

HYPNOTHERAPY TODAY

ASSOCIATION FOR SOLUTION FOCUSED HYPNOTHERAPY

Edition 20, Autumn 2016

TRAIL BLAZERS: Meet the CORP pioneers

Including:

CORP testimonials

SFH and Palliative Care

Are you seeing enough clients?

Nail biting: how SFH can help



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Association for
SOLUTION FOCUSED HYPNOTHERAPY

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Welcome

4. Benefits of CORP and measuring outcomes

Hypnotherapy Today meets AfSFH trustee Matthew Cahill to chat about the importance of measuring our outcomes with the exciting new CORP research programme.

7. CORP Case Studies

Elise De Viell and Gareth Strangemore-Jones explain how CORP has benefitted their clients and business plans.

10. SFH and Palliative Care:

AfSFH supervisor and practitioner Dorothea Read explains how Solution Focused thinking can make a world of difference for patients receiving palliative care.

15. Are you seeing clients for long enough?

Alex Bronger tackles the all-important often asked questions: how long is long enough for a client? How many sessions does a client require?

17. Nail biting

Karla Howes shares her thoughts on nail biting and how some TLC, in the form of SFH, can make all the difference.



Welcome to Hypnotherapy Today writes CEO David Mclean

Sitting here, listening to my son play in the background, I can reflect on how lucky we are, in our profession, to be able to spot those all-important “sparkling moments” which constantly perk up our own lives. They can range from watching our children grow and develop through to the positive changes and differences we see in our clients.

This issue of Hypnotherapy Today largely focuses on the excellent work undertaken by one of our trustees, Matthew Cahill. His pioneering research is helping us to be able to record those beneficial changes in the people who we see and work alongside on a weekly basis.

Our editorial team have interviewed Matthew for this edition. They have focused on his work in developing CORP (the CPHT Outcome Research Project). I was one of the first practitioners to use its forerunner which was known as SFHRP (Solution Focused Hypnotherapy Research Programme).

I was delighted to have signed up to CORP when it became activated earlier this year and know, from my own personal experience, how crucial CORP can be in helping an individual to move their way forwards. To be able to access such a wonderful research tool, at a reduced rate for AfSFH members, is another key benefit for membership.

To be part of the wider picture and to be able to contribute to the continued research into the benefits of Solution Focused Hypnotherapy is amazing. It's also a fantastic tool to use in the consulting room as it allows the client to have a subjective view of change. They can actually watch the transformation as the graph's marker starts to move towards the all-important blue line which, in simple terms, delineates the difference between intellectual control and the primitive brain.

It really does polish the session off well as I've found that nine out of ten of my clients have made progress between sessions and the tool helps to cement that positive change in their own minds (so allowing their positivity to continue to grow).

Having just seen through the first Scottish course to gain their qualification, it is wonderful to feel that my former students will now be able to implement CORP into their own practices and so use it to help their clients and also the researchers. CORP certainly helps when it comes to the client focusing on the importance of their own thoughts between sessions and allows them to focus on the key factors which aid us all in day to day life: interaction, activity, confidence, strengths, achievements and happiness.

If you haven't already signed up to CORP it is easy to do and I am constantly amazed at the positive difference it has made for my clients and also my practice.



CORP: Recording your work to make a world of difference for clients and building evidence based research to measure outcomes for Solution Focused Hypnotherapy (SFH). Duncan Little meets AfSFH Trustee Matthew Cahill to discuss the benefits of being part of the AfSFH’s continuing research project.



Seeing positive change in a client’s demeanour is, perhaps, one of the most rewarding aspects of being a Solution Focused Hypnotherapy practitioner.

A client’s development can often be recorded in leaps and bounds, over a period of a number of sessions, and to be able note improvements in all aspects of their lives is, frankly, amazing.

In 2013, SFH trainer Matthew Cahill, a trustee of AfSFH and also a director of UKCHO, set out to establish a research project which would deliver hard data to support our work. Three years on and his project is yielding results.

The development of his research was named CORP which simply stands for the CPHT Outcome Research Project.

“It is a brief measuring tool designed to measure seven key elements of wellbeing and mentally healthy behaviour. In order of importance those central elements to our lives are: thoughts, interaction, activity, confidence, strengths, achievements and happiness,” explains Matthew.

“They are the key elements in the Initial Consultation for brain therapy and if these key constituents can be established then we should see a good flow of serotonin.”

“So, if we can get positive thinking, interaction and activity then we will continue in a positive way. As confidence improves then so we can take on more and more challenges.”

“An awareness of strengths, together with recognition of achievements then allows the client to move forward and be able to cope as a happy, brave little soul.”

The programme allows the practitioner to be able to track the progress of each of their clients during the course of each and every session.

It means you build up a clear picture of evidence to show how effectively your practice is working. It also helps to provide an important confidence boost for existing clients who can chart their progress. The anonymised results can also be useful in showing your effectiveness for perspective customers. So far

100 fully qualified SFH practitioners have been taking part in the project which has received substantial financial backing and support from CPHT. It has been a complex undertaking with the 'best of the best' technical minds making up the main programming team. Experienced experts who have worked on multi million pound contracts have produced a programme which CPHT graduates can use at a rate of just £36 a year (which includes a 40% discount).

Matthew's academic background (he has a Masters' in Business and Administration) meant his research project for his MBA at the University of St Mark and St John was to deliver a sophisticated outcome measuring tool. A huge amount of Matthew's work has involved delving into the mathematics of statistical analysis and research.

Crucially, his research was to produce a measuring device which could be used online and offline. The tool also needed to be something which could quickly be accessed by every practitioner so CPHT graduates could move forward together.

"We had spent several years running a modelling system and using it in private practice," says Matthew. "CORP was born from it as we realised we could improve upon the old system and target our findings in key areas."

"Finding the right programmer for the project was the crucial and we did so with the hugely positive influence of Delta Systems."

"With the previous modelling system I found the Clinical Significant Change was rated at 64% and 14% of change recognised therapeutic intervention in itself. With CORP, I found 82% of Clinical Significant Change and a small percentage of therapeutic intervention."

In short, CORP is a more effective measurement of our performance in the therapy room to more traditional methodology.

"The study was a more thorough tool for us to be able to measure outcomes when compared to other models," says Matthew. "We

found CORP had a higher level of clinical success when measuring outcomes on it."

"We are now looking for a large volume of data we can publish so we can provide a voice for the work which we undertake. Without proper evidence and research, we are limiting who sees the outcomes of our work. Part of our aim is to be able to present our findings at a governmental level."

CORP is surprisingly easy to use. Before the interview starts, Matthew shows HT the laptop he uses specifically for the job. He bought it brand new for a mere £100 and, of course, you can easily purchase second hand one for much less.

In other words you don't have to spend much on the kit to be part of the project and, crucially, CORP can be used on all PCs (but not MACs).

"For the practitioners involved in the scheme, it has become an integral part of the session itself. It allows the client to feedback on positives before they go and it reminds them of the seven key areas they should be focusing on outside of the therapy room."

CORP is completely exclusive to CPHT graduates and, as such, to AfSFH members. The feedback at a national level has been impressive with a number of highly placed professional bodies expressing positive sentiment to the work being undertaken.

"It is a self-assessment tool for the client," he explains. "It's very simple to use. They decide where they are on a straight line to give a realistic indication of where they feel they are at that point of their lives."

"The line is unmarked as numbers can skew the outcome. The first measurement happens at the start of the initial consultation and then at the end of every session."

To measure all seven key areas in general therapy means the tool is fast, accurate and easy to use. Plus, plotting the data, and being able to show progress, provides an extra level of professionalism for your practice.



.....
***"This is real people,
with real lives, in the real
world, working to a
real timeframe"***
.....



The programme can also be used for phobias and smoking. It is constantly evolving as the team behind its development tweaks it here and there to keep up with modern technology - and also to acknowledge the feedback from practitioners.

“It is unique,” says Matthew, “as it is so very easy to use. The measuring tool has been based solely with the client in mind so it means they are engaged with the process themselves and it is not seen as a cold, clinical tool for outcome research.”

“Client feedback has been good with many saying it is pleasing to the eye and that it is good for them to be able to chart their progress.”

“The client can see the graph alter which is very beneficial for their wellbeing. I worked with one GP who was positively surprised that I measure outcomes and it is very easy to implement it into the consulting rooms.”

“It is a very efficient way to record information and you gain tenfold from the recording of data and the results it provides.”

“We will shortly be in a position whereby we can predict outcomes from Solution Focused Hypnotherapy which will be an amazing thing to do. So, we can show the client where they are and where we think they will be, within a set length of time, as it shows what everyone in the country is achieving.”

“This is real people, with real lives, in the real world, working to a real timeframe. Everyone follows the same format, the same language perimeters and patterns which mean we can show the results based on those sets of controls.”

“The ultimate aim is to create a better practitioner who is justifying their professionalism and to give Solution Focused Hypnotherapy a voice via research.”

“If we look at the success of other therapies then the only reason why they became widely used, and so gained popularity, is because of the research time they have had. So, we need to accumulate research and outcomes to be more professional and more robust in our presentation of results.”

Matthew believes CORP provides us all with an opportunity to be able to show how recording our work is a serious part of our business practice

“It allows you to evidence your work. Take it on as a personal and professional task so you can say that you have worked with 70 people with stress and here are the results. It is a sophisticated tool to use.”

The seven key areas which the team developed during the course of establishing the programmes format were largely centred on David Newton’s work. It is something which Matthew is grateful to be able to include in the programme as David’s experience spans many decades.

The programme’s development has been vast as it has seen input not just from David but from a number of researchers, web designers and experts from the University of St Mark and St John who ensured it would provide academically robust results. Matthew is also grateful to the original team of practitioners who were involved in CORP since its inception.

He is proud to have worked with so many “trail blazing” pioneers of CORP whose input has helped its continued success.

To become involved in CORP is easy! You can visit www.corps-outcomes.com

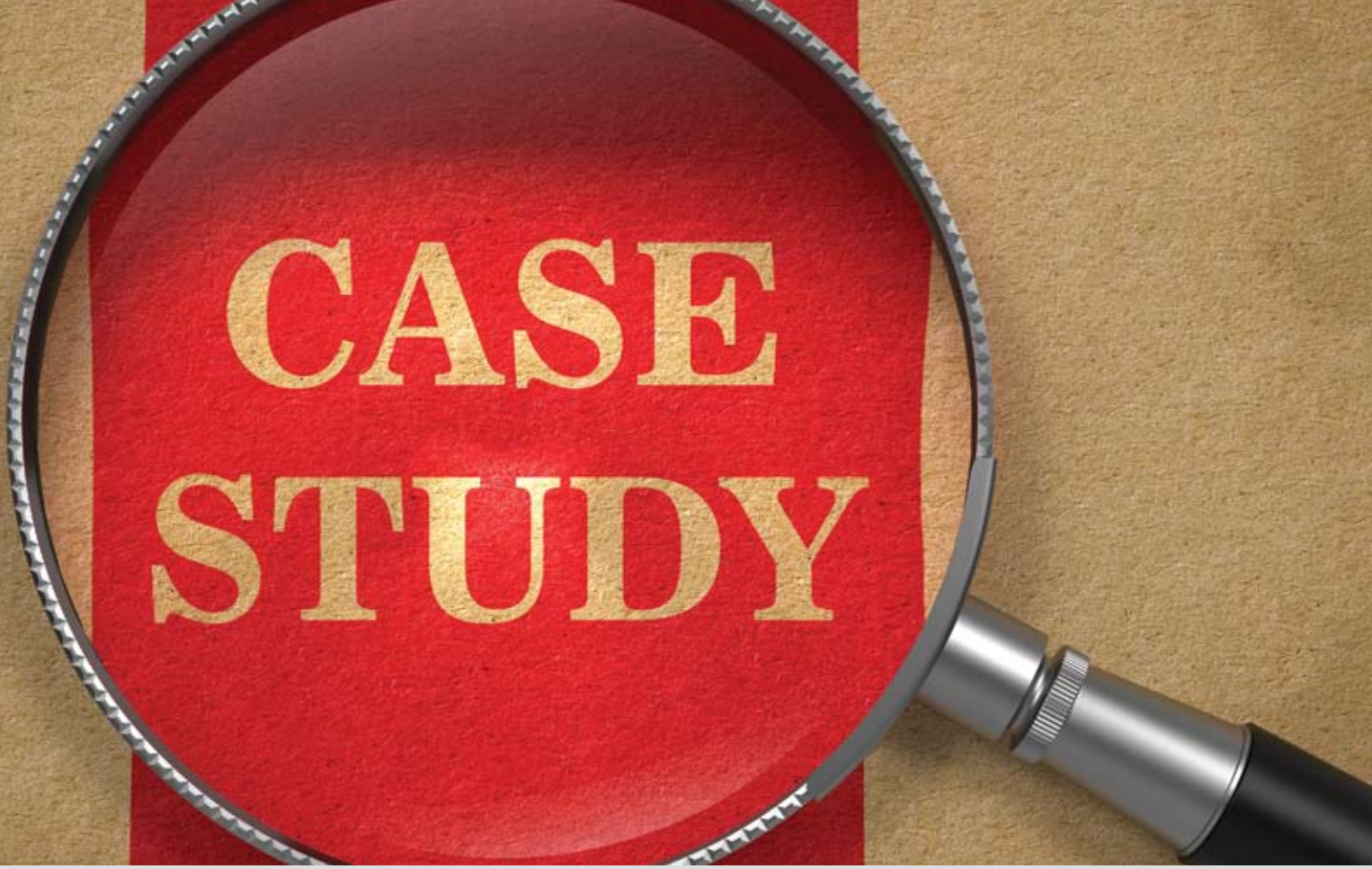
Alternatively, you can head into the practitioners’ area of the CPHT website and purchase it at the discounted rate of £36 a year (which works out at only £3 a month). The programme can be downloaded from research area of CPHT.

There are also instructional videos on-line to show how it works and your supervisor should also be able to provide further details during your meetings with them.

Latest CORP results for 2015 - 2016 will be published in the winter edition of Hypnotherapy Today. We will update results quarterly in each future publication of HT.



Matthew Cahill



CASE STUDY



Elise De Viell

CORP CASE STUDY 1

Hypnotherapy practitioner, Elise De Viell, was one of the pioneers for CORP. Based in Somerset, she has found the system to be invaluable for her clients and her practice.

“I have been using CORP since January 2013 when it was introduced during the final few months of my training. I started using it (as soon as I had installed it) on every new client that I had coming through my door, and I haven’t looked back since.

Personally I love stuff like this! I like to be able to see my clients’ results visually (as do they) but I also think it gives us as practitioners an extra insight into how people feel about themselves.

Using CORP can open up new conversations with clients. It allows additional Solution Focused questions, such as: “what would be better when you are scoring yourself higher on this scale?”

I always mention when introducing clients to CORP that it lets both of us know that we are working together in the right way, and if there is anything we need to do differently, so it’s a reassurance that I will be doing my absolute best for them, and consistently monitoring their progress.

In my opinion it also gives us a professional edge. Many therapists use similar self-scoring methods, but these are often on paper, and have to be taken away to be analysed by the practitioner. Ours are instant! Clients can instantly see how they are progressing, and there is no better boost than to see that green block getting bigger, and that line going upwards every week. Many clients can’t wait to click on the ‘save’ button after inputting their details to see how well they are doing. They always want to have progressed a little more.

On a marketing side of things I will sometimes add a screenshot (with names removed) to my Facebook or twitter feed to show how well clients do - images can say a thousand words! It’s a good thing to put on websites too, a word free testimonial!

So, my advice is simple: If you haven’t engaged in CORP then please do so! Once it’s set up it’s easy to include as part of your session.

For me, clients get off the couch, do their CORP and then book in and pay for the next appointment. It's a great close to a session. I know many of my clients would be gutted if I took it away! They leave feeling really positive about what they have achieved.

Have a little play around with it so that you know what to do, how to add and access clients' information before your session and then get started.

I always print off the results for clients at the end of their final session - or email screenshots over if I'm in a clinic with no printer. I say that it's a little reminder of what they can do when they set their minds to it, should they ever need reminding of this. Often clients will want to show off to their loved ones their results too, and may request a weekly print off.

I use CORP for the same way with phobias as with anything else, it can also give you an insight into what else is going for the client. Most will start near to the magic blue line (as one would expect) as they just have come to see you for a specific phobia. However, they always seem to go up on all the scales as they go through therapy and report to feel the positive benefits in other areas of their lives.

For smoking, I get clients to complete it after their session, and then email them (with permission) a month later to see how they are doing. That way I can then enter details on their form to say 'success' or 'failure'. This gives me a good insight into how successful smoking sessions are - after all isn't that one of the first questions we get asked by potential quitters?

I am aware that there is some debate about whether we should be contacting ex smoking clients, and whether, even if we do, they will be truthful, but this is all that we have, and as it's by email, I would hope they wouldn't feel like it was an intrusion or putting extra pressure on them whilst trying to quit. I have never had a problem with this in the past.

Some practitioners may worry about what if the client scores go down. Worry not!

I have had several clients that will shoot up over the first few weeks, and then perhaps may have a blip. We all have a bad day, or something may throw us off kilter a bit for a few days, but it is very reassuring for them to see that perhaps they haven't dropped as far as they thought they had when they see their results, and even more satisfying when they have jumped back up the week after. "Wow!"

Oh and the last bit is that it's great to be a part of research that can be used in getting hypnotherapy into the mainstream with evidence that it really works (as we all know). It will help us all going forward."

CORP CASE STUDY 2

Hypnotherapy practitioner, Gareth Strangemore-Jones, was another early pioneer for CORP. He talks to HT from his practice in Penarth, Wales:

"My partner Enfys and I have been involved in CORP since we qualified at CPHT in October 2015. We've found the benefits to be immeasurable! CORP provides a transparent way of showing prospective new customers the effectiveness of Solution Focused Hypnotherapy, in general, as well as our own competence.

It is a marketing tool as well as a clinical one. Once engaged, CORP gives the customer a base level measurement of the seven key areas of life and a visual journey of their progress week-by-week. They can actually see themselves getting better and this in turn helps them get better.

If there is any lull, plateau or decrease in any of their scores, we can hone in on that aspect to seek solutions. For example, CORP can reveal if they are not feeling they are doing enough, or interacting enough or if their confidence needs building and then we can focus on that area of life and so see a brighter outcome for them.

The main benefit is the visible change in the progress chart (the line graph) and the percentage change chart (the block graph). CORP can also help us decide as and when a customer is ready to either decrease the frequency of visits or to finish their treatment. I generally seek to see them up above the "blue line of intellectual control" for several weeks in a row and for them to verbally report not just a 'brain gym' fitness, but a mental

stamina that will ensure that they are not just back on track today - but that they can stay on track with whatever life challenges present to them next week, next month, next year...

CORP aiding marketing

As well as to prospective new customers, and to bolster the Initial Consultation, I have shown CORP to the Practice Manager at the Doctors' Surgery and to the MD of the chain of Pharmacies where I hold clinics...they were very impressed.

The Doctor said, 'Good God, we'd shudder to think about having such transparency over our effectiveness but I can see why you are proud of your results!' The Pharmacist has since referred several customers directly as well as a family member. They are both very interested in seeing how the AfSFH will present the national figures to NHS NICE, to the BMA, to the BPS and any other interested bodies with an interest in mental health and they would genuinely love to see themselves more able to refer to us with prescription funding. It does help that my CORP stats and graphs are great.

It is important for customers to be able to see their personal progress, to see your practice's average and to see the national average progress. It is important to gather this data to help show our collective effectiveness and to back up the assertion that Clinical Hypnotherapy can be argued to be a powerful therapeutic tool for dealing with stress, anxiety and depression.

CORP: Easy to use:

Once downloaded, it has been very easy to use. Any snags, and Matthew Cahill and the CORP Tech Team have helped out very quickly. The new version is even easier to use - it uploads the stats to the national database automatically and even prompts you if you haven't done so for a while. It's been great to be part of the beta testing of CORP. I used to work for tech giants, in my previous career in Marketing, PR and Communications.

I helped to launch Windows XP for Microsoft, and effectively taught the world about VoIP (Voice over IP) which is the technology behind what we now know as Skype. It paid me handsomely, but what I do now fulfils me far more. I'm more excited about what can happen next as CORP grows and gathers the data we need to help the NHS NICE to more broadly recommend Solution Focused Clinical Hypnotherapy.

The clients soon begin to look forward to filling in their CORP readings, and love seeing the graphs rise each week. It is a high point towards the end of the session and a great way to end. Even if there is a fluctuation in any of the seven key areas, they will self-reflect and generally know why this has happened and then resolve to redouble their efforts in the coming week. In other words, focusing on the seven key areas allows a client to continue working and focusing on them between sessions."

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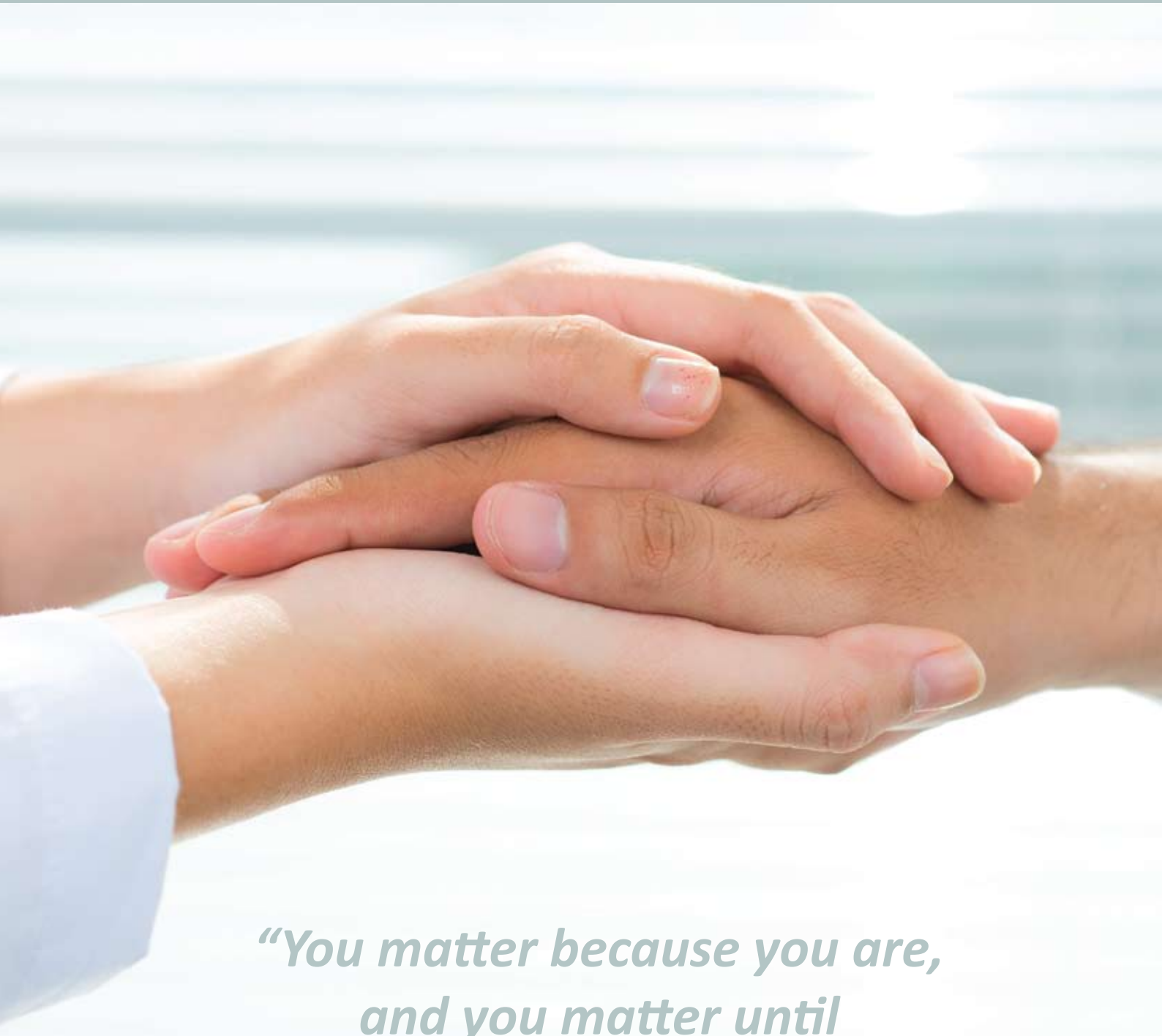
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Gareth Strangemore-Jones



AfSFH supervisor and practitioner, Dorothea Read, looks at Solution Focused Hypnotherapy and its role in helping people undergo Palliative Care.



*“You matter because you are,
and you matter until
the last moment of your life.”*

Dame Cicely Saunders, founder of the hospice movement.¹

It may be hard to talk about dying. We live in a society where we avoid the subject. If someone tells us they're dying, we try to find a cure with that phrase: 'There must be something they can do!' We search the internet for clues to cures; we extol the virtues of positive thinking and healthy diets. People find it hard to discuss palliative care: they start to relate it to their own experiences of loss.

Think about the language we use in our everyday lives. To paraphrase what Dr Peter Saul² said in a TED talk he gave, we call people 'life-savers'; we talk about 'life-saving drugs'; or about people having 'life-saving surgery'. We should perhaps say 'life-prolonging'. We have forgotten how to talk about death. Let's look at some statistics:

- 1 in 10 deaths are in ICU
- Sudden death is very rare.
- 1 in 10 of people over the age of 80 will die of cancer.
- 6 in 10 die of organ failure. This means heart disease, lung disease, strokes. This is old age, a time of slow deterioration, persistent pain, reduced mobility, changes in families (where the son / daughter becomes the carer) and the loss of independence.
- POSITIVE NEWS
- We tend to die of old age.²

We all harbour hopes that we'll be hit by a meteorite aged 99 on the way back from the pub with our beloved by our side, or that we'll die in our sleep aged 100 and with no chronic illnesses plaguing our old age. The truth is, we tend to die of old age and that old age is coloured with various organs ageing too. Perhaps it's down to a bit of a dodgy heart or a mild stroke or diabetes. So far, so gloomy? I think not: we are fabulously, gloriously lucky to be alive. Let's make sure we live, really live, right up to the moment we die. And that is palliative care in a nutshell.

Hypnotherapists are human: it can be hard to talk with someone who is dying without having your own experiences of loss coming into your thoughts. If you have had a recent loss you may feel that you can't see a terminally ill client at that time. It may also be that you feel you might become upset at the client's story. I find it helpful to remember that we're tribal. Think back to the analogy we use in the Initial Consultation where we talk about how we once lived in caves. We're meant to feel for each other. It's part of our tribe's strength. If I can empathise with you, I can help you, and I can learn from your experience. We're stronger together.

Empathy has its uses, but, we have another skill, compassion. You're wondering if they're synonyms, I would argue that they are not. Empathy means I feel your pain; I feel your distress; your story may make me cry and me crying validates your feelings and you feel less isolated than you did before. That's the tribal role. However, as a hypnotherapist I'm coming into your tribe to help out. I need to be compassionate. I need to hear your story and then be in a position to say 'I'm so very sorry to hear that. What can we do right now to move forward?' Hence the Miracle Question. So, compassion is a key strength and it comes from our ability to hold on lightly to a particular outcome. It's a SF hypnotherapist's skill that we focus our attention on the little steps our client identifies. We understand that the goal a client states to us at the Initial Consultation may never be mentioned again.

A metaphor here, imagine a woman walking along a footpath, she's carrying a large bag that she loves very much. Not because it's a designer bag, it's just her bag. She takes it everywhere with her. A kindly faced old man sits by the side of the path watching... He sees that the woman's knuckles are white from the force of her grip. He looks at her face, at how she's staring at the bag she's carrying, brow furrowed in concentration. The old man calls out a friendly greeting and the woman startles, 'I didn't see you there, you made me jump'. The old man smiles and says, 'sit with me for a moment'. The woman sits, still clutching her bag.

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*Empathy has its uses,
but, we have another
skill, compassion.*

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'I love this path' says the old man. 'I love the little yellow buttercups by the side of the path. I love the colour of the sky today, the shapes of the little clouds, and, if you listen carefully, you can hear the sound of birdsong in those trees over there.' He points to a beautiful copse of summer-green trees. 'I didn't notice those, or the buttercups' says the woman. 'It is nice here.' She decides that when she picks the bag up again, she'll carry on looking around her. She'd like to see one of those birds she can hear.

Holding on to your goal incredibly tightly, with a really firm grip is stressful. Imagine what is powering your muscles to grip that tightly for the duration of your journey. It's cortisol. Stress. This is the same for hypnotherapists and clients alike. Hold on lightly to the outcome and it's easier to be in the moment.

So how do we hypnotherapists chose compassion over empathy?

Be in the moment. Be aware of the detrimental effects of negative 'time travel'. Look around you and focus on what you can see, hear, touch, taste, and smell. Be aware of your neuroscience. A thought has a physical effect on our body. For instance, a startled response but this is a two way thing. Change what your body is doing and you change the fuel available for the thought. Breathe out, relax your shoulders, what can you see, hear, feel, smell, and taste? Now you're orientating yourself to the room you're in. You start to be 'aware' and that is a position of great strength. To be aware of a thought is to rise above it and look down. You can pick that thought up later if you need to. This is what you do with clients every day, I'm just reminding you of it because of the emotive response we all have to dying.

Looking after the needs of the hypnotherapist is very important. Compassion requires focus. It requires lots of areas of the brain to be working hard and working together.³ It requires emotional resilience. We develop emotional resilience from practice. It's like a muscle, and the more you work at it the better you get at it. How do we work at it? An empty stress bucket is always any hypnotherapist's best asset. The research of Dr Alex Mitchell et al⁴ highlights the fact that clients receiving palliative care suffer from depression, low mood and anxiety, symptoms we believe Solution Focused Hypnotherapy has a beneficial role to play in helping to alleviate. The first client I was asked to see for palliative care wanted help with anxiety. Specifically, she wanted to feel calmer when her family visited her on the ward.

Her Miracle Question revolved around creating more happy moments with her grandchildren. The resolution to the Miracle Question, for her, was, 'I would ask my daughter to bring in all the colouring stuff and we'd make pictures together'. So that's what they did. In SF Hypnotherapy we recognise the importance of the little steps.

Slowly, I started to trust the SF Hypnotherapy system to lead the client (and me) to that space, that moment of calm in the whirlwind, that moment when they can metaphorically catch their breath, pause, relax and feel a little calmness.

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Look around you and focus on what you can see, hear, touch, taste, and smell.

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I always ask clients, what's been good about this week / today for them? I alter the wording initially as palliative care clients are under supreme stress at first. Here's an exchange I had with a client having end-of-life care.

Me: 'Can you tell me something that is going okay at the moment, so we could possibly leave that to one side? Has someone been really helpful today?'

Client: 'My mum is coming round later; she's helping with the children so I can rest.'

Me: 'That must be a great help. What do the children most like about their grandmother being there?'

Client: 'She does their homework for them (client laughing) and she gets most of it wrong. The kids think that's very funny.'

While all clients are individual, there are some common themes. Some clients may want to tell you some of their illness journey but they are usually very keen to reclaim their experience. There is a kind of cultural pressure with illness, that people use war terminology: 'fight this'; 'beat this'; 'cancer battle'. This is especially relevant when the person who is dying has cancer, because it's a disease that has a certain cultural construct around it.

Another theme is other people feeling that they can 'see' the path the client should take. Debra Jarvis⁵ found that being told how she would feel after a cancer diagnosis was intensely annoying. 'You know, Deb, now you're really going to find out what's important...' Debra's husband was told, 'Oh, this means you'll be doing the walk'. Sponsored walks and 'fun' runs, wearing the right coloured ribbon are all fantastic tools to raise awareness and gain research funds, but our client is already all too aware, and so is their family.

At first the client's illness story gets the client the attention they need. Their tribe gather and they are afraid too. Later, the illness story can actually take attention away from the person. When someone is told that there is no further treatment, or that treatment is now palliative and not curative, this often seems to be the start of the person reclaiming their own story. They want to be themselves and not defined by the disease. Families start to recognise that the illness has had their attention for long enough. Time may be short and they want the real person back. They've become subsumed by the narrative of the disease process which may have left them feeling lost and Solution Focused questions help them to find the way back.

In my view this is why SF Hypnotherapy works so well in palliative care. Our client defines their goal. It's their own words that define the small manageable step that means they can choose their reaction to an event, rather than the event being the only thing that defines them. In palliative care, the redefining of their life as a life well-lived, a whole experience, an identity of their

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*Be kind and give
encouragement
and time*

.....



own, is vitally important.

Ask your client to tell you about something that makes them proud, what used to make them feel strong, do they have to be strong for their children? Are their children strong for them? In what way are they strong? When they're strong for them then how does that make them feel? Ask your client what their hopes are for the day and for the week. It may be the first time in a while that a Solution Focused question has been asked, so take the time you both need.

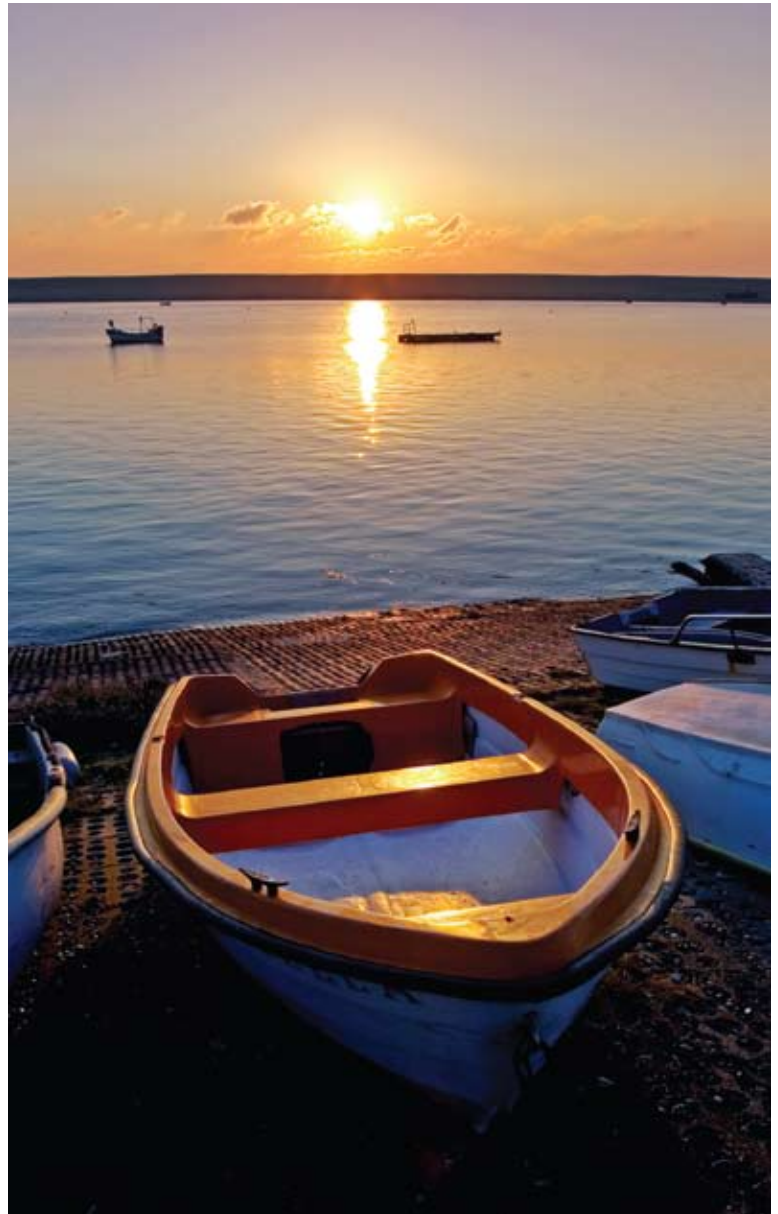
Palliative care clients may not have a bucket list, or their list might be quite different from what you might expect. The more unwell a person feels then the smaller their world can become. Pleasures can often be described as being with family, having a favourite sweet, seeing a flower, or perhaps the feel of the wind on your face. In a TED talk about death in trauma situations, Matthew O'Reilly⁶ says 'it's the littlest things, the littlest moments...that give you peace in those final moments.' If they do have a bucket list remember 'it is important to hold your goals loosely. You need a general direction, but you don't need to be rigid. Allow for flexibility and discovery along the way. Allow yourself to change your mind as you gain new information. Delight in the process and not in the result.'⁷

With a bucket list the role of SFH is often a confidence-building one. Clients who have been dependent on hospitals and GP surgeries may have lost confidence in their ability to direct their life. Miracle questions can come in useful at this point. So, be kind and give encouragement and time. SF Hypnotherapists are good at helping the client reclaim their story, away from the illness.

We remember that memory has the value we place upon it. Reliving a happy memory gives us some access to the feelings we had at that time. Ask the client for a moment when they felt really happy and then re-tell it in trance, after the progressive muscle relaxation and deepener, re-tell their story with plenty of sensory detail. This technique can be used up to the moment of death, as with the case of Alan:

...Later, when it was near the end, Alan's breathing became laboured. He was barely conscious. His brother held his hand and I talked to him. Alan do you remember the rowing boat you built? You remember hauling it down the beach? How heavy it was, the sound of the keel scraping through the soft Scottish sand. The squawking of the seagulls and guillemots, and the sound of the surf rushing up the beach. The boat beginning to get lighter as the water starts to take it weight, the relief of knowing you'd soon be on the sea?

Then the sound of your boots splashing in the surf, the sea making the boat buoyant. You'd jump in and slide the oars into the surf and pull, and pull...the warmth of the sun on your face the wind in your hair, the cold splash of the sea on your hands, the salty tang as you breathe in the beautiful world ...and you're out there,...on the ocean.. Calm, confident and happy. Alan's eyes stayed closed but he smiled and lifted both arms and rowed...



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Are you seeing your clients for long enough? Alex Brounger discusses the important balance for the number of sessions which an individual may require.

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How many sessions do you see clients for on average? Unless you have done some proper analysis of this (in my case with the help of a spreadsheet but, of course, CORP provides the answer easily enough) the chances are you don't know. Gut feel will rarely produce an accurate figure.

If you had asked me in my first year how many sessions I saw my clients for on average, I would have probably said nine to ten. Then I sat down and analysed it more closely and I found it to be around six (that's not including smoking cessation sessions and specific fears and phobias)!

When I recalculated recently that had increased significantly to 8.5. As you'll read in a moment this still falls short of David Newton's suggested average but I am getting there! (David is the founder of AfSFH and is an avid supporter of getting the word out to the public of what Solution Focused Hypnotherapy is all about). Obviously, part of this increase (to 8.5) is due to the fact that, as time went on, I had more clients return for top-ups, additional sessions or for help working through additional challenges. However, a larger contributing factor to me being able to increase the number of sessions has been in making sure I implement some practices which are sometimes difficult to stick to. So How Many Sessions Should You See Clients For?

During my HPD training (in 2011) David Newton made it clear that we should be aiming to see clients

for an average of 12 to 16 sessions. He repeated this sentiment in an email sent in July 2012 to all HPD graduates, after some initial results from the research programme had been collated. Whilst this was still a long time ago, a recent conversation with him told me that this is all just as relevant today. He wrote:

"Perhaps the single biggest thing that surprises me (and I think I can be forgiven for claiming some experience after completing well in excess of 25000 clinical hours and 6000 teaching hours) is the average number of sessions practitioners are seeing clients for the resolution of clinical illness such as Depression, General Anxiety Disorder (GAD), IBS, OCD etc. I remember I was always a little bit worried if I saw clients for less than eight sessions, in case things were not completely resolved. More often it was considerably more, sometimes twice as many and occasionally three times as many."

Clearly not all the clients we see will be so entrenched in primitive brain symptomology that they need up to 24 sessions but I think we can be confident that many will.

Why Is It Important That We See Clients for That Many Sessions?

Let's return to David's email from July 2012 for a start: "I sometimes worry that hypnotherapy could become 'superficial'. I think it is worth remembering

that when dealing with clinical illness twelve sessions is still very 'brief'. CBT is often 18 - 20 sessions. I also worry that by not fully respecting the gravitas within clinical areas we might stop attracting the very people who really do need our help. The reason that I had quite a high percentage of medical referrals was that I worked in clinical areas."

To me this means that if we continue to pretend that we can fix clinical conditions (such as those listed above) in as little as six sessions then Solution Focused Hypnotherapy will never be seen as the enormously powerful tool that it is.

We are asking our clients to learn a (sometimes entirely) new set of thoughts, actions and / or interactions. The thought processes and behaviours that they have practised for years (or even decades) have led them to a point where life is... well, very uncomfortable. We have to give them the time, the space and the environment for their brain to lay down many new pathways and encourage these new pathways to be the 'path of choice' enough times to allow the old ones to start to decline. This takes time and it takes practice.

To illustrate my point further, when was the last time you learnt to do something new? How many hours of practice did it take you to get to a stage where you could describe yourself as competent? How many hours did it take your children to learn to walk? How long did it take you to learn how to use a knife and fork? How long did it take to learn to drive a car? (I was amazed to hear from a Driving Instructor friend of mine that the average number of lessons people have before they can pass the current driving test is between 30 and 40)! I think we can confidently say that, when it comes to learning to drive, our brains properly believe it is more complicated than we perceive it to be and so it'll give us a far greater reward when we get it right!

It was Anders Ericsson, a Professor at the University of Colorado, who first suggested the now commonly quoted theory that it takes 10,000 hours of practise to reach elite level at anything.

But the client controls the number of sessions they have so what can I do to increase it?

One of the tenets of Solution Focused Work I like the most is that the client can control the number of sessions they have. That said, sometimes clients ask us how many sessions we think they may need and hypnotherapy practitioners can underestimate the answer! So, if your mindset, or belief, is that there are only a certain number of sessions that are worth having, then this will rub off on the client. I have heard Hypnotherapists say that they don't have anything to offer after six sessions. This is nonsense. Do not be afraid of the need for and value of repetition, as explained above, it takes time for these practices to 'bed in' and, in my experience, most clients are grateful for the repetition because they've forgotten far more than they've remembered. "How many sessions will it take?" is a common question to be asked by a client. I remember our training encourages us to remember "it will take eight, nine, 10 or 12 sessions, sometimes more." Nowadays, I have added, "a handful of people require many more sessions than that." It allows a person to feel they can continue to work with us for as long as they feel it is beneficial for them to do so.

I have one client who has had more than one hundred sessions with me and we're still counting. I have had quite a lot of people come to see me for in excess of 30 sessions and some who have had more than 50. In short, it is better to see the client for one extra session than one too few and, as such, I always like to make sure I see that client at least one more time. After all, as David Newton always said: "It is a far bigger crime to see someone for too few sessions than for too many."

Alex Brounger is a full time Solution Focused Hypnotherapy practitioner, with clinics in Cirencester and Stroud. He does one to one and Group Supervision, which is held on the second Saturday of every month in Stroud, Gloucestershire. Alex is also Course Leader for CPHT Belfast. Alex's website is abHypnotherapy.co.uk.



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I have one client who has had more than one hundred sessions with me and we're still counting

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Nail Biting Situations: How SFH can help.

SFH practitioner Karla Howes examines an issue commonly raised in the practice room.

Over the past few years of practice, it has happened time and time again. Not one client has come to see me for this particular issue but, as it is part of fact finding during the Initial Consultation, it has regularly come up. I am referring to nail biting or skin picking around the nails.

Logically why would you do this to yourself? When the primitive brain takes over, there is no logic to this. If you are reading this magazine as a client in a waiting room, or if you are not a Solution Focused Hypnotherapy practitioner, then perhaps I should explain!

There are two main sections that we refer to when we talk about the brain, the intellectual part and the primitive part. The intellectual brain comes up with a proper assessment of every situation; it would not come up with picking your skin until your fingers bleed or biting your nails down to the quick.

The primitive brain is not an intellect in itself and so cannot be innovative. As such, it refers to previous patterns of behaviour as a reference point. Imagine all these patterns being stored in a filing cabinet and when the primitive brain takes over thinking then it imagines you are a "crisis" situation, and, as such, it will pull out the file that matches that event. You will then respond in the same way as you did previously, locking into the pattern matching behaviour associated with routines.

As stress increases, whether this is due to this particular habit affecting you or any other events happening in your life at the time, the negative behaviour can then expand into other areas of your life (such as poor sleeping patterns). When this happens, the primitive brain takes further control and all the negative behaviours increase. The vicious circle begins.

We, as Solution Focused Hypnotherapists, can help with this. We give a full explanation of how the brain works at the Initial Consultation, draw some fantastic pictures (well some do if they are particularly arty) and give some pointers on how to change these behaviours. The 3 Ps are the key!

Positive action - some form of enjoyable exercise. For some people this is running marathons. For others, it could be as simple as putting on your favourite music and dancing round the house!

Positive interaction - talking to friends either on the phone or meeting up for that long overdue catch up, whether for a coffee and cake or a night out.



Positive thought - this is the one that catches a lot of people out. Those simple words - must, should, need. These all have negative connotations and can make the primitive brain stand up and take over. Changing these to 'I CAN' and 'I WILL' make an enormous difference and usually put a smile on your face as you say them!

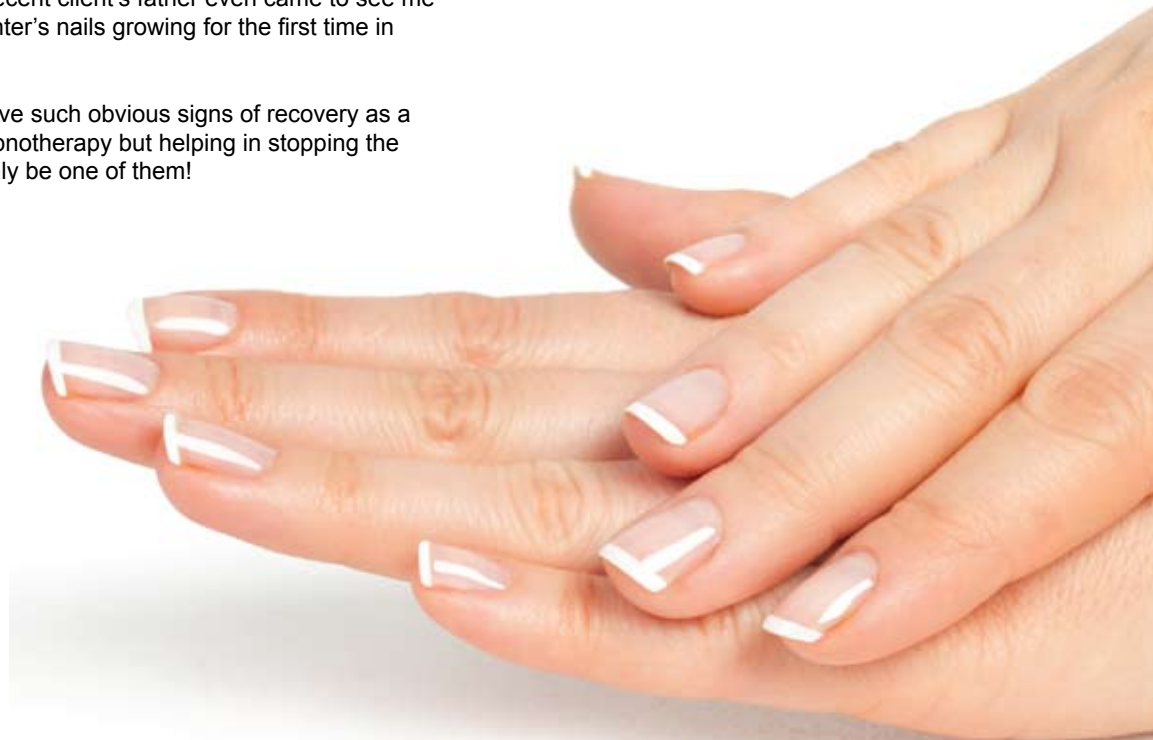
The client that stands out in my mind the most is a young lady in her early forties who came to see me for help in managing her fibromyalgia. She came to the first few sessions using a walking stick - I did not see this again after Session Three which was incredible! She used the Relaxation CD (which I had provided to her) around four times a day and learnt to self hypnotise very quickly as a result.

She said the most helpful time of day for her to play it was just after waking up as that was the most difficult time of day for her with all the aches and pains. She, of course, played it just before sleep!

Around the fourth session, she told me she had stopped chewing the skin on her fingers and her nails had started to grow for the first time in years. This was particularly important to her as she was renewing her marriage vows in three months time. As we progressed, she started having manicures which was a novelty for her - she really enjoyed this experience and gave her a nice healthy boost of serotonin. We started our sessions in the March. By December, she emailed me to tell me she had been a hand model for the beauty clinic where she went for her manicures! What a fantastic experience for her!

Over the years, this has been a repeating story with clients telling me how pleased they were that this habit had stopped and how people around them had noticed. A recent client's father even came to see me as a result of seeing his daughter's nails growing for the first time in his memory!

Our clients may not always have such obvious signs of recovery as a result of Solution Focused Hypnotherapy but helping in stopping the habit of biting nails can certainly be one of them!



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.

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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 and Newsletter Editor: 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.



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 Counce
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!



Colin Hudson, Compliance Officer
Colin has vast experience of Solution Focused Hypnotherapy and runs his own SFH based business in Sussex. His role as Compliance Officer has been running since 2015 with a focus on helping AfSFH members to achieve best practice by ensuring their insurance, supervision and DBS checks (where applicable) are up to date and in place.



Head Of External Marketing: Lara Lewis
Lara has been a Solution Focused Hypnotherapist for just over a year now and is excited to be a part of helping to promote the incredible work that SF Hypnotherapists do.



In this issue we have contributions from:



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