

HYPNOTHERAPY TODAY

ASSOCIATION FOR SOLUTION FOCUSED HYPNOTHERAPY JOURNAL ISSUE 3

Finding the right balance -
Interview with neuroscientist
Naeem Iqbal

Business & Marketing
Cleverdons Tom Moffat
advises

Stress Management
with Chris Clarke
from ISMA

**Benefits
Update**

Pain
All in the mind



GETTING THE SOLUTION FOCUSED MESSAGE OUT THERE

with Debbie Pearce

One of the aims of the Association is to make the public aware of the benefits of Solution Focused Hypnotherapy, and during the course of the past year we have been plugging away at the press by:

- ♦ supplying our members with template press releases
- ♦ sending press releases to the national press and industry magazines
- ♦ responding to magazine articles and radio interviews

We're delighted that many of you have adapted the press releases for your own use and have met with some success. It's worth remembering of course that persistence pays off and that even if your local paper doesn't pick up on one story, they may well print the next.

We kicked off the programme with a press release about the AfSFH launch, which was picked up, amongst others, by:

- ♦ **Sidmouth Herald and Midweek Herald** (Debbie Pearce)
- ♦ **North Cornwall Advertiser** (Rita Westlake)
- ♦ **Wilts and Gloucester Standard** (Nicola Griffiths)
- ♦ **North Somerset Times & Thisissomerset.co.uk** (joint Terri Game and Penny Ling)

Helen Rogers enjoyed an early success when a journalist responded so positively to a press release that she interviewed Helen about improving confidence with Solution Focused Hypnotherapy, resulting in a huge spread in the **Bristol Evening Post**.

Similarly Tayma Wallbridge enjoyed a highly visible article on the **Wilts and Gloucester Standard's** website, based on the Eating Disorders Week press release.

Stephanie Betschart caught the attention of Bristol's **Folio Magazine** when she sent them her tailored press release about

Hypnotherapy in the News.

Sharon Dyke persevered - as she'd had no success with her local paper until that point - and was rewarded by an article about Solution Focused work in **Your Somerset**.

Debbie Pearce responded to an article in **Your Healthy Living**, a magazine distributed free via health food shops. She wrote a letter about how to think positively, which was published in the July edition.

Our highest profile mention has to be via Nicola Griffiths' work with a **Daily Express** journalist who wanted help with famine or feast. The journalist wrote a fabulous article about her experiences, resulting in a noticeable increase in the hits to our website and the solution focused message getting out there on a national level.

And our fame hasn't been limited to the written word - Sarah Mortimer managed to give the Association a plug when she was interviewed on **BBC Radio Bristol** about SAD and Hypnotherapy.

There's been quite a mix of responses to the press releases, varying from printing them in full, to smaller snippets gleaned from the text, to incorporating the information into a fuller article around the topic in question.

And these are just the successes that we know about! If you have been lucky enough to have an article printed that mentions the AfSFH, do let us know so we can add it to our register. If you have yet to crack your local press, why not do what many members are doing - adapt the press releases for articles and put it on your website, either in the form of news items or blog.

Good luck - and remember to let us know of your success.

LETTER FROM THE EDITOR

Welcome to issue 3, and by now I'm guessing you've all recovered from Christmas and New Year.

It has been such a busy year at the AfSFH, we've been hard at work, having meetings, discussing a large number of projects by email or phone. The PR team is producing a wealth of material which has been successfully taken up by different publications, and Andrew Workman is doing a great job in finding us bargains and making the life of us therapists a bit easier and saving us money.

There is another exciting project underway at the Clifton Practice too, so watch out for announcements for the new course available later in the year. And thanks for all the Q&As that were returned, just a reminder to those who haven't replied, there's still time to send them to me. This is your journal, so let me know the kind of articles you'd like to read.

Finally I'd like to thank my accountant for giving up his time to write a great article about setting up in business, and Chris Clarke from ISMA for his piece on Stress Management.



Penny

Penny Ling, Editor

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HYPNOTHERAPY TODAY

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The Journal of the Association for Solution Focused Hypnotherapy established 2011 represents the practice of Solution focused hypnotherapy as a distinct profession in it's own right. Membership is open to those practitioners who have the appropriate qualifications and experience within the field.

INTERVIEW WITH NAEEM IQBAL



Debbie Pearce interviews Naeem Iqbal - a recent graduate of the Clifton Practice who currently works as a researcher in neuroscience at Bristol University.

Tell me a little bit about your background – childhood in a nutshell – your journey to CPHT

My background is in medicine, I have a medical degree from Pakistan. My favourite subject was neurophysiology - I was fascinated by the brain and how it works

When I completed my studies I came to this country and I was looking for something in neuroscience – something to do with the brain. So I did my Masters degree in neuroscience at the University of Bristol.

Then I got a job in research at the University and I have been working on two projects related to neuroscience.

What projects?

One was to do with muscular skeletal problems of the back and the other one was to do with cooling babies when they are born with brain damage. The second project is more closely associated with neuroscience – when a baby is born with brain damage it affects the cooling process and the research is looking into factors to protect the babies.

Then I went back to Pakistan and I worked for a charity with disabled people, especially people with cerebral palsy, for about a year and a half.

But my interest has always been in neuroscience. This is what I'm passionate about; the working of the brain.

There are obviously pathological conditions that affect the brain, but normally the disorders are emotional in origin. I think the disorders that come

from our emotions happen when our emotions are not really balanced.

I really do believe that when people are disturbed emotionally then they get all sorts of disorders. Obsessive compulsive disorder or depression, anxiety and anger, these are rooted deep in that emotional imbalance.

Because balance is the key for anything to survive – like in a cell, all of the extra-cellular fluid, the intra-cellular fluid and ions, they all balance with each other, to keep the cell in a stable state. If the balance is disturbed then the cell dies.

Generally through the universe, all forces are balanced with each other, but if they're not balanced everything would be colliding with each other.

So it's similar with our emotions, we need to be in balance in our brain. We need our emotions to be in balance with each other, for instance anger needs to be balanced with calmness. We need all of them, we can't say we don't need anger. We do need anger – we do need all of our emotions, but they need to be balanced with each other.

So, that's what brought me to this course here because this is the only place you find people talking about the emotional balance.

What led you to the idea of balance?

All my previous studies in neuroscience guided me to this conclusion. I studied life at a molecular level; it tells you that all things are balanced with each other. All the fluids are balanced, all the ions are balanced, they have to be in balance in a natural concentration. When you start comparing cells with other things, like for instance all the physical forces,

they are balanced. So, everything you see needs to be balanced to remain in a certain way.

Some people do question: If you call someone normal, well, what is normal? It is really hard to define. I believe that when all the forces are balanced with each other then that is normal. That gives you a steady existence.

When you are balanced with the rest of the people around you, then you're normal; when you're not balanced with them, that's a problem. You can define it in that way – it's the balance you have with others.

It's all deep rooted inside you, in your brain there are emotions and when your emotions are balanced then you act normally.

If you're angry much more than you're calm then the balance is disturbed and your survival becomes difficult, it affects you and other people as well. It needs to be balanced with calmness. And then if someone is too loving and calm, then there is a possibility that people can take advantage of that. So then that has to be balanced with being assertive.

Whenever you see that the mind and the emotions are disturbed then the problems start arising. So that's the theory behind it. That's what brought me here.

How did you find this course (CPHT)?

I found it on the internet. I was searching for different courses available around here and I found this one. I found it to be interesting because it fits with my theory and it's slightly more clinical. So I thought 'this is more interesting'.

It's interesting because it provides a clinical atmosphere here with the emphasis on clinical practice. I was very keen on the practical aspects of it. There are courses on-line but, this is more organic

I am loving the course, it's great. Most of the scripts I've read so far are all verifying what I already believe. They are about thought processes or tackling the emotions and they are saying how to bring them back into balance. They allow you to relax under

trance, they talk to your emotions, putting them into place. So it's reinforcing what I already believe.

Putting all the emotions in balance when the mind is disturbed allows it to survive.

There is a lot more research needed, so we can actually work with different sorts of personalities, emotional imbalances and see how we can put them in place, in balance.

How would you restore balance?

I see hypnosis as the way forward because hypnosis actually relaxes you, your emotions, to start with, and then all the emotions interact in a way in trance and then you can play with them to move them around. It works because, through the positive suggestions, you are actually working on those emotions which are harmful, and emotions which are stronger can be put in their place.

So it's like your intellectual brain and your primitive brain are being regulated through the trance-work conditions, you are putting all the emotions in balance.

That's why we need to do more research. We need to define in which areas we can actually work and which areas are beyond the demarcation line into pathology. We have to define where therapy ends and the medicine takes over. So there has to be a line defining the boundary.

We can't go on in an unlimited way, thinking that we can treat everything. That's not possible. There have to be boundaries attached to it, defining the area where we can work and limiting areas where we can't work. That's very important, to know where the boundary line is for us as hypnotherapists. There is a huge element of self determination in the emotional changes which are causing the neuronal pathways to alter. We can do work on that to put the emotions back in place.

But when there is a tumour or Alzheimers and other conditions where there are physical changes taking place, then obviously we can't work on those.

Continued over...

Do neuronal pathways actually exist?

The neuronal pathways do, indeed, exist. These brain circuits they all exist – they are anatomically there, they are present. The neuronal pathways are developed through the connections between the neurones and they are all connected through the synapses. So they are all connected and they make these connections and the electrical circuits – all the molecular connections are all there. They influence the genes to form proteins which in turn affect memory.

So we have to work on the basis that we have all the scientific knowledge that's available and we can work on the emotions of the individual, seeing how they have been disturbed and how we can put them back in balance. We do this by working through their thought processes. Because in hypnotherapy thought processes are very important and so is how they can impact the brain. So if something is caused by the thought processes, we can revert back to balance through thought processes.

If you change someone's thought processes through hypnosis that will actually change the neural pathway. There is more research needed around that and obviously science is developing new technologies all the time.

We need to do more research as well to prove that these things happen- these practices need to be investigated. That would be really helpful.

How do you see your role?

Because of my background and my scientific knowledge in the field, I can be useful if there is any research taking place. I can be involved in that and then whatever changes the hypnotherapy practices deliver can be measured. This is because there are factors which allow us to measure the

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changes. For example, we can measure the cortisol levels in the blood before and after treatment, or we can use EEG to see changes to the brain pattern.

Over what period would cortisol levels change?

Cortisol levels can change quickly. There are two types – there is acute and chronic and the changes are, again acute and chronic.

Cortisol levels usually change quickly and after a while if the stress persists, then the cortisol level is persistently raised. So the levels can be monitored in clients so we can see what's happening from the effects of trance.

I can take up this cortisol-measuring project - that would really interest me and also to find out how the brainwave patterns change. In fact there are a lot of measures, which can be used to evaluate the evidence of hypnotherapy interventions.

I don't think this sort of work is being done at the moment, because I haven't read any scientific papers where the research is carried out according to acceptable levels for research protocols. You need to record what methods were used, what were the practices, what were the outcomes and what changes happened within the client.

I would love to be involved in this sort of research. We can liaise with the university and I can ensure that we are following all the correct protocols. All of my projects have been in research, as was my Masters degree, so I am very familiar with all the necessary protocols.

You're a good find!

So that is a project well worth doing. I think we'll find out what is the truth – we'll have the evidence to see if hypnotherapy makes measurable changes in our clients. If it doesn't we find out, if it does we find out. It would be good to have someone from within hypnotherapy doing the research on a very scientific basis.

We will get people in and give them hypnotherapy we'll measure their cortisol levels before and after.

We know from our own experience that clients do get better. Once we have

substantial scientific evidence hypnotherapy will be more accepted, we can demonstrate what changes we can make, exactly what therapy is doing within the brain.

We can then be clear about what we can do – what are we doing to the brain.

We'll be able to explore the outcomes and then begin developing hypnotherapy according to our findings – we can pioneer it!

It's a big job, but it's not unachievable.

Do you see yourself practising as a hypnotherapist?

Yes, I'm quite passionate about it. I think it's a great service as well. I am practising as a student, I am working with some people and I am finding it very interesting – it's amazing how the different techniques can bring big changes in their personality. You start to do the process and then you start to see the changes - that makes a difference. I am loving it – I'm thoroughly enjoying it.

Will this inform the work you do at the university?

I see myself as bringing university expertise to the CPHT and show the physical evidence of all the work being done. If I can achieve that, it will be brilliant. I can prove to the world this is another way forward and there is a scientific process to it. Not only that, it will let us know exactly how much therapy is needed – we'll be able to

tailor our treatment programmes according to the needs of the client.

It won't be like giving a broad acting antibiotic – when you don't know what bacteria are there then you give a broad spectrum antibiotic, but when you do know what's there you give a specific antibiotic to work for that. It's a matter of informed choice.

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So, similarly when we know which emotional disturbance we are dealing with we can tailor the hypnotherapy to that.

Curious about funding question?

That's a big question – and of course I need more experience as well. I need more time to formulate this project, and more experience as a hypnotherapist. I need to qualify then get more experience and then I can look forward. In the meantime we can find out what to do about funding. There are different resources available but we can look into it in the meantime. If we can

convince the funders that we can do it then we'll get the support we need.

In a year's time then we'll have an idea of what we can do and then...

It will be tremendous fun.

I am sure there will be more people from the scientific world that can motivate them.

And of course from my class group they are all brilliant, very intelligent people and definitely they are convinced that this approach can help. They must have some experiences in their lives. So there is a big cross-section of people there who can all contribute to the project's success. They are from very good professional and educational backgrounds to come and do this course.

Impart one gem of wisdom – one piece of wisdom to someone to have a more balanced life.

Obviously there are a lot of emotions in everyone's life but the basic emotion controlling all emotions is love – it's a very strong emotion – love. Get that right and everything else revolves around it. Love can change the emotions around it, so if you can get that right and steady and stable all the other emotions will get in line.

For more information about the research, contact The Clifton Practice, Bristol.

Stress Management

By Chris Clarke
MNCH(Acc) MISMA.

Currently Administrator
of the International
Stress Management
Association UK

Stress Management is an area that many therapists claim to include in their repertoire of treatments, yet I wonder how many actually understand what it really means.

The word “stress” has been so diluted by overuse and misuse that it now seems to be practically meaningless; or is it? Certainly many people claim to be “stressed,” and teenagers accuse each other of being “stressy,” yet there is little evidence of these people being anything other than busy or a little concerned.

Similarly we often hear about people being “depressed” when really they are only sad. Often when in conversation with someone I am asked what I do. When I reply that I am a Stress Management Consultant, the other person, often with a big smile, will state that they are so stressed in their work place and really need me to help them. Of course, their demeanour would suggest that they are simply busy or having to put some effort or thought into their work and are actually coping very well.

So if “stress” means having to do something, or having to put in a little effort to achieve something,

or that some “stress” is actually good for you, why is it that there is a legal requirement (*Management of Health and Safety Regulations 1999*) for any organisation of more than 5 people to carry out risk assessments for stress? If some “stress” is good for you, then why are so many learned people stating that “stress” is the most common cause of long-term sickness absence for both manual and non-manual employees” (*CIPD survey October 2011*)? The answer of course lies in definitions and that the term “stress” is being used loosely and lazily by people who are demonstrating that they really know very little about the subject.

If you have any aspirations to work in organisations then it is important that your message is clear. Imagine trying to sell your skills or knowledge of stress management including training courses or interventions to an organisation. As part of your pitch, you happen to mention that some stress is good. Most directors would latch onto that statement very quickly and conclude that if it was so good, for what purpose would they have any need to pay you money for your services? A contract lost by mixed messages.

The governing body for Health and Safety in the UK is the Health and Safety Executive (HSE). The HSE state that stress is “**The adverse reaction people have to excessive pressures or other types of demand placed on them**” To put that in a nutshell, stress is a harmful reaction. There is nothing good about it. People have pressures or other types of demands which motivate, stimulate and enthuse, but when any person perceives that the pressures or other types of demands expected of them are excessive or overwhelming, then the result is stress.

The British Standards Institution (BSI), after carrying out a long process involving the World Health Organisation, most major insurance companies and many other involved institutions and organisations, defined “stress” as: “**A pattern of emotional, cognitive, behavioural and psychological reactions to adverse and noxious aspects of work content, work organisation and work environment.**” Again, no mention of anything being healthy, good, helpful, motivating or enthusing. Just “adverse” and “noxious.”

There is a massive market in the UK, Europe and the rest of the world for good stress

management services whether that is at:

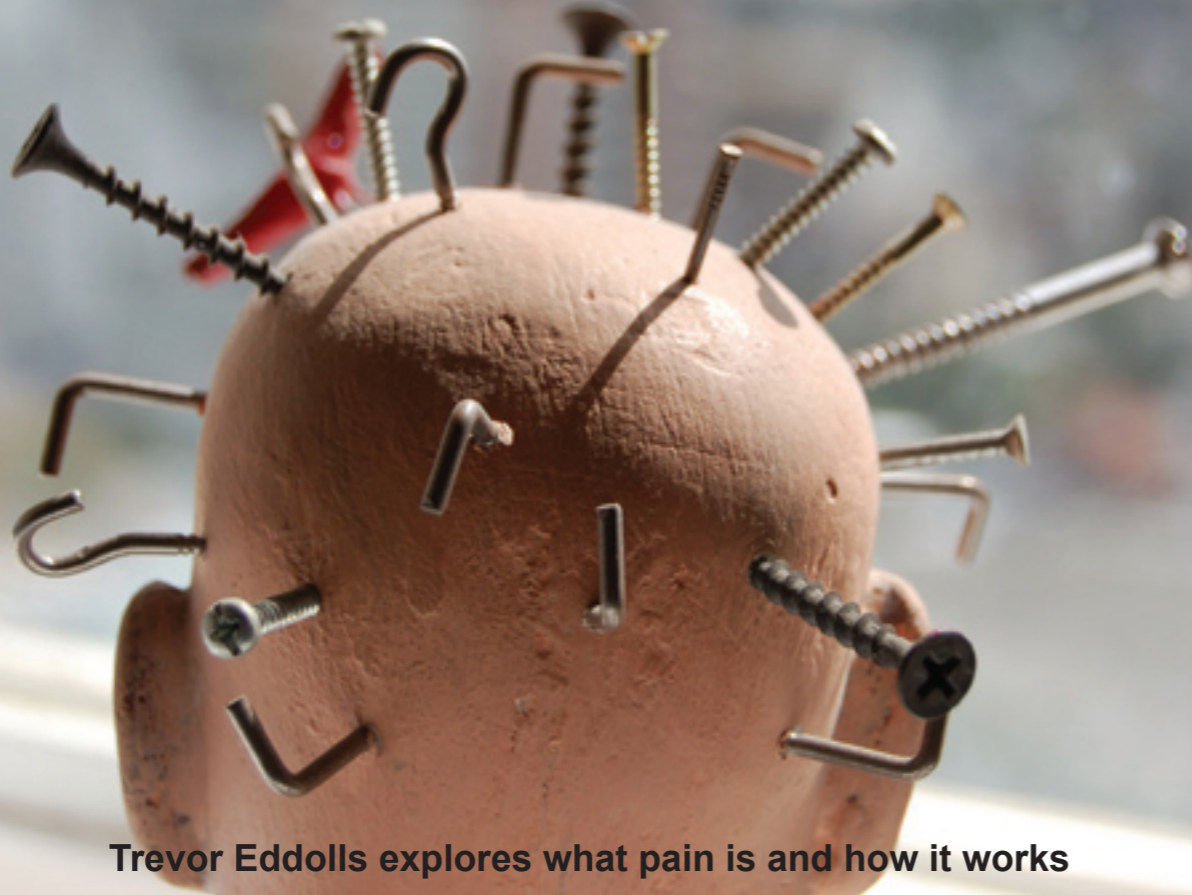
- ◆ Senior management level in setting the culture and ethos of an organisation and to get top level buy-in to psychosocial risk management processes.
- ◆ In the training of middle management to ensure they run psychosocial risk managed departments with healthy productive and efficient staff.
- ◆ Training staff to become aware of their own triggers and reactions to the demands made on them.
- ◆ Or to facilitate the rehabilitation of those who have become stress casualties or to enhance the resilience of others to prevent stress onset.

Many Hypnotherapists have become very successful Stress Management professionals working in organisations in either rehabilitation, seeing clients on an individual basis or who have become trainers or management consultants. However they didn’t become successful by marketing mixed, confusing and contradictory messages. Successful people ensure that their marketing message is clear and concise with all conflicting messages resolved ■



PAIN

- ALL IN THE MIND? BUT IT STILL HURTS!



Trevor Eddolls explores what pain is and how it works

I've seen a couple of clients recently with pain issues and I thought it would be useful to know more about pain and how it works – hence this article.

There are two things to point out straight away.

Firstly, pain can be very useful. If my finger's burning because the oven's hot, or if my foot's bleeding because I've stepped on something sharp, I need a signal that will override whatever else I'm doing and get me to move my finger or lift my foot away from the sharp object.

The second thing is that a hypnotherapist should not start masking a client's feelings of pain because that pain could very well be indicative of something

being medically wrong, and a diagnosis from a doctor should be obtained first.

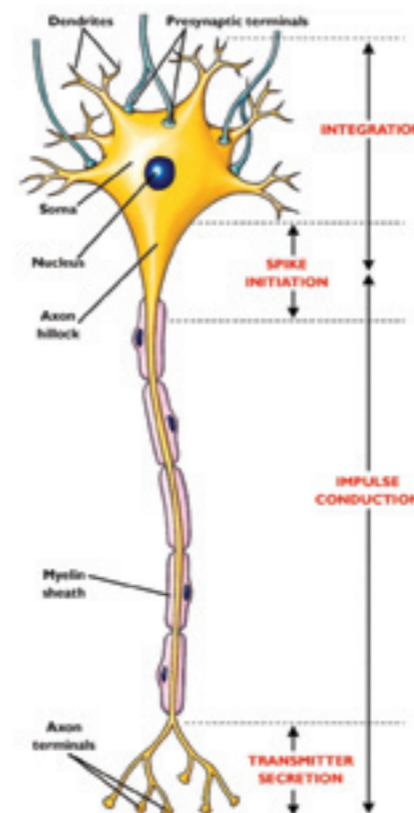
Let's start with a Biology 101 course – just so we know what our clients are talking about.

Basically, pain is divided into two types. There's 'acute' pain, which lasts a short period of time. And there's 'chronic' pain, which lasts a long time. Now, I've already become a bit woolly – just how long is a short time? And after how many days does it become a long time? The medical jury is still out on that one.

Are there other ways of identifying pain? Yes – so here goes:

- Nociceptive pain is caused by peripheral nerve fibres responding to stimuli approaching or exceeding harmful intensity. The stimulation can be 'thermal' (heat or cold), 'mechanical' (crushing, tearing, etc), and 'chemical' (iodine in a cut, etc).
- Neuropathic pain results from damage or disease affecting part of the nervous system involved in bodily feelings. The pain is described as 'burning', 'tingling', or 'pins and needles'.
- Phantom pain appears to come from a part of the body that has been lost or from which the brain no longer receives signals.
- Psychogenic pain (psychalgia or somatoform pain) is pain caused, increased, or prolonged by mental, emotional, or behavioural factors, eg headache, back pain, and stomach pain.

Some people feel no pain at all. This is called pain asymbolia. Interestingly, pain is registered in the anterior cingulate gyrus of the brain.



What senses do I have?

Sight or vision – rods are very sensitive to light; cones distinguish colours.

Hearing – mechanoreceptors (located in the inner ear) turn motion into electrical nerve pulses.

Taste (gustation) – the ability to detect flavour through taste buds (gustatory calyculi).

Smell (olfaction) – there may be as many as 388 olfactory receptors.

Touch (tactition or mechanoreception) – pressure receptors respond to variations in pressure.

Balance (equilibrioception or vestibular sense) – allows an organism to sense body movement, direction, and acceleration, and to attain and maintain postural equilibrium and balance.

Thermoception (temperature) – by the skin.

Proprioception – tells the brain about the relative positions of the parts of the body.

Nociception (physiological pain) – signals nerve-damage or damage to tissue. The three types of pain receptors are cutaneous (skin), somatic (joints and bones), and visceral (body organs).

When a person feels pain, a message is sent from a nociceptor along a nerve to the spinal cord. Here a response (a reflex – like the knee-jerk reflex) may be sent to muscles telling them to move. So by the time you realise your finger's burning or you've just stepped on a pin, you've already begun to move away from the danger and the pain should be reducing. There's an area of the spinal cord called the dorsal horn that can direct impulses to the brain, and also start a reflex response.

This is where Melzack and Wall's 1965 'gate control' theory comes into play. The dorsal horn has transmission cells that carry the pain signal up to the brain, and inhibitory interneurons that impede transmission cell activity. It seems the more touch/pressure/vibration messages that reach the dorsal horn the less likely a pain message is to reach the brain. That's why you always rub the painful area – it really does lessen the pain you feel.

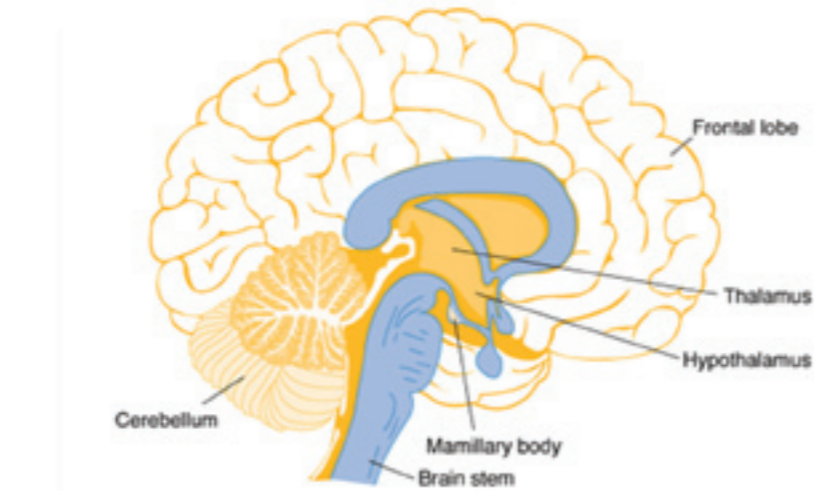
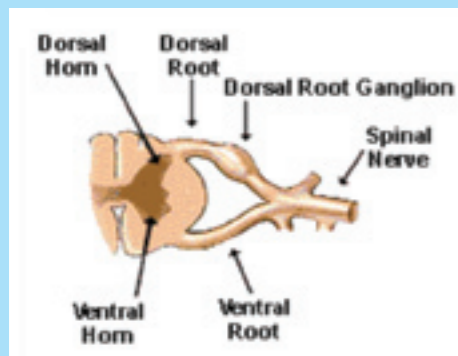
In times of stress or anxiety, descending messages from the brain can amplify the pain message at the nerve gate.

To get acute pain messages to the brain quickly,

Continued over...

Nervous system

Your nervous system is divided up into your Central Nervous System (CNS) and your Peripheral Nervous System (PNS). The CNS comprises the brain and spinal cord. The PNS comprises all the other nerves and ganglia in the body. The PNS is subdivided into the somatic nervous system and autonomic nervous system. The somatic nervous system is responsible for coordinating conscious movements and receiving external stimuli. The autonomic nervous system acts as a control system and is generally unconscious. It's divided into the sympathetic and parasympathetic nervous system. The sympathetic nervous system is responsible for stimulating activities associated with the 'fight-or-flight' response. The parasympathetic nervous system is responsible for stimulating 'rest-and-digest' activities.



they travel along A delta fibres in the spinal cord. Chronic pain messages travel along slower C fibres.

The pain signal eventually reaches the thalamus. To be useful, the pain signal has to get a response from the brain. Remember that figures of between 2 million and 12 million sensory messages are estimated to arrive

at the thalamus every second. Most people 'delete' most messages. And we've all done that with pain messages. How many times has the film ended before you realized your foot had gone to sleep and was now causing you some pain!

It's believed that part of the cortex is used to identify the source of the pain and compares it with existing pain templates. But the primitive brain can also add emotion to the pain. It can add information based on past experiences, and it can 'suggest' behaviours based on expectations. On bad days you might end up on the floor in tears with the pain, whereas on good days you carry on and ignore the pain – it all depends.

The hypothalamus and the pituitary gland can produce endorphins, which are like natural morphine in the way they produce analgesia and reduce the pain.

There are a number of things that can open the pain gates. These include:

- ◆ Injury or inactivity (sensory factors)
- ◆ Focusing on the pain or negative thoughts (cognitive factors)
- ◆ Depression, stress, or helplessness (emotional factors).

Things that can close the gates are:

- ◆ Relaxation or meditation (sensory)
- ◆ Focusing on outside interests (cognitive)
- ◆ Positive attitude (emotional).

It immediately becomes apparent that hypnotherapy can have a role to play in pain management.

With hypnotherapy, it's possible to give control of the pain back to the person, rather than the pain being the controlling factor. This will encourage a more positive approach to pain management by the client, resulting in the client feeling better, requiring less medication (and reducing the impact of any drug-related side-effects), and getting back control of their life.

So what techniques can we use with pain?

I like to get a base level SUD (Subjective Unit of Distress) of how bad a client's pain typically is. I also get them to confirm that they want to get rid of the pain now. Remember there can be a huge secondary

gain associated with illness and some people are a bit like smokers – they know they ought to give up, but not today! Once they have confirmed that they want to reduce their pain, you can agree on goals and start work.

Giving a client an understanding of how nerves and pain works gives them a better understanding of what's going on and what they need to do to help themselves – classic cognitive restructuring.

Get the client to notice how at different times the intensity of the pain is at different levels. Make sure they have the idea that the amount of pain they feel can go down. Give them examples of when we've all ignored pain – such as your foot going to sleep while you concentrate on a task. And get them to not focus on the pain (yes I know I've just said don't think of a pink elephant!) by getting them to concentrate on other (displacement) activities such as watching a film or reading an enthralling book. If you believe the Law of Attraction, you get whatever you're thinking about. And if that's pain, you get more pain!

During the talking part of the session, it can be worth examining the client's expectations of pain. How they think others see them and how they would like to be seen. How they think pain will affect them in the future and how they would like their future to be. It's always a good idea to have strong positive goals. You can also help them with changing their behaviour by talking over how they would like to behave when the next bout of pain occurs. And this kind of reframe can be included in the trance session.

Depending on how severe the pain is, you might even stop using the word 'pain'. Call it something else. A different word loses a lot of the emotional baggage that comes with the word pain. You can call it 'discomfort', for example. A discomfort doesn't feel anywhere near as bad, does it?

You can get a client to act 'as if' they don't have any pain. Obviously this doesn't work if the pain is 'useful' – they really do have a broken leg – but can be good if they have chronic pain and the cause is no

longer present. You would expect the brain to affect the way a person behaves, but, perhaps counter-intuitively, the way the body behaves can affect the way the brain works. That's why encouraging people with depression to look up as they walk along can help reduce the feelings of depression. So encourage your client to act as if they weren't feeling any pain

GET THEM TO NOT FOCUS ON THE PAIN (YES I KNOW I'VE JUST SAID DON'T THINK OF A PINK ELEPHANT!) BY GETTING THEM TO CONCENTRATE ON OTHER (DISPLACEMENT) ACTIVITIES SUCH AS WATCHING A FILM OR READING AN ENTHRALLING BOOK.

– and this should result in them feeling less pain, and, in fact, thinking about the pain less.

A final NLP technique I use for headaches and similar localised pain is to say to the client: "if your pain had a colour, what colour would it be?" And then ask: "if your pain had a shape, what shape would it be?" You can ask what colour the background would be, is it matt or gloss, what sound, are the edges fuzzy or sharp? You get the idea. Then ask them to make the shape larger. The pain should increase. Then ask them to make the shape smaller, and get the colour to change until it's more like the background – and their pain should decrease. You can even get them to picture something washing away all colour and shapes, leaving them pain free. (*This technique is nicely explained in Trevor Silvester's book Cognitive Hypnotherapy: What's That About and How Can I Use It?: Two Simple Questions for Change.*)

In terms of trance, I would use the pain control room idea and get them to turn up the dial and feel more pain, then turn down the dial and feel less pain. Reinforcing the idea of the client having

Continued over...



the ability to control the amount of pain they feel. (There's a version at <http://key-hypnosis.com/Hypnosis-Scripts/Pain-Relief/Natural-Healing-Pain-Relief.php>.)

There's also the hand-numbing (glove anaesthesia) script, which not only allows the client to feel their hand going numb, but also allows them to transfer that numbness to a different part of their body. This works nicely for a painful knee as well as something like IBS (Irritable Bowel Syndrome). This is an example of dissociation. It's also possible to dissociate from a painful part of the body. So your client feels as if the knee or arm or whatever doesn't belong to them, so the pain cannot belong to them – and so they cannot be feeling any pain!

(There's a version of this script at <http://www.dicksutphen.com/html/gloveanesthesia.html>.)

One obvious technique – and perhaps the most important one – is to reduce the client's anxiety and help them to relax. A relaxed person 'feels' less pain than a tense one. We have plenty of visualisation scripts that can help with this. We can also use self-esteem raising scripts to help the client 'feel' more in control of their pain.

Another visualising technique is to get the client to move the pain! This is called pain displacement or pain transference. The client needs to picture the pain moving to a less significant part of the body – the little finger or an ear lobe – and there it can be modified or reduced.

There's an example script to wash away pain at http://www.choosehypnosis.com/free_hypnosis_script_wash_pain_away.htm.

You can use the 'protective shield' script, which gives the client a sort of force-field around their body that they can use for protection. It shields them from pain and/or unpleasant feelings. (An example script is at <http://freehypnosisscripts.info/subject-scripts-3/protective-shield/>.)

<http://freehypnosisscripts.info/subject-scripts-3/protective-shield/>.)

You can anchor them to a relaxed and in control state, so whenever they start to feel anxious or they start to feel the pain beginning, they can use their anchor to remain in control and reduce the pain sensation that they experience. (An example NLP script is at <http://key-hypnosis.com/Hypnosis-Scripts/Anchoring-NLP-Technique-Script.php>.)

Similarly, you can get clients to construct a 'happy place' in their mind. This can be whatever they want it to be. And they can visit their happy place and feel relaxed while being there. They can focus on the details of it (a displacement activity). And all the time, they are ignoring the pain.

In much the same way, you can use time dissociation to take the client back to a pleasant time when they were healthy and pain free. You can let the client relive a happy pain free memory.

Remember that hypnotherapy has a long history of being used for operations and dentistry. Longacre (1997) says that "the goal of hypnotherapy for pain management is to produce deep relaxation for the reduction or amelioration of fear, tension and anxiety that is concomitant with pain". By reducing the pain that a client feels, you're giving them back control of their life. And a reduction in the amount of pain medication they are taking also reduces the degree of side-effects they may be experiencing from the medication.

Through relaxation you're getting them back into their control brain – the logical Mr Spock part of their mind – and out of their primitive emotional brain. You're changing their behaviour and the way they picture themselves and their pain. And you're changing the emotional package associated with feeling pain. You're giving them control over their illness and their life.

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IS THE PERSON ON THE PHONE BONEFIDE?

Penny Ling has had her fair share of bogus calls since qualifying, she hopes her experiences can help others



When the telephone rings, we are all hoping that at the end of it will be a person who genuinely requires our help. Sometimes they are people who just want to know more details and sometimes (thankfully on very rare occasions) they are just trying to satisfy their sexual fantasies. Some organisations, such as the Samaritans, use role play to educate and train their new volunteers in what to expect on the odd occasion they get these nuisance phone calls.

I asked Richard Pyke, former Director of the Banbury Samaritans, for a few pointers.

How quickly can you tell that someone is a time waster?

Most people will want to know the basics such as where you are, what you charge, and what you can help with. Someone who is only after a thrill may ask that, lulling you into a rapport, but then you'll start getting tell tale signs, such as:-

i) Wanting to explain in great detail what the problem is. This may be in the form of a sexual problem itself, often where the issue does not lay with the man, sometimes he'll ring on behalf of his partner.

ii) He may insist on having therapy over the phone, making out he's too embarrassed to come to the clinic.

iii) Withholding their phone number is always a sign that they don't want you to know their whereabouts.

What is the best course of action to take if you think this person isn't quite what they seem?

Well sometimes you may not be totally sure if it's bonafide or not, if it's fairly ambiguous then recommending another therapist who perhaps specialises in sexual problems may be the easiest way of dealing with it.

If the person is trying to engage you in conversation about the problem, then by saying that all can be discussed at a consultation and as a Solution Focused Hypnotherapist you don't need to know what the problem is, they need to think about a future where this behaviour doesn't happen. If you insist on telling them this and they try bringing it back to the problem they will often get fed up and hang up.

They may want some kind of response, acting

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shocked and berating them is going to add to their excitement, so just telling them you can't help, thanking them for their interest and calmly putting the phone down is sometimes the best line of action.

Quite often they do the rounds, especially on newcomers, so if you get a call, just warn others they might be next. You could also get a man to answer the calls too, as this can scare them off. If the person calls more than once – it's harassment.

If it does happen more than twice, keep a diary of all incidents - dates, times, what occurred, any witnesses to what occurred etc. If you report any incidents to the Police, Council etc. keep dates, times, names of the person you spoke to and what was said and what

action you were told would be taken.

If you do receive explicit calls try not to react, place the phone off the receiver for a few minutes and then replace the receiver without saying anything. Don't worry if number is withheld as BT/Police will be able to trace numbers.

Report all malicious calls to the Police as they will work with BT to trace who is making these calls to you. If you are receiving malicious text messages always keep them and report this to the Police and your mobile phone network provider. And lastly tell your supervisor immediately.

Our own experiences:

A recent one that went around was a text message from someone who was a naturist, but had problems with confidence issues in public. I said I didn't deal in such issues and suggested a male therapist who's line of expertise fitted their problems. They responded by saying they would prefer a woman, (again this may have been genuine, but gut instinct on his reply made me feel it wasn't). I then later found out another therapist who responded became embroiled in a text conversation where it went further and after a number of texts back and forth, the "client" insisted their partner came along to the sessions naked - this is a classic example of someone hooking us, then using us for their fantasies.



STRIKING A DEAL

Andy Workman - not looking a gift horse in the mouth

It always amazes me how so many organisations claim to help their members and then fail to come up with the goods. When I was invited onto the executive committee of the AFSFH, I willingly accepted in the certain knowledge that we were "a little bit different".

That expression has been used a thousand times to describe me personally, but I felt sure that from day one our organisation's priority was the member and making practice as easy and effective as possible for them. It was with that in mind that I had suggested the AFSFH looked to provide the membership with genuine benefits to being a member.

On hearing the idea, it was decided that a Members Benefits Officer was required and who better to do the work than the fool who had the bright idea in the first place. I'd found something to fill the one hour a week I had left. My life was complete!

So, having suggested it, how to start? First question? What does a Solution Focused Hypnotherapist NEED to start practice? Training?

Well, that's easily dealt with by the CPHT team, but what else do they need?

A couch would be good, a biofeedback meter would be helpful, Oh and some background music.

Ok, so I have a shopping list to start. But how should I start. Well my Granny always said (and we

know how wise Grannies are!) "If you don't ask you don't get". So, I'll ask.

A quick Google search for UK pages only (after all we don't want expensive postage and duty charges) for all of the above. See what the different sites have to offer, what their feedback or reviews say, compare prices of brand items between different sites, check the specifications of each item offered and if VAT is included.

Hang on a minute! This is getting involved and it takes ages. Unfortunately, there is no short cut - the research has to be done, but it actually became quite interesting. Finding more reasonable offers or companies I had never heard of was fun.

Having found what I felt were the best offers from the most reliable sites, I started writing. I am sure that most companies who have a "Contact Us" email link on their website are used to queries such as "How much do your portable couches cost?" but no such approach from me. On opening my email, they were met with paragraphs explaining who we are, what we're about and how we could help increase their sales if they only gave us a bit of a discount. They probably made a cup of coffee on seeing it, before sitting down to read it.

Some replied straight away. Some with very
Continued over...

YOUR JOURNAL NEEDS YOU!



If you have excellent English language skills, know where to put apostrophes, can spell, and have some spare time 4 times a year, then please get in touch. This journal needs good proof readers who are committed and can lend a hand. Please contact journal Editor Penny Ling at afsfhjournal@gmail.com for more details.

positive support offered, others with polite but equally direct refusals (most because they don't offer discounts to anyone). Some tried to ignore me, but they didn't know who they were dealing with. No reply within 14 days, a hard copy was sent to them via snail mail and they buckled under the pressure.

Many companies came back explaining that due to the current financial situation, they could not offer discounts – others jumped at the chance to support us.

That's when the negotiations started. How much could they offer? (I never haggled about that – my all-knowing Granny had said something about gift horses, and it always seemed to work). What we needed to know was how do our members claim their discount. Codes on Website purchases? Headed letters for postal purchases? What about telephone orders? Details, details.

Each of the businesses offering help were promised that their company would be advertised free of charge on our website and that their offer would be featured in our Association Journal. Some were so keen to get on board that they sent samples of music, etc, that could be played at our launch party back in April. I have to say some of the tracks were really impressive and received a good number of compliments at the event.

Some of the negotiations have not been straight forward. An excellent example being the deal I brokered with Cardsave. I went for a sports massage one day and as usual the therapist and I talked therapies. During the conversation she told me that she was now able to accept card payments for my treatment and never one to miss a cue, I asked her who was providing her machine, etc. Using the details she gave me, I contacted Dan, the local Rep.

He received my call enthusiastically until he asked, "What is it that you do?"

"I'm a Clinical Hypnotherapist" I replied proudly.

"Oh", he said, suddenly not sounding so keen, "I'm afraid we don't deal with that therapy". I was momentarily wounded, but immediately enquired why not? Dan went on to explain that Cardsave is a subsidiary of a parent company and that Hypnotherapy was one of the therapies on the "Don't touch with a Barge Pole" list.

He assured me that it was nothing personal (I believed him – he seemed a nice guy) but he would not be able to help us. I thanked him for his honesty and informed him that I knew his company's attitude towards

Hypnotherapy ensured that they were missing out on a potentially massive client base. I realised that it wasn't his decision but left him in no doubt that I could have helped him with sales. We parted on good terms. The next day I received a call. "Hi Andy, Dan here from Cardsave. I've been thinking about what you said yesterday. Tell me more about what you do". BIG mistake Dan. We were on the line for ages. I explained in detail about our approach, what "Solution Focused" meant, how we offer free consultations and how I personally don't charge for missed appointments. The vibes were all coming back very positively.

The call ended with Dan saying that he would consult his managers and come back to me. I had heard nothing for weeks, when out of the blue I received a call. "Andy, it's Dan. They've changed their minds. We've done it!" For a moment I wondered what I had done and who had seen me to prove it, but then I recognised who he was and the excitement kicked in. We arranged to meet and a few days later Dan was sat in my lounge, discussing the details of the Association's work and the deal they could offer.

MY ONLY REQUEST –
USE THE BENEFITS!
I ASSURE YOU THAT I AM
NOT ON COMMISSION
BUT WITH SOME
COMPANIES IT MAY BE
USE IT OR LOSE IT.

All sounded good, until we discussed the monthly minimum transaction payment. At £20 per month, the low charges offered would mean very little, as most of us would not see enough clients for them to be beneficial. A few moments and a good deal of scribbling later, Dan said, "OK. Exclusively for you, I'll reduce that to a minimum of £10 per month". 50% discount - result! Our business concluded, Dan left to speak to those above him who had yet to confirm the offer he had made.

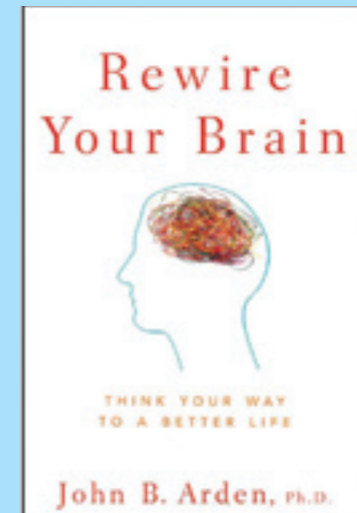
A few weeks later an email confirmed the fantastic offer from Cardsave. From not wishing to support us at all, they were now supporting us and offering VERY favourable prices. I had to ask - What had made the difference? Quite simply the way WE do things appealed to them. What in particular? The facts that WE offer FREE initial consultations and the majority of us make no charge for missed appointments. We usually take payment at the end of a session (after satisfactory treatment has been received) We work towards future goals rather than use regression or "problem focused" approaches. Our members have credible and recognised qualifications. Our values and aims as an organisation make us attractive to companies to the point that they are prepared to change policy to accommodate us. We must be doing something right, eh?

The story goes on. Irons are hot in the fire and we'll be able to announce new benefits in the near future. I'll keep working away to get more deals to help us, whether we're new to practice or well established.

I am genuinely open to suggestions. If you want me to look into a product or service that you think is something that you and others might want or need, just let me know. I'll do the rest!

My only request – USE THE BENEFITS! I assure you that I am not on commission but with some companies it may be use it or lose it. Some of the offers are great. Check them out in the members' area of our website.

Andy Workman
Members Benefits Officer
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Rewire Your Brain:

Think Your Way To A Better Life
by John B Arden

ISBN-13: 978-0470487297

★★★★★

If there is one evidence or research book, of recent times, that supports effortlessly and further promotes 'brain based therapy' and what we do as hypnotherapists then this well written and highly informative book is for you.

We know within modern and effective therapy that the terms Neuroplasticity and Neurogenesis are fashionable buzz words of the moment; and, how the brain changes itself is echoed in Arden's book. It is full of technical language that we as therapists are already familiar with but that an average reader may attribute to jargon. However, we can harness this and seamlessly integrate it within our existing knowledge of how the brain works.

It abounds with nuggets of information throughout, and also offers explanations that we can elucidate upon further; or that count as robust revision. Arden explains that reducing anxiety and taking action limits the worry circuits in the brain. That positive contagion of positive neural firing allows the brain to make an assumption that positive behaviours can be promoted and enhanced. Moreover, how inducing states with repetition can become states.

He details various areas of the brain and how they operate, such as: Nucleus Acumbens, the Amygdala, the Striatum and the Prefrontal Cortex Hippocampus and its role in new learning and the Thalamus etc. Arden discusses the benefits of focussing on possibilities and how being positive can rewire our brains. The importance of Mirror Neurons and that of exercise through the creation of BDNF or 'Miracle Grow' for the brain as it is referred to. We continue to be au fait with the benefits of exercise via the excellent book - The Spark by John J Ratey.

Additional areas are Memory, Empathy, Nutrition, Cortisol, Oxytocin, Sleep Efficacy, Social Medicine and Mindfulness to name but a few; and how rewiring your brain can transform your life; sounds rather good - doesn't it?

So, if you would like further insight and practical ways of enhancing how you explain brain-based therapy then I can guarantee, after reading more books on the subject than I can recall, that this particular book will be an absorbing and enjoyable read and it continues to be one of my favourites.

Highly recommended.

Michael Hughes

STARTING OUT IN BUSINESS

Sound advice from Tom Moffat,
chartered accountant and owner of Cleverdons

Starting out in business is an exciting time, but it can also seem daunting. No matter how good you are at what you do there are so many other things that need to be grappled with, such as preparing a business plan, setting up a marketing campaign, finding the right sort of funding, learning bookkeeping, organising stationery, brochures and leaflets and building a web site.

Sadly, one of the last things most new businesses do is to go and see an accountant. This is probably due to a perception that it will immediately cost a lot of money at a time when there's already a lot of money going out and very little coming in. But it's a false fear because the initial advice given by a reputable practitioner will be free of charge, and there are unlikely to be any significant bills until the business has been trading for a year or more, when the first accounts are prepared. The initial meeting can supply a treasure trove of information and guidance about how to avoid so many pitfalls and make the best of any opportunities available.

So often I find business owners arranging an appointment to see me twelve months or more after starting out because things have not gone as well as expected. The most common mistake is to be wildly optimistic about how quickly the business will develop. And the second most common mistake is to forget to budget realistically for the money you will need to live on in the first couple of years. Consequently the money runs out far more quickly than expected and the banks are then reluctant to support someone who has failed to plan their finances properly. It's a sad fact that most new businesses fail. And that's usually due to a failure to seek professional advice.

A recession might not seem like the best time to start a business but you shouldn't let it put you off if you have a good idea. Some of the most successful

businesses started during a recession. Walt Disney Corporation, Hewlett-Packard and Microsoft are just some of the companies that took the risk during an economic downturn. Periods of recession can be one of the best times to start a small business. Some of the reasons for that may be out of necessity. If you have been made redundant, you may have no choice but to go out on your own. You could have an idea for a small business for a long time, but now that you are out of work, you actually have time to work on the concept.

Why a recession may be a good time to start a new business

1. Customers appreciate value and good customer service more. During a recession customers will think hard about what products to buy. They will search for value and if you give them a good customer experience during a recession they will remember you afterwards.

2. Competitors may be weaker and some may even go out of business. Potential competitors are not only weakened but perhaps even closing down. There could be an opportunity for you to close a gap in the market

3. Quality talent becomes more available Due to redundancies and failing businesses, talented staff are more easily available and although employing staff may be daunting it can mean you are able to get someone who already knows about the market you are aiming for

4. Some goods and services are more cost effective. Prices often drop during a recession. Office and shop space is cheaper, although starting your small business out of a home office may be the best idea. You should be able to get reduced products both on components and office supplies. Other out-of-work people may be



prepared to work on a sub-contract basis thereby reducing your business' fixed costs.

5. Recessions can help toughen up new businesses.

If a new company can survive during a recession when market conditions are especially tough, it can take the lessons it learns to turn itself into an even more successful business when the economy improves. Businesses that survive starting in a recession have usually mastered how to keep costs to a minimum.

6. Is this the right time for you?

Although there are opportunities you should ask if this is the right time for you personally to set up a new venture. If you are risk-averse or need a regular income starting a new business may not be for you. This should also apply to setting up a business in a period of growth.

Start-up businesses need to build a network of contacts for customer referrals, to help find potential suppliers and sub-contractors and to offer peer group advice. Recessions are a great time to establish these networks because everything is more fluid. Many Chartered Accountants have an established network of contacts as well as offering advice on start-up and early stage issues such as business plans and access to finance. They can also save entrepreneurs time by helping with compliance issues such as notifying HM Revenue and Customs of commencement of a

new business and registering for VAT.

Ask yourself why you want to launch your own business. Remember that it can be lonely being the boss and you will have to work long hours, tackle paperwork and regulations and be Jack-of-all trades to get your new venture off the ground.

It isn't for everyone. One in three start-up businesses don't last three years, and this drops to four in five by ten years. But if you believe you have a strong business plan, the necessary resources and the determination to succeed, then now is the time to encourage those stirring green shoots of enterprise.

Tips for budding entrepreneurs:

- ♦ Research the market. Find out whether customers will buy what you are offering, and use feedback to refine your product or service.
- ♦ Investigate the competition. What can you offer that they don't
- ♦ Write a business plan. Describe your business, how it will operate and its finances for the first two years.
- ♦ Raise finance if needed. Being under-financed often leads to poor performance at the start.

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- ♦ Build in contingencies. Setting up always takes longer than you think, especially if you need to comply with health & safety requirements, planning regulations etc.
- ♦ Choose the right staff. Unless you are planning to be a one-man-band, pick the best people you can afford. They might work for less than the market rate initially if they are convinced of the potential for growth of the business.
- ♦ Find a mentor. It's helpful to have someone to bounce ideas off. Learn from customers and suppliers and ask the views of your Chartered Accountant and other advisers.
- ♦ Make sure you have the right financial information. This is vital, not just for the taxman but for you to understand your trading performance. Set up records from the start, using software if you are comfortable with it. Employ a good book-keeper if you can afford to or talk to your accountant.
- ♦ Monitor key performance indicators. Ensure that you have right data, such as turnover, gross margins, overheads, finance costs, net profit, cash flow and working capital, on a daily, monthly and annual basis.
- ♦ Be alive to possibilities and dangers. Don't exclude taking the business in a different direction if you see potential elsewhere or there are problems ahead. Watch out for competitors in difficulty and listen to your customers, suppliers and staff.
- ♦ Learn. Absorb all that you can from the experience of being an entrepreneur and from those around you, and also learn from your mistakes.
- ♦ Reduce the chances of failure. Do something you already know, or employ people with experience in the sector. Manage your overheads and working capital. Appoint an accountant with experience of start-ups before you launch your new enterprise.

The first few months spent getting the business up and running are likely to be very hectic. So before getting the business off the ground, it pays to get all the necessary administrative chores out the way.

Who do you need to notify about the new business? What legal status best suits your situation – sole trader or limited company? You need to decide early because if you need stationery it affects letterheads, invoices, etc. What about H M Revenue & Customs? Do you need to be registered for VAT? What insurance is required?

Tax, NIC, VAT and HMRC

Depending on how you have chosen to structure your business, you will need to notify one or more of the relevant agencies. If in doubt your accountant can clarify your obligations and help you to prepare the necessary paperwork.

If you have chosen to be a sole trader, you must notify HM Revenue and Customs (HMRC) within three months of starting your business. For more information, visit www.hmrc.gov.uk

Businesses that reach the threshold for compulsory VAT registration (this threshold is revised every tax year) must notify HMRC. However, it can be advantageous to register even if you are below the threshold. To register for VAT you must notify HMRC. Depending upon the nature of your business and whether you are operating from a business premises, there may be other organisations you should notify, such as your local authority. To find out more, go to www.direct.gov.uk

If you create a limited company, you must inform Companies House, who will then notify HMRC. HMRC will send you a form that must be completed and returned within three months of issue. For further information, visit www.companieshouse.gov.uk

Essential accounting records

An accountant can help you to maintain accounting records that comply with the occasionally complex regulations that apply to even the most straightforward business activities.

Every business registered for VAT is required to maintain financial records that comply with the guidelines provided by HMRC. Similarly, it is a requirement of the Companies Act that every company should keep proper accounting records of

money received and paid, of all sales and purchases, and of assets and liabilities. To find out more, go to www.businesslink.gov.uk

HMRC requires every business that employs staff to keep proper records for Pay As You Earn (PAYE) and for the calculation of tax liabilities. In some types of business, additional records have to be kept to satisfy government requirements.

For more information, visit www.hmrc.gov.uk/pay

If your records are inadequate in any of these areas, you may be storing up problems for the future. Your accountant will ensure that this does not happen.

Legal issues

All businesses have to submit accounts to the tax authorities. Limited companies and limited liability partnerships also have to file annual accounts with the Registrar of Companies. These follow specific guidelines, so the assistance of a Chartered Accountant will help you to navigate their complexities. VAT too, is an area in which expert advice and ongoing support will enable you to comply with the law while minimising stress.

If you employ staff, the payroll records must comply with HMRC regulations relating to Pay As You Earn (PAYE) and National Insurance Contributions (NIC). You are also required to meet a variety of Employment Law requirements such as the National Minimum Wage, Equal Pay, Holiday, Maternity Leave and Sickness Absence, as well as Redundancy. You must also comply with the requirements of the Data Protection Act (DPA).

Where legal matters are concerned, peace of mind is a priceless commodity. A Chartered Accountant will know which records you are required to keep, help you to keep them properly, and ensure that they are filed with the relevant authorities at the right time.

Insurance

Whatever your field of business, insurance is essential, and the following insurance are compulsory:

- ♦ Employers' liability compulsory insurance.
- ♦ Motor insurance – if your business uses vehicles on the road or other public places.
- ♦ Professional indemnity insurance for businesses in certain professions.

Other types of insurance commonly taken out by businesses include:

- ♦ All-risks buildings and contents insurance.
- ♦ Equipment insurance.
- ♦ Business interruption or business continuity insurance.
- ♦ Goods in transit cover.
- ♦ Credit insurance.
- ♦ Legal expenses insurance.
- ♦ Money policies covering cash, cheques and stamps.
- ♦ Travel insurance, if you or your employees travel abroad on business.

The urge to make cutbacks in 'non-essential' costs can place the value of insurance under the microscope. Whether or not you use a broker, it makes sense to identify the 'core cover' you will need and to place your insurance costs in perspective.

Having read all of this and you are still convinced that this is the right course for you be sure that your commitment is long term and that it's something you are going to enjoy. If you're looking for a fast buck or a luxurious lifestyle you are likely to be disappointed. It's difficult to analyse what makes a good business man or woman but they all have a few things in common; determination, an ability to get on well with people, a sense of realism and pleasure in meeting the needs of their customers. Few things are more rewarding.

With acknowledgements to the Institute of Chartered Accountants in England and Wales



THE ABCs OF MARKETING



With over 20 years in the media Penny Ling lets us in to some in house marketing secrets

Whether we like it or not, we are all lumped into categories to suit bureaucrats. None more than ABC demographics which are used in marketing to make sure your product or services are being advertised in the right place to target the right people. There is no point in advertising Dom Perignon in “The Sun” for example. Although many may cringe at the idea that we still have a class structure, it is a useful way of making sure we’re not wasting our time and resources advertising in the wrong place. Companies with huge marketing budgets take notice of the ABC ratings and, to a degree, it can be helpful if we do too.

The classifications are based on the occupation of the head of the household. They may appear a little old-fashioned in some respects, but that’s how it is.

The grades are often grouped into ABC1 and C2DE and these are taken to equate to middle class and working class respectively. Only around 2% of the UK population identifies as upper class, and this group is not included in the classification scheme. The table below are just averages and you will find both rich pensioners and poor pensioners.

When we start advertising our services to the general public, we generally cost ourselves at the same rates as our competitors, this helps give the public the idea that this is what the service is worth, if you undercut (and I’ll expand on this later) you give the impression that either you need clients badly, or the therapy has little value.

So where do we pitch our practises – well we have to think about this in a bit more detail. Let’s choose Bristol as the location to start with where many of

the solution focused hypnotherapists are based. When you look at the demographics of an area you’re looking at who is living there, and more importantly what do they earn and how educated they are.

Regardless of where you live, it’s wise to tailor your advertising to suit your target market to make the most of your budget. So when we start to look at areas like Bristol we see places such as Clifton, Redfield, The Downs and parts of Montpelier as being affluent, cosmopolitan, people who fit into the ABC1 bracket. The types of publications these people read are likely to be Clifton Life, and probably high quality newspapers such as The Times, Telegraph, Guardian and Independent. The places these people are likely to shop are local small businesses and high quality food shops such as Waitrose.

So places like Southville and Bedminster have a real mix of classes, as it attracts artistic/artisan types, those who may not be able to afford Clifton and Montpelier but like the feel of being close to the city centre. But intermixed with all of that you also have those who grew up in the area. In the early to mid 20th century these parts of Bristol were not very affluent, many of those born there and still living in the area may be in rented accommodation or living

in the council flats dotted around the district.

When I worked at Bedminster Family Practice, on occasions, I had consultations with people with serious problems but unemployed and living in a council flat - there was no way they could afford to pay for any health services. Even though I worked for the charity Anxiety UK and accepted low incomes, this was still too much for some people.

So the middling sort in this area may still read The Guardian, but will more likely be readers of The Daily Mail, The Daily Express, Venue, The Pigeon and The Bristol Evening Post and may shop at Tesco Sainsbury and Asda.

The lower incomes are likely to go for The Sun, The Daily Mirror and any free newspapers. They are more likely to shop at Lidl and Aldi.

So we have our split of people, where they potentially shop and what they are likely to read. Which leaves us with the education factor. It’s been noted many times that those who get through therapy the fastest, quite often are the smartest. If we are teaching our clients about the brain, the time

Continued over...

Grade	Social class	Chief income earner’s occupation
A	upper middle class	Higher managerial, administrative or professional
B	middle class	Intermediate managerial, administrative or professional
C1	lower middle class	Supervisory or clerical and junior managerial, administrative or professional
C2	skilled working class S	skilled manual workers
D	working class	Semi and unskilled manual workers
E	Those at the lowest levels of subsistence	Casual or lowest grade workers, pensioners and others who depend on the welfare state for their income

it takes for them to grasp the idea, understanding the problem and thinking of what they can do for themselves, helps speed the process along hugely.

I can think of two emetaphobia cases I had, one was quite a smart chap who only after 5 sessions managed to live through an outbreak of the norwalk virus in hospital and keeping himself in control because he understood the processes involved with panic, and another one who took 9 sessions before she even realised (despite me explaining to her every session) to associate the feeling of sickness to her anxiety. It took another 9 sessions for her to manage it effectively.



You'll find working with pensioners can be both rewarding and challenging at times. Though some may be strapped for cash, I offer discounts generally, though I do not disclose how much on my advertising literature – it's best to do that at the consultation. It's about value, and value for money. If you charge less than the average going rate for the therapy it's devaluing it. If someone who earns good money but refuses to pay top rates then they do not value themselves.

An example is one woman who came for a consultation, she lived in an affluent area, I remember leafleting her house, her husband was an ex accountant and they had a Jaguar car in the drive. She wanted to lose weight and complained that the price was too high despite me giving her a discount for being over 60, and that her local weight watchers class was too much and the gym was out of the question. As someone who spent over £4000 to overcome a phobia, I know the value of self worth, this wasn't about weight but how she valued herself and material objects.

And this brings us on to freebies, reduced rates and coupons such as Groupon. I think in their way

these are fine if you are offering something simple such as relaxation, experience has shown that if you offer free sessions, you may be taken advantage of and the effectiveness of the sessions may be reduced. I can remember when I was training and offering free sessions that the client took up the therapy with the mindset, if it doesn't work I haven't wasted my money – we've got to create the belief it will work as part of the therapeutic process, so 0 money = 0 value.

So if you have a limited advertising budget DO, advertise in middle class areas as they will have more disposable income and they may be easier clients. Focus on the things these people may have more problems with – stress, IBS, Insomnia, child birth.

Published articles work better than adverts, and often you may have to advertise over a year before people start to realise you're a regular, and

not a fly by night. Advertise in small literature people keep for local services – newspapers are far too disposable; today's news is tomorrows pet cage liner. Although you might not get any direct leads from newspapers, they can however be useful for brand awareness though as people like to see you in more than one place, i.e. internet, newspaper, local directory etc.

Also local free newspapers fall over themselves for stories about raising money for charity but are probably not interested in health issues – unless it's an advertising feature. One good way to be noticed is to use PR to inform the public of awards or being accepted into certain organisations such as the CNHC or the AfsFH, or raising money for charity – and don't forget **TELL THEM YOU'RE A SOLUTION FOCUSED HYPNOTHERAPIST!**

CALENDAR

Advertise your event here, contact the AfsFH for more details*.

January 22
AfsFH AGM @ the Clifton Practice Bristol

January 28/29
Weight management training for hypnotherapists.
@ Bristol Natural Health Service - 10am-4pm.
For more information and to book a place, visit www.weightcoachsouthwest.co.uk/training.html or call Judith Goldsmith on 01275 331 743

Deadlines for the journal :

Feb 1st for April edition
May 1st for July edition
August 1st for October edition
November 1st for January edition.

Contributions are welcomed, but we can accept no liability for any loss or damage, however caused. The preferred method for receiving contributions is by email to afsfhjournal@gmail.com in .doc or .pdf format. If providing photographs please make sure these are high resolution (300 dots per inch as opposed to 72dpi 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.

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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Organising your supervision

Remember it's your responsibility to organise the amount of supervision required by your association such as the NCH, and pass on the information needed by supervisors to make sure you have met the requirements.

To find out when the next supervision days are there is a page on the CPHT website. http://www.cphpt.co.uk/supervision_noticeboard.php

Also if your supervisor is registered with the NCH, then update your profile to include their name using the drop down box on that page.

The Association for Solution Focused Hypnotherapy would like to invite you to our Annual General Meeting



Notice is hereby given that the
Annual General Meeting for the
Association for Solution Focused Hypnotherapy
will be held on:

22nd January 2012 at 10am

at The Clifton Practice, 8/10 Whiteladies Road,
Clifton, Bristol BS8 1PD

***We'd be delighted if you came along,
but please do RSVP!***