

HYPNOTHERAPY TODAY

ASSOCIATION FOR SOLUTION FOCUSED HYPNOTHERAPY

Edition 25, Summer 2018



*Spreading
the word!*

SFH at the NCH conference

Also in this issue:

Making decisions

The Hippocampus

This thing called pain

Members' Survey Results

AfSFH.com

Association for
SOLUTION FOCUSED HYPNOTHERAPY

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ST: Supervision type (e.g. Skype, One to One, Group supervision).

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A Message from the Editor...

Finally, as my desk fan continues to blast me with air, it seems summer has arrived! As I look out of the window, I can see flowers in bloom and plump bumble bees wafting lazily from one flower bed to another. Spring seemed to merge into summer quite quickly, and as I reflect on this, I realise that there have been some exciting changes in the AfsFH since our last edition, and I know that we can expect plenty more to come!

In this issue of Hypnotherapy Today, we get to know more about members of our wonderful Executive Committee – from an article with our longest-serving Exec member, Trevor Eddolls, to brief biographies from our newest Committee members. We also explore the Hippocampus in our brainbox article and feature an inspiring case study about using SFH to help with chronic pain.

I'm also thrilled to include a report covering the NCH conference that took place in June. As you will read, there was a large contingent of Solution Focused Hypnotherapists in attendance, and I'm sure all of them enjoyed David Newton's talk as much as I did. It was wonderful to meet so many AfsFH members, and thanks to everyone who gave permission to be included in the article.

This issue also includes feedback from our Members' Survey – and we are grateful to everyone who took part. Your feedback is so important to the Executive Committee; we are

here to serve our members, so if you have any comments or feedback or if there is something you'd like to see more of, then just drop me a line: ceo@afsfh.com.

I hope you enjoy this edition – a big thank you to everyone who contributed; as always, your efforts are greatly appreciated. Hypnotherapy Today would not exist without written contributions from you, our members, so please, do keep sending in your articles, ideas or reviews to me at: journal@afsfh.com. (Don't forget, you'll also receive a £5 CPHT Gift voucher if your work is published!). Similarly, if you'd like to submit a blog for publishing, then please do get in touch.

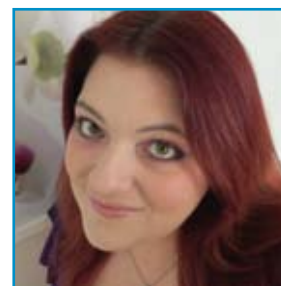
So, enough from me. I hope you can now find somewhere cool, sit back and relax and enjoy the latest contributions from our members.

Enjoy the delights of summer and happy reading!

Best wishes,

Helen

Helen Green,
AfsFH CEO & Editor





MEET THE MEMBER:

Getting to know the AfSFH Head of IT and Social Media, Trevor Eddolls

Hypnotherapy Today asked Trevor to provide some insights into his work and his role within the AfSFH.

How do you see your role as Head of IT and Social Media for the AfSFH?

I started training in 2008 and was invited to join the AfSFH in 2011. (I attended my first meeting at the start of 2012). In that time, the role has grown and changed. I see my role now as having three facets – there's an internal facing one, where I make it clear to the Exec what IT can and cannot be used for; a public-facing role where I use IT to empower our members, to share information, and also to 'take the temperature' of what our members want from the AfSFH Exec; thirdly, my role is to help increase the general public's awareness of what Solution Focused Hypnotherapy (SFH) is and how it can help them.

We use the closed Facebook group for AfSFH members to share their thoughts and ask other members for their opinions on a wide range of topics. We also have the public-facing Facebook page (that can be found on Google), which is full of interesting stories – from the latest neuroscience findings to TV stars who have successfully used hypnotherapy. This helps spread the word about

Trevor (far right) enjoying spending time with his family.

Solution Focused Hypnotherapy. In addition, we have quite a big Twitter presence (if you don't follow us already, look for @afsfh).

We use Survey Monkey and Office 365 to conduct surveys. For the Exec itself, we use Dropbox and Mega to store shared folders. We also use Wild Apricot (recently taken over by Personify) to run our membership, host the journal PDFs, and send out the newsletters. I also look after the AfSFH website – and anything else that seems like it's more 'ITish' than fitting anywhere else!

What attracted you to work as a Solution Focused Hypnotherapist?

Oh dear, it's confession time, I didn't understand the difference between SFH and any other kind of hypnotherapy when I started! I'd always been interested in hypnotherapy, but had never done anything about it. By the end of 2007, my business was suffering from the financial crash and I found myself with more time on my hands. My daughter (who was finishing her social work degree) suggested that

we both train as hypnotherapists and found us a local training centre.

Since then, I have definitely embraced this style of working! I think SFBT (solution-focused brief therapy) is a great model to use in many interactions with people, including coaching and mentoring. And I think it makes a hugely positive difference in hypnotherapy.

I do use NLP techniques alongside SFH, and I have used Mindfulness and Appreciative Inquiry when I thought they had a place with clients. But SFH techniques are brilliant. And I'm pleased to also be a Solution Focused Hypnotherapy Supervisor.

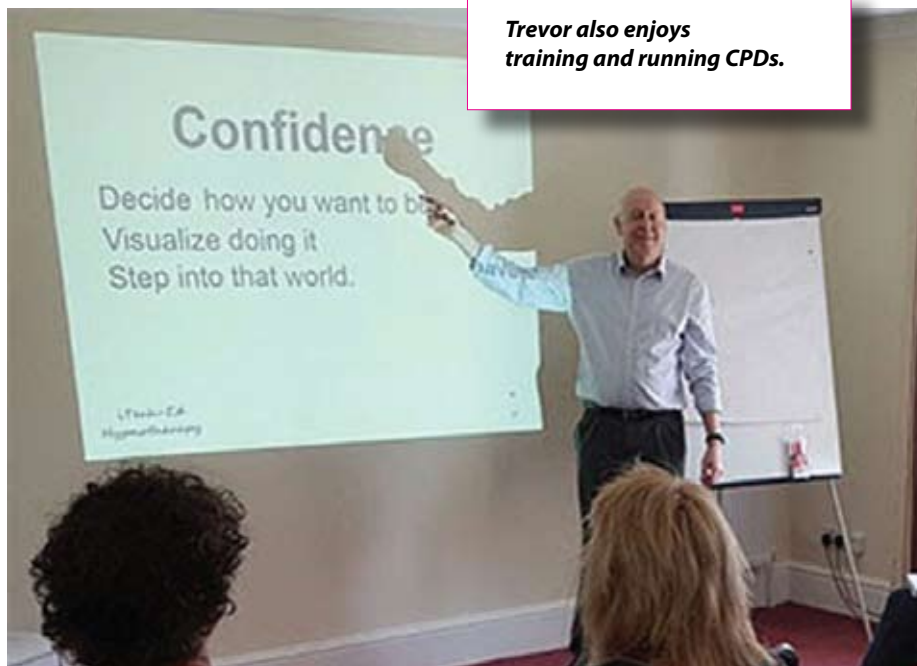
Why is the AfSFH important?

I think the AfSFH is really important because it gives members a supportive umbrella organization. Other hypnotherapy organizations are available, but they don't provide the detailed understanding of what it's like being a solution-focused hypnotherapist. I think it's important that the AfSFH motivates people to continue their training by encouraging people to take CPDs that both further their knowledge about therapies and help them to develop their businesses. And the AfSFH encourages members to attend regular supervision, which is a great way to discuss their current practice and just kick around ideas about what could be better. And, of course, the AfSFH is there to spread the word about Solution Focused Hypnotherapy to the wider public, so they realize how it could benefit them.

And, it means individual members have so much in common with other members that it's easy to start an in-depth conversation whenever they meet up!

What is your background?

I started my working life as a science and maths teacher at a secondary school, and I went on one of the first training courses for teaching IT in schools. That led to a three-week secondment at an IT bureau, where I was offered a job. I worked there for a while before joining an IT training company, and moved on to a company that ran IT conferences and was starting a publishing arm. I stayed there for 18 years, chairing and presenting at conferences, but mainly editing a number of different IT



Trevor also enjoys training and running CPDs.

technical journals. In 2004, I setup my own company (iTech-Ed Ltd) writing and editing articles and blogs about IT, chairing user groups, creating websites, and looking after social media. Since 2009, I've run that company in parallel with my hypnotherapy business, which includes supervision, writing, and giving training courses.

What motivates you?

I think I'm motivated by the desire to find out as much as I can about how people work (neuroscience, psychology, etc.) and the most effective ways of helping them (Solution Focused Hypnotherapy, NLP, Mindfulness). On top of that, I like to share that information with others through writing articles and books, training sessions, posting on social media, and supervision.

What do you like to do in your spare time?

I spend a lot of time with my family – we have two daughters and three young grandsons. They take up a lot of time (and energy!). I used to play the guitar a lot, but recently I have been learning to play the mandolin. What I lack in talent, I make up for in enthusiasm – and I am very enthusiastic! I also do magic tricks for family birthdays, which people seem to enjoy – and we did balloon animals one year. I also enjoy reading – a strange balance between mainly sci-fi and brain-related books.

What have been the highlights as a SF Hypnotherapist and in your role as a supervisor?

I love that 'ah ha' moment (to borrow an idea from Gestalt Psychology) when a client finally gets it – when they realize that they can successfully make the changes they want.

I love it when people can make changes really quickly – like a young girl I worked with on her spider phobia in a couple of sessions ahead of a school trip. And I like it when a client has worked hard over a number of sessions and finally sees the light at the end of the tunnel. I had a lady with a dental phobia who took quite a few bucket-emptying and relaxation sessions before we could even try a rewind. But once we were ready, she was amazed by how different she felt. Supervision is more like coaching than mentoring. It's important to not answer questions straight away, but help the supervisee to come up with some ideas themselves – and then mould their direction of thought. I think of supervisees as 'supervisors-in-waiting'.

It won't be long until they have enough experience to be a supervisor themselves. In the meantime, I continue to remind them of the SFH way of working, my own experience and what I've learned, and wait for their 'ah ha' moment as they develop their own ideas of what to try with a client or how to build their own businesses.



Spreading the word:

SFH at the NCH 2018 Conference

National Council for Hypnotherapy (NCH) Conference
Report by Helen Green

On a sunny but fresh Saturday morning, I found myself standing outside the impressive Council House building in Birmingham. Located in the heart of the city, this imposing Victorian Grade 2 listed building boasted some beautiful architecture on the outside and I was just as keen to explore the delights inside. As I walked in, I was greeted with a large staircase....and then another...as I climbed up, I felt that my daily workout was complete! The interior of the building was beautiful – the Banqueting suite and adjoining areas were vast – opulent rooms, with high ceilings and beautiful original mouldings. Quite stunning. After my brain had finished processing the beautiful surroundings, my senses then noticed something else – the buzz and murmur of a large number of hypnotherapists excitedly milling about (perhaps there's a special word for a 'group of hypnotherapists' – if there isn't, perhaps there should be?!). I was given a goody bag (containing some NCH branded items and chocolate!) and put on my name tag (contained in a rather fetching purple lanyard). I noticed there were also a few exhibitors' stands (mainly relating to Solution Focused Hypnotherapy [SFH]!), which included representatives from Inspired to Change, Clinical Hypnotherapy School and, of course, for CPHT, where I walked over to say hello to David Newton, Susan Rodrigues and some other CPHT Senior Lecturers.

After meeting and greeting lots of lovely folk and draining a quick cup of coffee (there were refreshments and tables in the Banqueting suite), I made my way in to the conference area in the Chamberlain room – passing through a pair of truly enormous, heavy wooden doors (I felt it was like walking into Hogwarts, and one lady remarked they made her feel like a Hobbit!). Once in the room, I noted several rows of chairs with a large screen and stage set up at the front. There were four speakers due to present at the conference: David Newton (talking about Solution Focused Hypnotherapy), Christa MacKinnon (bridging the gap between Shamanism and Therapy), Dr. Emily Grossman (discussing Gut bacteria, Cravings, Chocolate and Pool), and Michael Mahoney (helping cancer patients with clinical hypnosis). All of the talks sounded fascinating, but I was especially excited to hear David Newton speak, founder of CPHT, SFH and, of course, the AfSFH! Judging by the general laughter and smiling faces in the room (not to mention many familiar faces!), I guessed that a great number of delegates attending were indeed Solution Focused Hypnotherapists!

As I took my seat near the front, David was preparing to speak. He was joined on stage by Susan Rodrigues, Gareth Strangemore-Jones, Enfys Jones and Dr. Rachel Gillibrand – who were all clearly going to be contributing to David's talk.



After a brief welcome to everyone by Nick Cooke (NCH Member Services Director), and an introduction to David, the conference was ready to begin. After some technical fun with microphones, David began his talk. It was a wonderful summary of his life and how he came into the world of hypnotherapy. He also talked about setting up CPHT (Clifton Practice Hypnotherapy Training) schools and its ever-growing network. Our conference host for the day Nick Cooke, had already remarked on the impressive spread of CPHT as he introduced David.

David then talked about what Solution Focused Hypnotherapy was all about – a modern, structured approach, that uses SFBT techniques (such as Scaling and the Miracle Question), as well as other relevant aspects of CBT and NLP. He also mentioned its success lies in understanding that the customer (or client), has all that they need within themselves to find solutions to their problems and that as hypnotherapists we can help in 'sticking to the rules' (the CPHT SFH format) and using 'the look' (the expectant look when we ask clients a question that ensures we get an answer!). He discussed the importance of asking clients questions such as, "What's been good?", and that sometimes we have to be brave to ask this (he mentioned such as when working in a niche environment like a hospital, and referred to Dorothea Read when asking it to patients undergoing chemotherapy). David also covered other SFH tenants that we know pave the way to success, such as talking about the brain with clients and repetition (for further details, refer to David's interview in Issue 24 of Hypnotherapy Today!). He also talked about the vital use of humour in our practice rooms, helpful for rapport and getting a client in the right frame of mind to find solutions – and there was certainly a lot of laughter during his talk. He then asked the audience to raise a hand if they had trained at CPHT – I looked around to see a sea of raised hands, which was a lovely sight.

David then went on to talk about evidence for SFH – handing over to Gareth, who talked about CORP and showed some slides of the software for various case studies (with one client name listed as 'GDPR!'). Enfys talked about training in SFH and Susan talked about how CPHT encourages people to see clients right from the start of their training – helping people get stuck in. Susan also described CPHT as 'a family' – and I could see many nods of recognition and smiles of appreciation around the room at this. Rachel then talked about EEG and how we can use this to see different stages of brain activity when going into trance. Judging by the reactions in the room, there was a pleasing amount of interest in the neuroscientific aspects of hypnotherapy and how we might start to measure therapeutic outcomes. David discussed how neuroscience had shaped his SFH approach – mentioning the influence of Marcus Raichle (how hard the brain is working in trance) and Giacomo Rizzolatti (mirroring).

Although perhaps not for those on stage, but for me, the time seemed to fly by, and before I knew it, it was time for inviting questions. One delegate asked how to find out more about CORP and its availability, and another delegate (a Solution Focused Hypnotherapist!) asked David about what he felt was important in moving things forward...he replied that one of the biggest challenges is to retain the integrity and purity of SFH...and he felt that the AfSFH would continue to help in that regard!

Finally, David finished his talk and this was then followed

by a standing ovation – there was certainly a huge amount of support and respect in the room for David and Solution Focused Hypnotherapy and it was touching to see so many people on their feet and clapping. Everyone on stage had done a marvellous job, and I felt that for those in the room who weren't SFH trained, that perhaps they felt that they were missing out on something wonderful – and they'd be right!



David Newton at the CPHT stand

We then stopped for a break before the next speaker – cue lots of chatter and smiling amongst the delegates as they made their way to the coffee area. I was able to chat with some lovely people – AfSFH members who had come from all over the place – including one lady who had trained in CPHT Singapore and was now practicing in the Gold Coast in Australia! It was wonderful to see and talk with so many AfSFH members, including chatting with two members who'd trained in Plymouth (as shown in the photo!).



Hogwarts anyone?!

After the break, I enjoyed listening to the talk by Crista Mackinnon on Shamanism. It was a new topic for me, but you couldn't help noticing how passionate she felt about the subject, much in the same way David's passion for SFH had come across earlier. Clearly, writing on behalf of the AfSFH, the focus for this article is on David's talk and those who also joined him on stage. However, I must certainly mention Christa, Dr. Emily Grossman and Michael Mahoney, whose talks during the day were also enjoyable and informative. At lunchtime, I had the chance to explore some of the stands in the reception area, and I had a very interesting chat with

a representative from an insurance company. We chatted about GDPR and also about leaving a Professional Will – the main thing to note is that we should ensure we leave details of our insurance company in our Will as they can be contacted about making a payment (upon our death or incapacity), which can also help in funding practical matters such as appropriate disposal or storage of client records (check your insurance policies for details!). During lunch itself, I was also able to chat with other delegates who were not Solution Focused Hypnotherapists, but who were certainly curious to find out more. One lady I enjoyed speaking with had come down from Scotland, and remarked on her recent work and said she could see having an SFH structure or framework would be helpful – especially with difficult clients. I also had discussions with a health advocate from Scotland and am sure the AfSFH will enjoy some future collaboration with her in due course. Similarly, I met some of the NCH board of directors, including having some very positive discussions with the Head of the NCH, Tracey Grist, and hope that the AfSFH will continue to work with the NCH in our mutual goals in raising standards and best practice in Hypnotherapy. It was also fantastic to chat with Sue Pittman (NCH Standards Officer) – and I'd realised that we'd met before many moons ago, which was a lovely surprise!

After lunch, I enjoyed a lively talk by Dr. Emily Grossman about gut bacteria and cravings. Those of you who know me, may know that in some circles I'm referred to as the 'Bowel lady (!)', due to my work and research on SFH for IBS. I was, therefore, naturally quite interested in hearing Emily's talk. Perhaps the highlight of that talk for me, was when someone asked the question along the lines of: 'well, if our cravings and behaviour are governed by gut bacteria, are we wasting our time as therapists?!' After a little laughter and silence, I felt compelled to answer – Yes, we can still help! Especially when we consider how Stress can affect our microbiome and gut bacteria! I managed to resist the urge not to say too much more – that could be a whole conference in itself!

After another break (and some much-needed refreshment as the room had become a bit stuffy and quite warm as the day went on), Michael Mahoney went on to talk about how



Plymouth AfSFH members – Sally Potter and Jo Carpenter.

hypnotherapy can be helpful in addressing symptoms associated with cancer or cancer treatment. Clearly an emotional topic, but his talk was informative and sensitive, demonstrating his experience in helping lots of people who have received a cancer diagnosis. As the last talk of the day, it could have ended up being a rather sombre end to an otherwise upbeat day, but actually, it was compassionate and hopeful – and was nicely uplifting as perhaps we sometimes can overlook just how powerful an impact we can have working with our clients.

I certainly enjoyed the day, and it was wonderful to meet so many new people. It was a fantastic opportunity to spread the word about SFH and the work that we all do. In SFH terms, there was lots of the 3Ps going on (Positive activity, Positive Interaction and lots of Positive thinking!). I also enjoyed some wider discussions with AfSFH members, who were kind enough to come and speak with me about what the AfSFH means to them and to offer suggestions about what else we could be doing. (There was also discussion about a future AfSFH event – so watch this space!).

Although the delegates attending came from different therapeutic modalities (although to be fair, I suspect there was a sizeable majority of SF Hypnotherapists in attendance!), one thing that struck me in my discussions with others was just how seriously we all take our Hypnotherapy profession. There was a clear interest in learning, development and evidence-based practice, and even those with a very different therapeutic approach were keen to ensure that Hypnotherapy is seen as a serious, professional and helpful discipline that can have a positive impact in helping with a wide variety of issues - and

witnessing that was a true highlight for me.

So, to finish, I have included a few comments relayed to me by others, when asked about their experiences of the day and David's talk (printed with permission):

"It was so great to hear David talk about SFH (I could listen to him for hours) – and hearing from the others on stage with him of course – I loved that little Grizelda [David's dog] also got a mention! It was a thoroughly enjoyable talk – as someone else said, it was 'distinctly David!'"

"I haven't been qualified long, so today was my first time coming to a Hypnotherapy conference – it won't be my last! It's been great to put some faces to the names – and I really enjoyed all the talks. It's been great to talk to other SF Hypnotherapists and to other members of AfSFH – what a great bunch!"

"There has been a lot of love in the room today – it's been great to see so many CPHT graduates here to support David and SFH – we're very blessed!"

"It's been totally fabulous! I felt so proud to be a SFH today – we really do stand out. Not just the laughter and positive outlook that we share with our clients, but in our fun yet firm SFH structure to what we do that makes all the difference. I'm sure that came across to everyone who was here today. It's been a great day!"

Executive Bios

Introducing your new Exec Committee Members.

Anne Wyatt

AfSFH Head of Membership

“Prior to being a hypnotherapist, I was a paediatric Speech and Language Therapist for 18 years, leading a specialist service for young people who stammer as well as heading up the training service. I graduated from CPHT Plymouth in 2014 and moved back to Scotland within a week. I now have a busy full-time practice in Aberdeenshire, have recently qualified as a supervisor and am currently training to become a Senior Lecturer. Outside of work, I'm a flute and piccolo player and enjoy working with fused glass as a side line business. Last year, I decided to have a midlife crisis and opted for a really fun one, so now ride a Honda NC 750X motorbike, much to the amusement of my clients! I live with my fiancé and our cat in a lovely little village, surrounded by the beautiful Royal Deeside countryside.

Having been a member of the AfSFH since I was a CPHT student, I'm delighted to be taking over the reins of Head of Membership from Polly Hawkins and would like to thank her for the incredible amount of work she has done and for such a supportive handover. The Association and its members have been a professional lifeline for me, particularly as for the first couple of years post-qualification, I was isolated in terms of local colleagues. I very much look forward to welcoming many new members and to ensuring that not only is the application and renewal process as smooth as can be, but that every member is aware of the huge range of support and resources available to them through their membership.

I believe that the AfSFH is perfectly placed to provide a central focus, cohesion and united voice both for its members and for those who need our services and it is an honour to play a part in its continued development. I'm also very much looking forward to working with the rest of the Executive Committee – four weeks into the job and I can honestly say I had no idea just how much unsung work the team puts in behind the scenes!”

Andrew Major

AfSFH Head of Marketing

“Over the years my marketing career in the corporate world of telecoms and energy supply has taken me on some interesting journeys and I've been lucky to work for some fantastic brands like Vodafone, ASDA and SSE – all with their own unique challenges and opportunities. So, I've been able to build my experience across a broad range of marketing disciplines, from brand and proposition management to designing customer engagement and promotion strategies to generate awareness, demand and customer loyalty. So, what led me to solution focused hypnotherapy? Well, during my time in the corporate world, I managed and coached people that were often suffering from stress, anxiety and depression. I witnessed first-hand the impact these problems were having on their personal and working lives. I was often surprised by the positive impact that coaching, encouragement and talking to find solutions could have on their performance, productivity and general wellbeing as a result.

This really struck a chord with me, especially when I could see the positive change in people, their behaviours and general outlook. I soon realised that I wanted to do more to help people in a positive way. My research led me to solution focused hypnotherapy and I found CPHT Southampton. So, in February earlier this year, I began my journey towards becoming a fully qualified SFH practitioner and so far, I've found it to be a very positive and rewarding experience. I'm really looking forward to qualifying and establishing my practice later this year.

I'm delighted to have joined the fantastic team at AfSFH. In my role as Head of Marketing, I hope my contribution will not only help expand our membership but will also importantly build, promote and raise the awareness of SFH to the broader hypnotherapy community and the wider world. AfSFH membership is a fantastic endorsement of your SFH skills and your commitment to high standards, so it's also important to me that we continue to evolve and provide members with valuable support, guidance and resources for each stage of your professional SFH careers, allowing us all to raise awareness and promote the positive benefits of SFH!”



yes



no



maybe



Spotlight on:

Changing your mind

In this article, Jess Dowd considers the impact of decision-making.

New neuroscience research is prolific; there are exciting findings every day. How about finding out how to take more control of your decision-making? Wouldn't that be fabulous?

When to say "yes"! When to say "no"! And, even how to change a 'yes' to a 'no' and vice versa!

Could new research shed some light on how to help our brains make better decisions for us? Whether that's saying "no" to that chocolate biscuit, glass of wine or cigarette or saying "yes" to the gym or applying for that new job! Or, even within our day-to-day safety, like whether or not to cross the road or launch onto the top step of a flight of stairs.

Every day, our brains make a huge number of last-minute decisions. For example, we change our step when terrain changes, we decide how hard to brake at the traffic lights, and we 'know' when to change lane and even where to place the racket to have the best chance of hitting the ball. In a way, life is one long choice of gambles. Shall we go left, or right? So, how does our brain make decisions? With no information, we'd have to choose at random. How many of us choose our own lottery numbers at random? Or do we prefer to use 'lucky dip' - letting a machine choose or some other more elaborate way of making the decision e.g. important dates, lucky numbers or even family birthdays. We tend to base our decision-making on an assessment of previous experience, so we use all our previous data to help us decide what to do in the 'now'. We hope the data is

working well for us, that the gamble pays off and that we make the right decision.

Most organisms 'pay' for information in the use of energy and time. So, the 'organism' codes/decides if the 'cost' is lower or higher than the expected pay out in food, safety or mating opportunity. More low cost but high pay-out decision-making results will, of course, lead to a greater chance of survival. The lion decides whether or not to 'go for the kill' based on its previous successes or failures of 'hunts' that most closely match the current criteria and current set of circumstances. So, this cost of energy and time over expected pay-out is calculated based on previous experience, previous success or failure. Information is gathered and translated into profitable situations by the nervous system. Often, more information brings greater reward... the evaluation of information processing has resulted in our well-engineered pre-frontal cortex. Humans can calculate much bigger risks based on much larger quantities of data than lions, precisely because the development of our pre-frontal cortex is unique to us. The pre-frontal cortex is the area involved in planning and other higher mental functions. We learn through repetition and by using all past data available.

What, then, if our previous experience is negative? What if our previous choices and decisions have not gone well? Can we help our brain learn new ways of decision-making and evaluating?

New research says: YES!

A team from John Hopkins University (Xu et al., 2017) recently published findings in 'Neuron' that shows how changing our mind – to retreat or backtrack on an intended behaviour (something already decided e.g. you're on your way to the biscuit barrel) involves coordinated cross talk between several brain regions. So, changing our minds even milliseconds after making a decision is often too late. The John Hopkins group used data from fMRI analysis to show that reversing a decision needs super-fast communication within the pre-frontal cortex and the frontal eye field; the area involved in controlling eye movements and visual awareness. The research seems to be showing that the longer a decision has to 'take hold' in our minds the harder it is to change – so any indecision only serves to strengthen confusion. This 'lag' is enough to create doubt. So, we doubt our willpower to lose weight and we eat the biscuit, or we doubt our ability to be successful so we don't apply for the job – or we doubt our decision to change lane and end up in an accident. This works for avoidant behaviours too, so if we have previously been involved in an accident, our decision-making processes the evidence that our decision-making might be 'faulty'. We were not successful last time and so we might not be successful again. If this type of thinking takes hold it can have many negative consequences leading to fears, phobias and even OCD behaviours and thoughts we often see with our clients e.g. 'if I touch this three times, and turn this on and off four times then I won't have a crash'.

So how do we stop a 'go' message? How do we cancel the decision? Can we learn to understand how the brain stops or prevents an action? If we can, we can help ourselves and others to enhance the 'stopping process'. This will teach us to enhance willpower and this therefore means people will have more control over their choices. It seems the sooner we can turn off the 'plan' to drink, use a drug or avoid driving etc., the less likely we are to carry out the plan. This then opens up choice - the chance for us to choose an alternative course of action and build new data to use as evidence.

For managing our own behaviours then, we need to actively visualise alternative scenarios – in advance!

We need to help the brain 'see' that this is possible – modifying the brain's algorithms to better guide perception, thought and action. Can we then, build a better brain? "Axons connecting neurons can be rerouted by shifting chemical trails and molecular guideposts that coax the axons in particular directions" (Pinker). Consider the anecdote: "how do you sculpt a masterpiece like Michelangelo's David? It's easy, you just chip away the stone that doesn't look like David". This shows us the power of positive forecasting. Using what we know about how the mind processes information to build on positive mental rehearsal, where we are successful in our imaginations, thus making it much more likely that we are successful in reality.

We can mentally rehearse the positive version, the version of events we want to happen. We can visualise ourselves going to the fruit bowl and not the biscuit barrel, we can imagine ourselves being offered the job and we can remember when we were confident enough to drive and imagine the wonderful places we'd like to travel to. If it IS David, keep it in the picture, if it's not, chip it away!

In the study at John Hopkins University, participants undergoing fMRI had to watch a black dot; then a coloured dot would appear and it was found that this made them shift their gaze. The participants were forced to abandon their initial plan of being told to fix on the black dot. The data from this research was analysed to uncover which brain regions are involved in making the STOP signal happen. The researchers could see clearly on the imaging scans which areas 'lit up' when the participants terminated their 'plan' to watch the black dot because they became distracted by the coloured dot appearing. So, is the key then to change our attention? To distract ourselves! The faster we can make the distraction happen the more successful we will be – but don't we already know this? What do parents do when their child is on 'high demand' in the supermarket for a chocolate bar or a new bit of Lego? Or the 'age-old' "Are we nearly there yet?". We distract! If the distraction worked, we try it again next time, if it doesn't – we might have a tantrum on our hands and we have to try a different distraction next time.

For managing our own behaviours then, we need to actively visualise alternative scenarios – in advance. We need to plan the distraction in advance! We need to anticipate our 'inner demand' and 'think' to counteract it. This process lights up a different area of the brain – making a different decision possible: terminate plan 'A' and follow plan 'B'. If plan 'B' is more successful and makes us feel pleased we are more likely to more easily repeat this next time. This may be another reason why asking our clients to think about their preferred future with the Miracle Question is so powerful...allowing them to plan and visualise what they want, which can influence their decision-making for the better!

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How the Mind Works' by Steven Pinker

'The Biology of Belief' by Brice Lipton

About the writer: Jess has a background in teaching and works as a Solution Focused Hypnotherapist and Supervisor in Cardiff.



Brainbox: Exploring the Hippocampus

The following article by Dr. Rachel Gillibrand explores the workings of the Hippocampus.

As we know, when we talk about the primitive brain, we mention the amygdala, the hippocampus and the hypothalamus. The hippocampus we say is responsible for all our primitive and, sometimes, inappropriate behavioural experiences and patterns. As a major part of the limbic system, the Hippocampus takes its name from the Greek words for horse 'hippo' and monster 'kampos', the reason for which might be that it looks a bit like a curvy seahorse-shaped creature right in the centre of the brain cradling the amygdala (and yes, keen reader of the amygdala article, there are again two of them, although usually referred to as a singular structure!). The Hippocampus is particularly important in forming new memories and connecting emotions and senses, such as smell and sound, to memories.

Function of the hippocampus

The reason the hippocampus affects the way we respond to events of the day is that it functions as a context provider for everything we encounter – it works constantly to 'pattern-match' events to stored memories and becomes fearful if it cannot do this. The hippocampus has two main roles: firstly, it helps us to make and recall memories and, secondly, it then helps us determine if something happening now is familiar or different to something that has happened before. These memories can be 'declarative' memories or

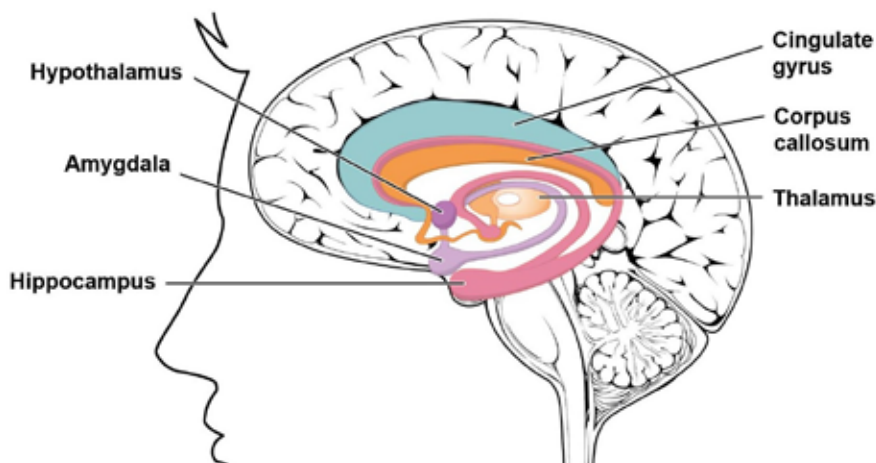
'spatial relationship' memories. Declarative memories are memories of facts and events and we might need this type of memory when we have to memorise the IC for the diploma or to recall our mobile phone number when making arrangements for a home delivery. Spatial relationship memories involve pathways and routes, so we might need these when driving home or remembering where we last saw our reading glasses.

The hippocampus is responsible for creating the feeling of anxiety in two ways. One, through the memory function, by becoming over-loaded with the processing of negative memories that causes activation and two, through the familiar/unfamiliar detection uncton where the stress of being unable to pattern-match current events to stored memories causes the hippocampus to activate. Both routes to activation mean that the hippocampus concludes that something stressful is going on, which therefore requires the attention of the amygdala.

So, how does the function of the hippocampus affect our mood?

Anxiety

The hippocampus activates quickly and provides us with templates of knowledge that we use to 'pattern match' our daily experiences on to. For instance, say you moved away from home a long time ago and are now



About the writer:
Rachel has a background in Health and Developmental Psychology and qualified as a Solution Focused Hypnotherapist in 2016.

heading back in the car for a school reunion. You learned to drive in your home town and you remember exactly how to get to the school because you went there every day for 5 years. As you arrive into the town, you feel confident that you can find the way to the school, you have a strong spatial memory for that journey. However, since you left, the council has embarked on a bold redevelopment of the town and where there was simply a crossroads, there is now a ring road, a huge roundabout, three vast supermarkets and a drive-thru food outlet. Your brain tries to pattern match this new layout to the stored layout of the town and it can't make a match. The brain does not like this and activates a fear response. Everything looks different. Perhaps you can actually see the roofline of the school, but you cannot for the life of you work out how to get there. Your hippocampus cannot provide the spatial relationship memory you need to get to the school and activates the amygdala to generate the fight-or-flight response and you feel angry, anxious or depressed or a combination of all three.

Later that night, after finally getting to the reunion and enjoying seeing some old friends, you sleep. During that sleep, the hippocampus is active and starts turning some of the short-term memories of the day into long-term ones that you store in a different part of the brain. You may store the new route to the school, replacing the map of the old route to the school and next time you visit for a reunion, the journey will be easier. A good thing about the hippocampus is that it is one of few places in the brain where new nerve cells are generated, so it is very good at taking in new information and creating new memories and new templates to pattern match the next day. One reason our work as SFH is so good at mobilising change is that we direct the person's attention away from the negative memories and focus them on the good ones. Bringing 'what's been good about your week' into each session encourages the hippocampus to create many new positive short-term memories that it can later process into long-lasting memories, creating much happier 'presents' and 'pasts' as well as 'futures'.

Depression

The hippocampus is particularly susceptible to low mood and can be overloaded with processing negative thoughts. For instance, a study by Bisby et al., (2018) showed that memories for negative events are much less coherent than memories for positive events. Our memories for positive events have a much stronger narrative, with few gaps in the story, whilst our memories for negative events tend to focus on how we felt rather than what was objectively happening at that time. These negatively-focused memories often have gaps in them and are more difficult to process as some of the context is missing. Memories can take a while to properly consolidate in the brain – Bonnici & MacGuire (2018) found that many normal life event memories only became fully stable memories after about 2 years, however, if the negative memory is lacking in context, it may never become a stable memory and the person may become more anxious and even traumatised by the lack of completeness, re-telling the story over and over and never reaching a conclusion.

In clients with depression, it is frequently found that they have a smaller hippocampus. Which comes first, the depression or the shrinking of the hippocampus? A study by Durmusoglu et al., (2018) looked at the brains of 27 young

women who were at risk for developing depression (family factors) and compared them with the brains of 26 young women not considered at risk of depression. Using fMRI, the total hippocampal volumes were measured, and 3D mapped. The researchers found that although there was no difference between the groups in total hippocampal volume, the women at high risk of developing depression showed differences in a small region of the hippocampus, an area (called region CA1) that was smaller for them than in the women with no risk of depression. Therefore, the authors conclude that this small structural difference in the brain might be associated with vulnerability to depression.

How can we improve the action of the hippocampus?

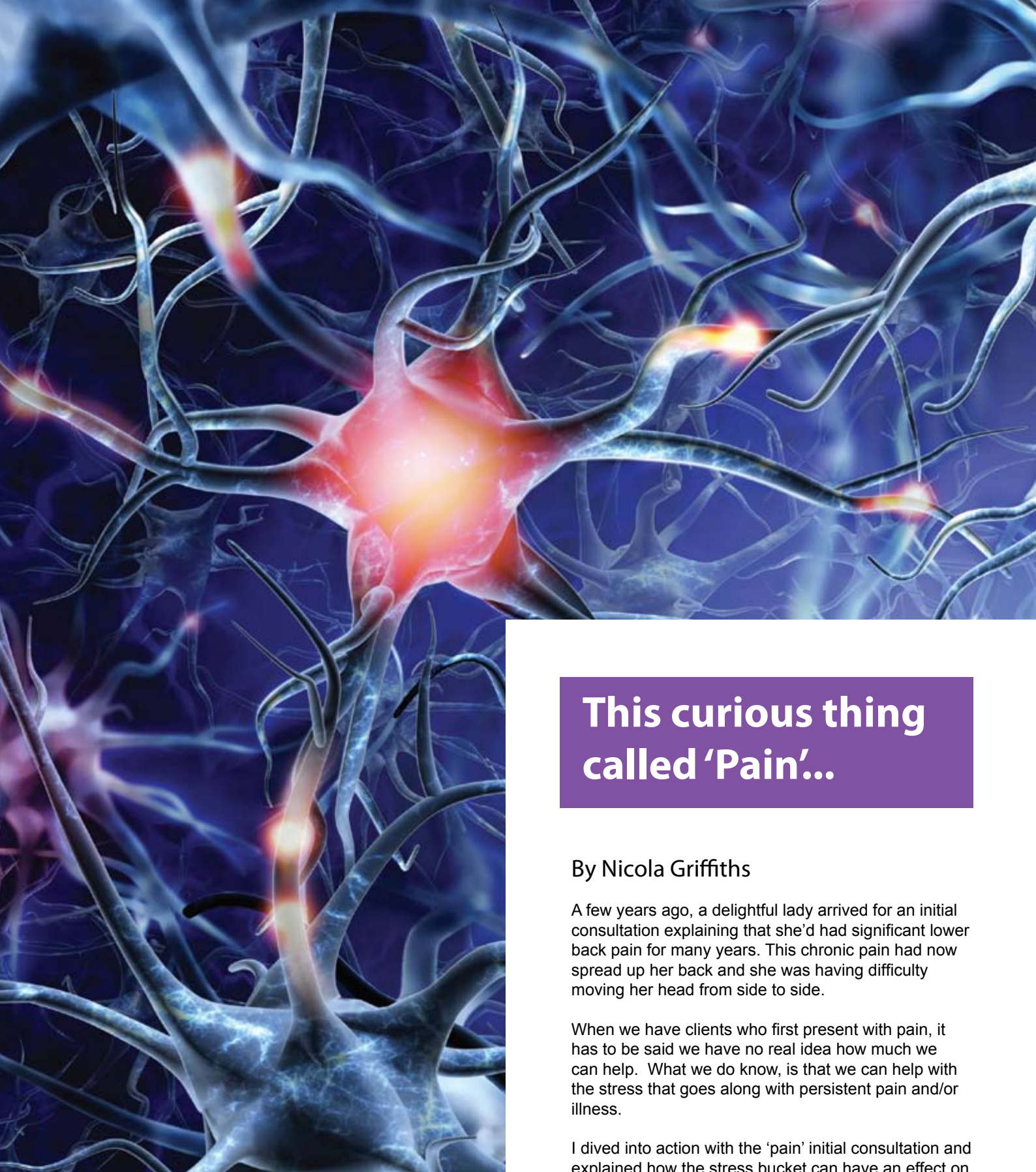
In the studies and demonstrations that I have carried out using EEG to demonstrate the effect of trance on the brain, I have noticed that one of the main effects of trance is the generation of theta wave activity. Researchers at the Behavioural Neurodynamics Group, Leibniz, show that as we work our way through the language patterns of relaxation and into metaphor, the brain steadily increases the production of theta waves. Theta has a really nice effect on the hippocampus. High levels of theta are associated with increased performance in memory tasks, helping us both to learn something new and to recall something old. Low levels of theta are associated with forgetfulness.

Trance also activates theta by encouraging the release of GABA. The neurochemical GABA (gamma-aminobutyric acid) is released when we relax, activating the parasympathetic nervous system, calming our breathing, slowing our heart rate, controlling our digestion. It also plays a key role in generating and maintaining the theta waves that act on the hippocampus, inhibiting the fight-or-flight response and allowing us to create, store and process memories. Theta can also be activated through exercise: running on a track or running on a treadmill both increase theta in the hippocampal region and both support the storage and processing of memories and the reduction of anxiety.

So, positive thinking, positive action and positive interaction remain the friends of a healthy hippocampus!

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This curious thing called 'Pain'...

By Nicola Griffiths

A few years ago, a delightful lady arrived for an initial consultation explaining that she'd had significant lower back pain for many years. This chronic pain had now spread up her back and she was having difficulty moving her head from side to side.

When we have clients who first present with pain, it has to be said we have no real idea how much we can help. What we do know, is that we can help with the stress that goes along with persistent pain and/or illness.

I dived into action with the 'pain' initial consultation and explained how the stress bucket can have an effect on pain, a bit about A and C Fibres, plus how the primitive mind has a way of waving a red flag to yell up to the intellectual mind that it's in trouble. Sometimes, it grabs the correct red flag and it reflects a true picture, but sometimes it grabs the nearest red flag, which might be a flag that's completely unconnected to the true issue. My client's story below highlights how the second incorrect flag can have us going down a very long and expensive journey that simply adds stress to the bucket and makes things worse. The following is written by the client and published with her written permission:



My Story – 10 years on ...

My back pain started when training for the Reading half marathon which was on Mother's Day in 2008. A poignant day as I was running in memory of my Mum for Macmillan Cancer Support. I developed shin splits but managed to complete the race. Afterwards, I saw a physiotherapist and was prescribed orthotic treatment. This had no effect.

I tried a chiropractor, osteopath, physiotherapist and acupuncturist none of which worked. At the time, we were trying for a baby, therefore the doctors were unwilling to prescribe any pain relief, so I remember having a Tens machine on full pelt for the maximum amount of time I could have! The pain got worse when I was pregnant with my son.

The only thing that helped was running and exercise. So, I ran and ran. I could actually run the pain off. A few hours after exercise the debilitating pain would return, it made me short tempered, angry and depressed.

Two weeks before I was due to give birth, I saw a Consultant Spinal Surgeon. He suggested I see him after the birth to arrange for diagnostic joint blocks and an MRI scan. In February 2010, I had an MRI scan and the Surgeon was pleased to report it was essentially normal, he recommended not rushing into any form of injection therapy. However, a few months later, after further examinations, he thought I would benefit from L5/S1 right sided facet joint injections.

I was referred to the pain management team at a Spinal Assessment Clinic for a second opinion and they confirmed the referral for joint injections, which went ahead the following February (a year after the original MRI scan). There was no improvement! I was placed on the list for more injections and to evaluate for a Bertolotti joint.

In June 2011, I had L5/S1 facet joint injections. In the July, the hospital performed a diagnostic facet and Bertolotti joint injection, however after a few days of pain relief I returned to my normal state. They acknowledged that my back problems were having a significant impact on my life and arranged for a CT scan and further diagnostic testing. The CT scan did not show any conclusive area that the pain may be originating from and I was told to carry on with diagnostic facet joint injections.

A few months later, we were able to access private health care cover and went privately to the Ridgeway. I could now have injections closer together, but sadly there was no change. I then had a bone scan and more facet joint injections. Early the following year I had radio frequency thermo-coagulation including Rhizolysis.

We're now in April 2013 and the Spinal Surgeon said I had a transition anomaly at the lower lumbar spine. He advised root blocks on right side; this was carried out later that month. Our Private Health Care cover stopped at this point, so back into the NHS system.

Over the next year I underwent various treatments including injections of therapeutic substance into the joint; Radiofrequency controlled thermal destruction of spinal nerve; Spinal nerve root block; and more! In May 2014, after being back in their care for almost a year, the NHS treatment centre wrote to my doctor saying that they couldn't help me anymore. I was discharged back to my doctor. We then paid to see a Consultant Spinal & Neurosurgeon. He looked at my recent images and suggested there may be facet arthropathy, which might be a potential cause for my symptomology. He advised to repeat facet medial branch blocks. If I didn't respond he recommended I see a Joint Pain Neurosurgery Clinic, where I could be a patient for Neuromodulation therapy. We went ahead with medial branch blocks at significant cost to ourselves. This didn't work.

At various times I have been prescribed Naproxen, Amitriptyline, Diclofenac, Codeine, Ibuprofen and Paracetamol. It was at this point that a friend recommended that I see one of the Physiotherapists at a rehabilitation centre for Jockeys, which I did. She examined me and said I shouldn't be having so much pain when there wasn't anything really structural present. Basically, she said my brain had gone AWOL. She recommended that I saw a CBT therapist or Hypnotherapist. I spoke to osteopath and asked if he could recommend one of these therapists and he said, "You need to see Nicola Griffiths". I booked an appointment and have not looked back since.

Hypnotherapy has changed my life and I can now honestly say that my pain was caused by underlying stress from losing my Mum, however I didn't realise it. My pain reduced by 75% over the first 6-10 sessions and continued to reduce until I became pain free in the main. Such a shame that no-one mentioned Hypnotherapy a few years earlier, thus saving both myself and the NHS thousands of pounds by me having to see so many therapists. Nicola has taught me different mechanisms to use when I am under times of stress, and to look at life from a different direction.

I am currently training for the 2018 Virgin London Marathon, running for Team Macmillan and have run into an injury. As well as pain from my injury I have noticed pain in my back returning, which is stress of the possibility of not being able to race. However, with a few appointments with Nicola and assistance from my chiropractor and physiotherapist, I WILL BE ON THE START LINE ON THE 22ND APRIL!



So how did I work with this lovely lady?...

Simple, "What's been good" as soon as she sat down in my comfy chair, followed by brain revision every time. The brain revision would frequently involve pointing at a wonky stress bucket I'd drawn at the first initial consultation; talking about the neurotransmitters; looking at what was working for the client; using scaling and the MQ so she could understand what small steps she could take – not to take control of the pain, but to take control of the other aspects of her life that were causing stress. And then of course some nice couch-time using language patterns Clifton Practice Hypnotherapy Training (CPHT) had given me some 10 years previously – these were not of course specific language patterns to do with pain disappearing, no, they were all about confidence building and a lovely story about Two Trees, but then you already knew that, didn't you?

There's obviously one of our key rules to be taken into account with every case of pain that presents to us, and that's not being drawn into the story. If we keep to our training and use the tried and tested methods regardless of the apparent complexity of the case, it can bring about amazing changes.

If only every client responded as well the one above though. The client understood the initial consultation and realised she had to do something. I have another client with Fibromyalgia who also 'gets' it and notices when her stress bucket fills up, so her pain goes up, however, a lot of her pain is due to an actual physical change in her body that cannot be changed, so we're 'managing' the situation and reducing stress as much as possible – as we well know, it's not a happy ever after story in every case.

Unfortunately, not all clients get it initially and this is where brain revision is so important. We need to remember how important that repetition is, the client is only hearing brain revision for a short period once a week and a lot can happen in between.

Sensory neurons respond to damage to our bodies by sending a 'possible threat signal' to the spinal cord and up to the brain. We know pain signals are sent via A-Fibres (short, sharp and known as 'acute') or C-Fibres (burning, aching, poorly localised, known as 'persistent/chronic').

A-fibres are fast transmitters and take precedence over C-Fibres. This is why, if a new injury is sustained, the new injury will take priority over persistent pain and block the old C-Fibre message. Therefore, rubbing or massaging the area of pain can close the pain gate as it provides a nice distraction, which can block the pain from registering or even reaching, the brain. Amazing eh?

Remember, in your original course notes it explains: 'Once the A-Fibres and C-Fibres carry the pain message to the thalamus, Fibres from the thalamus project to the primitive brain, particularly the amygdala, which explains the emotional aspect of pain manifestation. Other fibres 'informing' the hypothalamus explain autonomic changes associated with pain such as increased heart rate, sweating, fainting etc. Finally, some fibres move to 'inform' the frontal lobes which explains behavioural affectation which can be a 'proper assessment' or otherwise. There are still other fibres, mostly in the C-fibre category, that instead of being responsible for sending nerve impulses to the brain send nerve messages from the brain down to the spinal cord. This can become a constant, albeit redundant, circuitry'.

Unlike acute pain, chronic/persistent pain serves no immediate purpose even though it can affect the whole of that person's life. It's more of an alarm bell and, as we know, the primitive mind is obsessive. It so loves to obsess - and if you give it some pain to mull over, it'll make a good job of it, in exactly the same way as it will obsess about IBS or OCD. Then we get the 'opt-out' situation, the same as the caveman pulling the duvet over his head and saying: 'Forget it, I'm not going out in that blizzard'.

It's this on-going persistent pain that we can sometimes make a difference with. We know what happens when we empty that stress bucket. But even I was surprised at the difference in this particular client. A unique case, it's rare to see such a quick and incredible change after years of treatment, but this client recognised very quickly that she had to reduce stress and to think about what she was putting in her bucket.

I'm pleased to say she was on the London Marathon start line and, on that boiling hot day, she did amazingly

well and raised a huge amount for her chosen charity.

NOTE: *It is extremely important that customers who are experiencing pain have consulted with their medical practitioners. We are not experts in pain and we don't diagnose. Even in this case, there could have been an underlying problem that might have been successfully medically treated. We are not the panacea and we're only experts in Solution Focused Hypnotherapy and how the brain works!*

"If we keep to our training and use the tried and tested methods regardless of the apparent complexity of the case, it can bring about amazing changes"



About the writer:

Nicola qualified in Solution Focused Hypnotherapy in 2007 and practices in Cirencester. She also runs CPDs in Business Basics and Marketing, and is a Senior lecturer for CPHT Belfast and CPHT Manchester.



A matter of 'willpower'...

In this article, Peter Appleton highlights some important things we should all consider as dedicated professionals...

My best friend always ran a tight ship. He had a small business designing and hosting websites. He was a dab hand at fixing computers. Totally reliable, I knew I could always trust him. "Can't" wasn't a word in his vocabulary. Problems were challenges. He did his best for his customers who relied on him for their businesses. I relied on him for my business website. Never had a day's illness in his life other than the occasional sore throat. He took care of himself. Rock solid!

Then he died. Just like that. A short illness and gone. He hadn't planned for that.

All of his information was on a computer with a password that only he knew. Your imagination as to the complexities of sorting this out will probably serve you well. Suffice to say, that many hours of work are going into this with no end in sight at the time of writing this. How to access his computers? How to identify his clients? What would happen to their websites now? Who should organise this? Does that person get paid for their efforts? What happens to the clients while this mess is sorted out? What is happening to me?

So, what about you? What about your clients and business should anything happen to you? Perhaps if you think positively it won't! Well ... one day it will! Sorry! We are all mortal and as hard as it may be to think about this, I suggest that we have a responsibility that extends beyond the grave.

Many professional bodies are now starting to suggest that therapists make a 'Professional Will'. Some, such as the British Association of Counselling and Psychotherapy, cite it as best practice and may well make it obligatory in the near future.

A Professional Will gives instructions about your business and what to do should you become incapacitated

by ill-health or die. This should obviously include a list of your current clients and contact details. As such, this is likely to be a "live" document as it will need constant updating. The easiest way of doing this is on a computer, although thought needs to go into making sure that this is secure and password protected (and in-line with the GDPR guidelines).

Who is going to do this? Clearly this needs to be someone that is trustworthy – preferably backed by a professional code of their own. This person will need to be aware of what is expected of them; of how to access your itinerary/diary; know your passwords; where you keep your accounts and other business-related information.

Your colleagues and peers will need to be informed. Who in particular? The grapevine isn't a kind messenger. What is going to happen to your notes? Where are they stored now and who will take responsibility for storing them or destroying them in the future. Your professional bodies and insurers will need to be informed.

How is this person going to be paid and/or reimbursed for expenses? Some people ask another therapist to agree to the role of executor of this Will. Of course, reciprocal arrangements can be a good idea, but are still time consuming and whilst someone is sorting out your business they are not seeing their own clients. Should they charge your estate at the same hourly rate as they see clients?

And where are you going to keep it? The obvious place is next to your personal Will. What do you mean you don't have one...?!

I am aware that this is not designed as an article to increase your happiness rating. Indeed, I am writing this from an experience that is far from happy. But it is positive thinking... it is about taking positive action. And those left to cope will experience it as a positive interaction.

No one wants to think about the worst case option. But, we do have a responsibility as professional practitioners to give it some thought. So, think about it. And you will ... will you not?



About the writer:

Peter qualified as a SFH practitioner in 2014 and practices in Bristol. Having worked in the NHS as an eating disorder specialist, he also runs related CPDs in this area.

All about you!

In this section, we explore some of the feedback received from the recent AfSFH Members' benefits Survey, which was sent out in the spring.

Survey results...

Q. What do you feel are the main benefits of belonging to the AfSFH? (Multiple options can be selected)	Response Rate (% of all votes)
A. Being a part of a professional Hypnotherapy association	22%
B. Being socially connected to other therapists	19%
C. The closed AfSFH Facebook group	17%
D. Hypnotherapy Today	15%

The table above shows the top 4 selections (people voted for lots of other things that they felt were beneficial, but the items above received the most votes).

The second question in the survey asked people to state what they felt could be improved in relation to existing member benefits – the greatest number of comments related to improvements to the website, including better structure and more resources to be made available for members. This has provided great feedback to the Executive Committee and we are currently in the process of developing a brand-new website. We'll be asking further questions in due course about the type of content you'd like to see included, so keep an eye out!

We also asked about what new benefits members would like to see, and this included having more templates and marketing materials available, improved AfSFH profile/web presence and a greater number of member discounts. Again, this has provided the Executive Committee with valuable feedback and we will be working hard over the coming months to work on these areas.

Finally, we asked members:

Q. Would you recommend the AfSFH to another SFH practitioner?

Pleasingly, of those who responded to the question, 94.6% responded 'Yes!' (53 out of 56 answers). The 3 votes for 'no' centred around not experiencing enough 'value' from membership with the AfSFH – again, this is something that we will be working on – we want to ensure that members value and enjoy their membership with the AfSFH and are looking forward to making some positive changes in the near future.

Thank you to everyone who took part in the survey! The AfSFH is YOUR association, and we appreciate your feedback in helping us to shape the organisation as we continue to grow!

The AfSFH in numbers

At the time of printing, the AfSFH had:

721 Twitter followers, 727 following the public-facing Facebook page,

350 members in the closed Facebook Group and...

633 AfSFH members (including students)!

Join us on Twitter: @afsfh

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



Don't forget – if you are a Registered member, or a Student in your 8th month of training, you can also join the closed Facebook group at: <https://www.facebook.com/groups/Afsfh/>.

Once we receive your request to join, we will verify your membership and add you to the group!



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

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Committee Members



Chairman and Trustee: Nicola Griffiths

Nicola trained in Solution Focused Hypnotherapy in 2007. She is passionate about maintaining the integrity of Solution Focused Hypnotherapy and ensuring that the AfSFH continues to support its members.



Trustee: Susan Rodrigues

Susan is the key interface between CPHT and the AfSFH. As CPHT course co-ordinator, her crucial role allows her to organise key speakers and post-CPHT training to ensure your CPD (Continuous Professional Development) is maintained to the highest standards. She is also a senior lecturer with CPHT and was one of AfSFH's first supervisors!



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 and Editor: Helen Green

Helen has a background in Psychology and clinical research. She is proud to be the CEO for the AfSFH and wants to continue to raise the public profile of the Association and the work of its members.



Head of Finance: Sacha Taylor

Sacha has been a member of AfSFH since 2014 and loves a good spreadsheet, so keeping the finances in order for the Association is an enjoyable challenge for her! She offers administrative support to the Association's CEO as well and is happy to help support all her SF colleagues whenever needed.



Head of IT and Social Media: Trevor Eddolls

Trevor, a regular writer and speaker about solution-focused hypnotherapy, has more than 30 years of IT experience and he looks after our website and associated social media (including our Twitter account @AfSFH). You will probably have seen his posts on Facebook - both the closed group and the public-facing page.



Head of Membership: Anne Wyatt

Anne oversees all aspects of the renewal and processing of membership applications for the AfSFH. She is passionate about ensuring members are fully supported and in promoting the AfSFH.



Head of Professional Standards: Nicola Taylor

Nicola has an extensive background in teaching and education. Her goals are to promote high standards and best practice amongst AfSFH members, and to ensure that the Association supports members in achieving these.



Head of Marketing: Andrew Major

Andrew is currently completing his training in SFH and has a background in marketing. He is eager to continue the promotion and awareness of SFH and the work of the AfSFH.