't need to increase your prices by much to make a big impact on your earnings. Let's say a Hypnotherapist charges £60 a session. Costs represent 35% of this or approximately £20, leaving £40 net profit. Increase the fee by 8.33% (to £65) and you increase your net profit by 12.5%. This obviously means you can see 12.5% fewer clients and still earn the same money, or see the same number and increase your earnings by that amount.

Alex runs two practices, one in Stroud and the other in Cirencester. His website is <http://www.abhypnotherapy.co.uk>

## Dorothea Read provides an insight into her work of helping to try to reduce Anticipatory Nausea and Vomiting in hospitals.



### I have an honorary contract with my local hospital to provide hypnotherapy to people having chemotherapy for treatment of haematological cancers.

I work with in-patients on the ward and day-case patients in the day unit. The most common problem clients want my help with is Anticipatory Nausea and Vomiting (ANV). In my experience, it responds very well to Solution Focused Hypnotherapy.

ANV means feeling sick or actually being sick in anticipation of something that previously made you sick. Some people feel sick (nauseous) when they see someone vomiting and some people will retch if they smell something really bad. It is this pathway that can be triggered when people know that they are about to have chemotherapy.

Chemotherapy just means 'treatment with chemicals' but we now use the word to describe the drug treatment given to people with cancer. The term 'chemotherapy' is used because the drug treatment is a combination of many different drugs. Different chemotherapy drugs are used in different cancers and in different combinations depending on many different medical factors, so an overarching term is used.

Chemotherapy (very basically) kills all fast-growing cells (and cancer cells are fast-growing). Amongst other fast-growing cells are hair root cells (hence the hair loss) and cells in the gastrointestinal tract. Chemotherapy can have emetogenic effects (emetogenic means something that makes you sick, genic means causes). This means it causes sickness. Anti-emetic drugs are always given with chemotherapy, but the extent that they prevent sickness varies in different cases from being very effective to not being very effective at all. Importantly, this is not ANV (it is not anticipatory) and the interplay between the chemotherapy and the anti-emetic drugs is not something hypnotherapy can influence, for example with an emetic drug one would be sick even if unconscious.

ANV affects around 50% of people having chemotherapy; it is more common in people under fifty years old than in older people, and is slightly more common in women than in men. To explain what is happening, it is useful to look at the negative thoughts that are common when we hear the word 'chemotherapy' We all have an idea of what chemotherapy is from our layperson's point of view. As cancer affects one in three people at some time in their lives and 50% of these will have chemotherapy, it is statistically likely that we've all heard something





about it. If you ask your friends what they think about 'chemotherapy' they will say 'cancer' or 'hair loss' and probably 'sickness'.

This is our cultural construct of the term. (If someone said 'Wedding' your culturally constructed idea may bring up images of a white dress, cake, groom, buy a present and so forth.) As hypnotherapists we are very familiar with the concept of a word conjuring up an image or feeling so if you had to attend hospital for chemotherapy you may already have a negative forecast of nausea or sickness. To illustrate the creation of ANV imagine a client (this is a fictional client to comply with confidentiality) called Ann. She is 45 and having chemotherapy for cancer. (It doesn't matter which particular cancer she has: in fact discussing which cancer it is puts us at risk of being seduced by the problem). This is Ann's first time on the day unit. She is a little apprehensive but the medical staff have been fantastic: she feels supported and she understands the process. Ann has a needle inserted into a vein and a drip put up.

Ann is sitting in a recliner chair surrounded by other people having their chemotherapy too. Someone sitting on the far side of the bay is sick. Ann's apprehension builds, but she's doing okay. She has had her anti-emetic drugs. Ann spends about three hours in the Day Unit and then goes home. She is very tired (this could have multiple causes, the anti-sickness drugs, the stressful day etc). Ann feels under par and her family say 'Oh, you poor thing? Was it grim?' Later on, Ann feels sick, but she has tablets to deal with this and takes them. She has coped well with an event that was unpleasant.

Three weeks later, Ann has to do it all again and she is not looking forward to today and looks towards the future seeing only more chemo sessions as she is scheduled to have six sessions, three weeks apart in total. Today has been preying on her mind for the last 24 hours, she remembers the man who was sick last time. She sits in the recliner chair and the feelings come flooding back (her memory of the last time is strongly triggered now by the environmental clues too).

'How are you?' says the nurse. 'I feel sick. Can I have a bowl just in case?' says Ann. Negative forecasting has bred anxiety, making ANV much more likely.

In psychological terms this is classical conditioning. The patient's sickness is linked in time and space with the hospital experience (from the smell of the antiseptic to the feeling of the needle). This means that the next time the

patient goes for treatment they can feel sick even before any drugs are given. It is, in fact, a skill we animals have in order to survive. If you eat something that then makes you sick, you won't want to eat it again. Although this works well if you are back in the Stone Age, you found bad food in the forest, and you want to avoid it in the future, it is not so helpful when you're a twenty-first century person undergoing chemotherapy.

### **Hypnotherapy in this case aims to relax and distract the person before the treatment so that their nausea is reduced (and hopefully, eventually stopped) during this stage.**

In this way, the hospital experience is not coupled with the nausea (or at least the nausea is reduced) so that the connection between the two are weakened. The ideal outcome is for the person to not associate the hospital experience with feeling sick and so they do not feel sick before being given any emetic drugs.

As hypnotherapists we are very familiar with what has happened here. How do we help Ann, who has four more sessions to go after this, and who now feels sick before each session? ANV tends to get worse each time. I have adapted our solution-focused model to suit the hospital environment. Returning to the story of Ann, our fictional patient, as the department's hypnotherapist I have been asked to see her for 'ANV'. The first time I see Ann, she is sitting in the chair moments before the chemo starts. Very often the first time someone asks for my help is moments before the chemo. In an ideal world I would see Ann in a non-clinical area, take my time and do some 'stress bucket emptying' first, but we are solution focused so I work with the situation I have and not the one I would like.

My IC will have to be brief and to the point, and I will have to move straight into the first session to help Ann's experience today. I explain who I am and, using the primitive brain and intellectual brain drawing, I explain classical conditioning. I replace the usual analogies we use with a story about poisonous berries, saying if the chemo was a poisonous berry our body's response would be perfect. I describe our mind's ability to override the cascade of negative thoughts and bodily sensations by breathing in for the count of five and out for the count of seven. I explain that the brain doesn't so much multitask as split its focus and that by listening to some guided imagery maintaining a hyper-vigilant state becomes much harder. Ann signs the consent form and I start the session. To focus Ann on a positive thought I use solu-



Posed by models

tion focused questions such as, 'What is already working well, so we don't need to do anything about that?'

This can be expanded to questions like, 'What tips do you think would be helpful for you to pass on to other people having chemo?' (The answers to this are very often 'ask family to open windows before cooking anything' and 'avoid strong smells'). This approach works better than asking the 'what's been good?' type of sparkling-moments questions because Ann has not arrived in my therapy room and is not in the hospital by choice. Focusing on what is already going well helps Ann into the right frame of mind for the trance stage. I will do progressive muscle relaxation leading on to a script I wrote called 'Sunrise'. The script is, as ever, indirect suggestion about focusing on the goal you wish to achieve, and no-

ting that the way to get there is one small step at a time.

The guided imagery here is also providing a distraction technique as a way to interfere with the brain's natural tendency to form an association between the benign aspects of the experience (the smell of the room, its colour, the patterns on the curtains etc) and any drug-induced nausea that may still occur. I will leave Ann with a relaxation CD and make another appointment to see her before her next chemotherapy session.

To change a classical conditioning response like ANV requires repeated exposure to the stimuli without experiencing the negative symptoms. Solution Focused Hypnotherapy is able to do this by our understanding of the prefrontal cortex. We understand its role as that of a virtual reality

simulator, described by Dan Gilbert as giving us, "experiences in our heads before we try them out in real life." Ann is going to make the link between the day unit and her chemo sessions as one with a gentle relaxation session that followed a positive explanation of the way our mind constructs a thought, that a negative thought always gives us a negative feeling and that the opposite is true, a positive thought gives us a positive feeling.

Ann starts to feel that her thoughts are not an instruction from her body, more of a suggestion, one that she can turn down. The aim, as always, is to empower our client with the knowledge first and then the tools to apply it.

Dorothea is Founder of Hospital Hypnotherapy Services and co-founder of North Cardiff Hypnotherapy.



## My first year in practice and how to survive yours!

By Danielle Collins

It's easy to remember the date that I qualified – February 14th, Valentine's Day! That day, the class of '59A' stood in a circle, glass of bubbly in hand while David asked us to share our personal highlight of the course.

When it was my turn to speak, out of nowhere, I got all choked up. I think the reality of everything really hit home in that moment; I wasn't going to be meeting up with these lovely people once a month anymore and having to fly the nest was a little daunting to say the least.

As I write so it is mid-January and I am approaching the "full year mark." So, I thought it would be a good idea to reflect and share an honest account of my experience to date. I have to admit it has been an exciting, but bumpy, journey to this point and a very steep learning curve. So much to do and yet no idea how to do it! For instance, setting up a website, choosing a business name, branding, marketing, advertising, flyer design, recording a CD, networking, Google Adwords, social media, deciding where to practice, buying a desk / couch / blanket, finding clients, keeping clients, charging, the list goes on!

Each one of these was a mini hurdle in itself and at first it feels as though you are swimming against the tide - but I can assure you it does get easier. I know so much more than I knew back then. I am much more confident in my knowledge and interaction with clients; this comes with patience, persistence and practice. The three Ps!

### Top survival tips from me:

- Keep learning – read lots of books (including The Chimp Paradox) and implement that knowledge into your sessions immediately.
- Accept that building a business takes a lot of time and effort; keep the day job on a part time basis, if you can, to take the financial stress away.
- Go to supervision, it's an amazing way to feel supported and not alone.
- Meet up and keep in touch with friends from your course on a regular basis.
- Keep yourself busy – even if it means doing freebies for friends / family, it tops up confidence levels and gives you a boost.
- Whatever the presenting problem just trust in the model you have been taught and you'll be pleasantly surprised at the results.
- Look after yourself by following your own advice.
- Don't give up if you love what you do!

What has struck me the most is that other hypnotherapists aren't your competition; they are your support network. From my experience they are only too happy to help - so don't be afraid to pick up the phone or ask to meet for a coffee.

Although it has been a tough year, I can't imagine doing anything else now. It's all worth it after I bounce out of a therapy session with one of my clients and I have a huge smile on my face because I know I have made a big difference in that person's life. You just can't beat that feeling!

If you want to know more about me or my practice; please see [www.halcyon-hypnotherapy.co.uk](http://www.halcyon-hypnotherapy.co.uk)

*Don't give up if you love what you do*



# Committee Members



**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: 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 Focused Hypnotherapy. He is also a director of UKCHO which is involved with moving the hypnotherapy profession forward.



**CEO: David Mclean**

David has moved from the research post to taking on the job of CEO. David champions solution focused hypnotherapy and is extremely keen to help to move our association forward. David says, "There are some fantastic times ahead, one I'm privileged to be part of".



**Journal Editor & Marketing Officer: Duncan Little**

Duncan Little's past was predominately in journalism where he worked for 15 years for various news organisations. He retrained following time as a SFH client himself and has found it useful in his quest to repeatedly run the Paris Marathon.



**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!



**Head of IT: 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!



**Head of membership: Denis Cauce**

Denis will be helping you to renew your membership and resolve any membership issues that you have. Before being a hypnotherapist, Denis spent 30 years in IT, so knows how to switch the computer off and on to get the membership system to work. A definite plus, especially as we grow bigger!



**Head of research and campaigning: Tiffany Armitage**

Tiffany is excited to be joining the parts of her life together to head up the research component of the Association. Having previously studied scientific research to post graduate level, and worked in training people across the globe in scientific methodologies. She says that it is great to be able to now work to inspire and coordinate the efforts of the members of the Association to promote our valuable work.



**In this issue we have contributions from:**



**Trevor Eddolls**  
AfSFH Head of IT and  
supervisor



**Danielle Collins**  
Solution Focused  
Hypnotherapy  
Practitioner



**Dorothea Read**  
Solution Focused  
Hypnotherapy  
Practitioner



**Alex Brournger**  
Solution Focused  
Hypnotherapy  
Practitioner



**Penny Ling**  
Solution Focused  
Hypnotherapy  
Practitioner