

HYPNOTHERAPY TODAY

ASSOCIATION FOR SOLUTION FOCUSED HYPNOTHERAPY

Edition 26, Autumn 2018



All is calm...
How to keep cool this Yule!

Also in this issue:

The Hypothalamus
Spotlight on Oniomania
Social Media & Health
All About You

AfSFH.com

Association for
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Contents

02 Supervisors' Directory

04 Meet the Member

- Introducing the AfSFH's Head of Professional Standards, Nicola Taylor.

06 Keep cool this Yule

- Don't lose your Christmas cheer this year!

09 Spotlight on: Oniomania and shopping addiction

- We explore the world of problematic over-spending.

12 Brainbox

- The Hypothalamus – Rachel Gillibrand explores the secrets behind this vital part of our brain.

14 What do your social media posts reveal about your health?

- Jess Dowd looks at the surprising links between our words and health.

17 A journey without a map

- Nicola Griffiths reflects on her journey to becoming Chair of the AfSFH.

18 All about you

- Results from our recent member survey.

19 Supervisors' Directory

20 The Executive Committee

A Message from the Editor...

Well, the leaves are finally starting to fall, and autumn is definitely here. There are Christmas decorations in the shops and people are making plans and stocking up on all sorts of festive food and drink (as well as those items that only come out at Christmastime!).

Those who know me, know how much I enjoy the festive season, but not everyone sees this as a happy time. As can be seen in our feature article "How to keep your cool this Yule", many people find the festivities to be stressful and overwhelming, which can fuel all kinds of arguments and tension.

Speaking of stress, we also take a look at the Hypothalamus in our Brainbox feature, and how it regulates our stress response – something that we can really help our clients with. We then look at how the words we use on social media can cause an increase in our stress levels and, surprisingly, even affect or predict our physical health.

This edition also includes feedback from our Members' Survey – and we are so grateful to everyone who took part. It has helped us to shape and prioritise the content on the new website and we look forward to receiving your thoughts and input as we continue to expand it!

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.

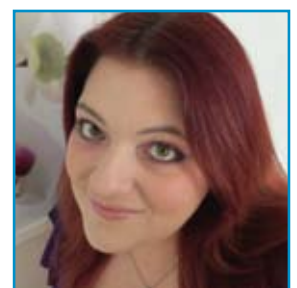
So, enough from me. I hope you can now find somewhere warm and snug to sit back and relax and enjoy the latest contributions from our members. And in the spirit of upcoming festivities, I'm off to enjoy a gingerbread latte!

Happy reading!

Best wishes,

Helen

Helen Green,
AfSFH CEO & Editor





MEET THE MEMBER:

Getting to know the AfSFH Head of Professional Standards, Nicola Taylor

Hypnotherapy Today asked Nicola to provide some insights into her work and her role within the AfSFH.

How do you see your role as Head of Professional Standards for the AfSFH?

The most important aspect of my role is to work with our members in helping them to achieve expected standards and to support them in the event of any complaints or issues that may be raised. So far, my role has involved reviewing the membership levels of the Association as well as the standards for Supervision and Continuous Professional Development (CPD). This forms part of the overarching responsibility I have in maintaining and monitoring professional standards for the AfSFH, which also includes ensuring the appropriate use of the AfSFH logo and membership letters on any material available to the public.

I'm currently reviewing and re-writing the Association's ethics and performance policies and putting into place procedures for monitoring professional standards of all our members on an ongoing basis, so that we can demonstrate consistent standards to the public. We want to be able publicise how seriously our members take their professional obligations – and, crucially, be able to show it! This will continue to enhance the reputation of the AfSFH, our members but also the wider field of Solution Focused Hypnotherapy (SFH).



Nicola and her puppy Stanley.

What attracted you to work as a Solution Focused Hypnotherapist?

Finding the CPHT course felt like pieces of a jigsaw coming together to form a coherent picture. During my training for my Counselling Diploma in 2014, I completed a module in Solution Focused Brief Therapy under the tutorage of a counsellor using these techniques in a school and achieving remarkable results. As part of my Diploma, I also undertook training as a bereavement volunteer for Cruse and was lucky enough to have the late, wonderful, Paula Rose as my trainer. She was the first person I had come across who was using SFH. At the time, I was also researching 'The Positive Approach in Psychology' for a book I was writing, which stressed the importance of studying 'goodness and excellence' in the human condition. It seemed to me as though there was much more to be gained by focusing on the strength and resilience humans possessed rather than dwelling on past traumas and future fears.

Once I achieved my counselling qualification I knew that I couldn't stop there. After remembering the lovely lady who trained me at Cruse and conducting an internet search I found CPHT, and the rest is history!

Why is the AfSFH important?

The AfSFH serves many important functions for its members and I think we are lucky to have an Association dedicated purely to promoting and supporting the work of Solution Focused Hypnotherapists. The Association is also important in providing security for its members and maintaining quality and standards of practice for the clients we are there to help.

What is your background?

After leaving university, I qualified as a Human Resource Manager and worked for an IT consultancy in London, but finding the role unfulfilling, returned home to Gloucestershire to re-train as a lecturer in Psychology. Whilst training, I was offered a job and found that teaching came naturally to me. I took a break from teaching in 1997 to have my son and upon my return, I was asked to help set up Psychology A-level at a Comprehensive School, where I was then offered a job and I'm still there 20 years on! During my time there, I set up my own department and headed a team of Social Science teachers delivering a range of GCSE and A-level courses.

I also became involved in writing A-level Psychology textbooks, and my first co-authored book was published in 2015. The great thing about teaching is that you are not just a teacher, especially when you teach Psychology, and I found myself being approached regularly by students who needed support with social and emotional issues. This prompted my journey into therapy, qualifying in Level 2 counselling skills and then moving to Level 4 in 2014. During 2014 and 2015, I also worked as a volunteer with Cruse Bereavement Care and continued to use my skills to support young people in education. Since qualifying as a Solution Focused Hypnotherapist in 2017, I have set up a practice one day each week in my local town, whilst continuing to teach and carry out my role for the AfSFH.

What motivates you?

Seeing positive change in my clients is certainly motivating! Knowing that I'm able to work with someone for a short amount of time and support them in becoming the best that they can be. Quite simply, it just doesn't get any better than that!

What do you like to do in your spare time?

I love being outdoors, so I like to spend as much time as I can walking and horse riding. Luckily, I live within the boundaries of the Brecon Beacons National Park, so



there are some amazing walks from my doorstep, which I enjoy on a daily basis with my 6-month-old whippet puppy, Stanley. My weekly horse riding lesson offers a chance to really switch off. Being part of a very friendly riding stables also lends itself to 'pub rides' and fun days where we learn how to ride Western style and perform group dressage. Every year we also spend time in the Yorkshire Dales and Cornwall enjoying more challenging walking and dog-friendly beaches.

What have been your highlights working as a Solution Focused Hypnotherapist so far?

There have been so many! At my first group supervision I remember being asked what my 'sparkling moments' had been. As a recently qualified SFH, who had been listening to all the amazing work of my much more experienced colleagues, I wasn't sure what to say. I answered honestly and said every time I get a new client is a sparkling moment. The reaction of everyone was so encouraging and positive that I felt brilliant and I have to say that this is the feeling I get every time I return to the 'CPHT mothership' in Bristol and spend time with my SFH family! Also, working with young people at

the start of their lives and careers is particularly rewarding. A young trainee footballer I worked with last year recently achieved a professional contract with a well-known football club, which was amazing, especially after his mum said the work I had done with him was 'life-changing'. Another of my highlights has definitely been the moment I was offered the role as Head of Professional Standards for the AfSFH.

I love researching, reading and writing so being able to get stuck in to writing policies and procedures to support the Association and its members has afforded another dimension to my work, which is extremely rewarding, and I hope it will continue for as long as they will have me!



Keep cool this Yule

Don't lose your Christmas cheer this year

By Trevor Eddolls

The British Association of Anger Management is running National Anger Awareness Week during the first week of December this year. They also have some advice about 'keeping your cool this Yule'. And they feel that anger is an issue that isn't being addressed as fully as it should be. You may well be seeing clients with anger issues and so it will be useful to see what the experts have to say. And we might all benefit from staying cool during the festive period.

Anger is a very natural feeling. It's one of the ways that the primitive brain deals with continued (chronic) stress. It provides animals and people with an evolutionary advantage. When they're angry, they are stronger and are better able to defend their food and family – and so it is more likely that their genes will be passed on to the next generation. And appearing angry can act as a warning to others to modify their behaviour.

It's important to separate the feeling of being angry from any behaviour. While for our ancestors, anger would have given them an evolutionary advantage, bouts of anger today are usually inappropriate and can result in social exclusion. Let's recap how the brain works. There are three parts to the brain. The brain stem controls all those useful functions such as keeping your heart beating and ensuring you breathe. Your primitive brain (pretty much the limbic system) is a fast-acting part of your brain and ruled by emotions such as fear, disgust, happiness, sadness, surprise, and anger. And the third part (your cerebral cortex) is the slower intellectual brain, which is able to make logical decisions. When you're stressed, you're less able to use your intellectual brain and, eventually your primitive brain protects you with depression, anxiety, or anger.

It seems that during an angry episode, the left hemisphere is strongly activated, but not much happens in the right hemisphere. This gives you some logical ability, but no contextual ability. And that's why people do things that seem sensible to them at the time, but which later they come to bitterly regret.

Extreme anger can damage the heart and the immune system, whether it's released or repressed (even remembering times you felt very angry can be bad for your heart). Constantly releasing anger isn't good because the more you do something, the more likely you are to do it. So, you become more likely to respond to any situation by becoming angry.

A client seeing you with anger issues will find that they behave in a way that is unhelpful and destructive. And the anger is impacting on their overall mental and physical health. Your client may be outwardly aggressive, inwardly aggressive, or even passively aggressive.

Apart from on-going stress, people may get angry because they feel threatened or are attacked. They may be feeling frustrated or powerless. Or they may feel as if they're being treated unfairly or slighted in some way. They may fear that they have been abandoned or they may feel overwhelmed. Remember, it's not events themselves that affect us, it's how we interpret them. And so, people may treat events as being more threatening or more unfair than they might actually be.

The British Association of Anger Management (BAAM) conducted a survey that found:

- More than half of all Brits have family disagreements at Christmas.
- A quarter of all adults say their relationships with their partners come under pressure over the festive period, and an eighth say a festive argument made them want to split up.
- Calls to Relate go up – up 59% over Christmas.
- The average family has their first argument at 9.58am on Christmas Day morning.

They go on to suggest that the most likely reasons for increased anger over the festive period are:

- Who's doing the washing up.
- Spending more time with family than usual.
- Too much alcohol.
- Battles over the TV remote control.

And they suggest that almost a third of people choose to go for a walk to avoid rows.

BAAM have constructed a plan to help people avoid the stress, and associated anger. Starting with the pre-Christmas preparation, their advice is:

- Don't give yourself a hard time about making Christmas perfect – it's not all your responsibility and it is just one day in the year.
- Think about what sets you off and figure out in advance how you are going to deal with it. Plan ahead and think of the big picture (whatever the other person/thing does, it will all be over within a day/few days) and getting angry may not be worth the long-term effect. Think about the person who might make you angry: now write a list of their good points and think about the things you appreciate about that person (there is some good in all of us). Try to focus on those good things.



The stress of the festive season can leave many feeling angry and overwhelmed.

- Plan to share the responsibility for the day. Share out chores with the children and the other adults. Get some firm agreements on what each person will do, so the success of the day isn't on your shoulders entirely.
- Do as much as you can in advance.
- Agree beforehand with other family members some rules and arrangements that will help things go smoothly.

And on the days when you are celebrating Christmas:

- Listen carefully to what the other person is saying, and show you understand their point of view, even if you don't agree with it. Choose your words carefully: rather than saying "you always..." try saying "you sometimes...". Keep the volume down. Don't shout, speak. Don't argue, discuss.
- Don't drink too much – alcohol is responsible for lots of arguments, and it is more difficult to keep things in perspective when under the influence of drink. Drinking lowers your defences and changes your mood.
- Try not to tackle controversial matters over the phone, via e-mail, or texts. Body language and facial expressions are vital to appreciating the other person's point of view.
- Learn to break recurring conversations that always lead to an old argument. Take action and change the subject as smoothly as you can.
- Take deep breaths and count to 10 if you are getting frustrated. Think about the consequences and step back.
- If you feel yourself getting angry, take yourself out of the situation. If you can walk away and find a quiet place, or go for a walk, it will give you important time to calm and think about the bigger picture. Tell people you're going for a walk because you have eaten a lot, not because you need to escape.
- Remember if you shout, it's likely your children will shout back at you.

- You only have to ... eat sprouts/speak to your uncle/say thanks for an unwanted present/(add your own option here), just for the day to make the festivities flow smoothly.
- Accept the inevitable (e.g. there will be a mess/your mother-in-law will say something you don't like etc.) and try not to argue over smaller things.
- Look for the positives – seeing family/friends, the memories the children will have of happy Christmases, and the meal itself, which research says is the most enjoyable part of Christmas for many people.

For young people, BAAM suggest:

- Try to get enough rest before Christmas day. Tiredness makes everyone grumpy.
- If you get over-excited or if someone's annoying you, walk away and find a quiet place to calm down.
- If your siblings are annoying you, tell a grown-up who isn't too busy.
- You may find listening to your favourite music or repeating a calm word to yourself while breathing deeply, will help you avoid the angry outburst.

Lastly, BAAM informs us that managing anger is a primary key to controlling stress, anxiety, and depression. Their final list of rules to beat anger says:

- STOP, think, take a look at the big picture.
- It's OK to have a different opinion.
- Listen actively.
- Use your emotional support network – what they call anger buddies.
- Keep an anger management journal.
- Don't take things personally.

So, what happens in the brain when we get angry?

The amygdala identifies anything that threatens us. It can do this based on messages from the senses that have passed through the thalamus (where most nerves end in the brain) or from the right prefrontal cortex (where we relive events that happened previously and imagine what might happen in the future). Neurons from the amygdala alert the hypothalamus that there is danger and it (the hypothalamus) produces vasopressin (a hormone), which stimulates the pituitary gland to produce ACTH (adrenocorticotropic

hormone), which, in turn, stimulates the adrenal gland to produce cortisol (often called the stress hormone). In addition, the hypothalamus causes sympathetic nerves to stimulate the adrenal gland to produce adrenalin and noradrenalin. Like everything in the limbic system, this happens very quickly. Less speedy is the intellectual brain's ability to check that the primitive brain has reacted appropriately.

As a person becomes angry, their muscles tense up. Catecholamines (neurotransmitters) are released making a person feel like they have a surge of energy, which they can use to take immediate protective action. Other changes from the adrenalin are increased heart rate, raised blood pressure, and an increase in respiration rate. A person's face may go red as more blood goes from their GI tract to their limbs ready to fight or run. Their attention narrows and becomes fixed onto the target of their anger.

The left prefrontal cortex can turn off emotions like anger and can reduce angry feelings. One way to ensure this can happen is to be more relaxed. Even so, it can take a while for the adrenalin that was released into the blood stream to get used up and so a person can get quickly irritated by something else. Anger also affects memory. High levels of arousal make it difficult for new memories to be formed. That's why people find it hard to remember exactly what happened during an angry episode.

What can we, as Solution Focused Hypnotherapists, do to help our clients?

The obvious things are to help them empty their stress buckets and get them into their intellectual brains. This means helping them to get enough effective sleep and helping them to relax, as well as encouraging them to notice good things, not just bad ones (focusing on the 3Ps!) – all things we would do in our regular sessions.

We can also use the miracle question to encourage a client to start thinking about how they would like to behave. Sometimes, the miracle question is the first time that they have ever thought about behaving in a different way – and how that different behaviour can affect the people around them. We can also take their new ways of behaving and use that as a kind of reframe/

Remember, it's not events themselves that affect us, it's how we interpret them.

rehearsal to use with them on the couch. That allows them to 'practice' their new behaviour and start firing those neurons together.

If you are seeing any clients who are not looking forward to Christmas, then there are some very useful ideas in BAAM's pack. In fact, we might all find something to make our Christmases less stressful and the fun events that they should be. And there are useful ideas we can pass on to our clients... at any time of the year.

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About the writer:

Trevor Eddolls is the Head of IT for the AfSFH and is a regular contributor to the journal. He runs his hypnotherapy practice in Chippenham and is also a supervisor.



Spotlight on:

Oniomania and shopping addiction

With the festive season approaching, many of us may decide to splash out on a few indulgences for the party season. This may include purchasing festive food and drink or buying a new 'must-have' sparkly dress. Perhaps we blow the budget buying gifts for family and friends. Well, this is all well and good, but what happens if you struggle to control your spending...and things get out of hand?

Oniomania (derived from the Greek words meaning "for sale" and "insanity"), is characterized by an obsession with shopping and buying behaviour that causes adverse consequences. In clinical terms, it is also known as Compulsive buying disorder (CBD), characterised by a 'lack of impulse control'. Although sometimes used instead of CBD and Oniomania, the phrase "shopping addiction" usually has a more psychosocial perspective and is classified as a 'substance-free behavioural addiction' like an addiction to gambling, for example.

Compulsive buying disorder (CBD) and Shopping Addiction have been described as "an irresistible-uncontrollable urge, resulting in excessive, expensive and time-consuming retail activity [that is] typically prompted by negative affectivity" and results in "gross social, personal and/or financial

difficulties" (Kellett, 2009). This is quite a nice summary – in essence, all of these terms describe when a person makes frequent, unnecessary purchases to the point of them becoming financially or emotionally detrimental to their lives.

As with other behavioural addictions, shopping addiction involves compulsive and impulsive habits (planned and unplanned buying and purchasing) that are used to feel good and/or to avoid negative feelings, such as anxiety and depression. It can take over as a preoccupation that leads to problems in other areas of a person's life. Although many of us may joke about being a 'shopaholic' or having the need for 'retail therapy', shopping addiction can be a serious problem, affecting not just the individual but their family and friends too.

Online shopping addiction

For those struggling with shopping addiction, our modern world can make the behaviour even harder to manage. Every minute of the day, advertisers are encouraging us to spend, fuelled by a consumer culture that promotes spending, credit card debt, and "shop till you drop" attitudes. Everywhere we look, there is the opportunity to buy and with online and TV shopping, it's more convenient and accessible to the consumer than ever before. You can now "shop till you drop" in the privacy of your own home, day or night, with 'flash sales' and 'buy it now' prompts to get us to spend – exacerbating problematic shopping habits. There are ever-sophisticated strategies used by marketers to get us to buy

– even just browsing on social media we are bombarded with targeted ads...and those helpful 'online cookies', which means that the dress you looked at last week temptingly pops up again in the corner of your screen.

Targeted and sponsored online ads try to create what that scientists call "cue-reactivity," or excitement from shopping cues. To get us to press the 'buy now' button, businesses firstly must grab our attention and then make us interested enough to click on it. This momentum depends both on how excited we get when we see the item and also whether it can cause a craving – an irresistible desire to purchase. Both of these concepts – cue-reactivity and cravings – come from the field of behavioural addiction, which includes problems like gambling addiction (Wei, 2015).

There's also an overlap between compulsive buying and social anxiety. For people who don't like dealing with a crowded shopping centre or the social interaction of standing at a checkout, buying online seems like the perfect solution, but it worsens the avoidance of social interaction – and as Solution Focused Hypnotherapists, we know how unhelpful that can be. Online shopping addiction is a form of internet addiction, and people with social anxiety are particularly vulnerable to developing this type of addiction, as it does not require any face-to-face contact. Like other cyber addictions, it feels anonymous. People with shopping addiction often feel shame and regret about their shopping and want to hide their habit, and the anonymity and privacy of online shopping can make this worse.

When it becomes an issue

But if you're thinking, "Wait, I regularly enjoy shopping, especially online shopping!" (and the popularity of online retailers suggests that many of us do), it doesn't necessarily mean you have an online shopping problem. As with other addictions, people who over-shop become preoccupied with spending and devote significant time and money to the activity. According to research, the actual spending is important to the process of shopping addiction; window shopping does not constitute an addiction, and the addictive pattern is actually driven by the process of spending money (Hartney, 2018). Sufferers feel preoccupied with shopping and feel like they have no control over it, even if it leads to severe work or relationship problems, or financial bankruptcy. Compulsive shoppers use shopping as a way of escaping negative feelings, such as depression, anxiety, boredom, and anger, as well as to try and distract themselves from self-critical thoughts. Unfortunately, the escape is short-lived – purchases are often simply hoarded unused, and compulsive shoppers then begin to plan the next spending spree (Hartney, 2018).

Here are 10 signs of compulsive online shopping (Wei, 2015):

- I feel like I can't stop online shopping even if I wanted to and/or have tried to stop without being able to.
- Online shopping has hurt my relationships, work, or financial situation.
- My partner, family members, or friends are concerned about my online shopping. I end up in arguments with them over it.
- I think about online shopping all the time.
- I get grumpy or upset if I can't shop online.
- Online shopping is the only thing that helps me relax or feel better.

- I hide things that I buy because I'm afraid other people will think it's unreasonable or a waste of money.
- I often feel guilty after I go online shopping.
- I spend less time doing other things that I enjoy because of online shopping.
- I often buy things that I don't need or much more than I planned, even when I can't afford it.



"The ability to shop anytime, anywhere, can make dealing with shopping addiction even harder"

Who does it affect?

Over the years, shopping addiction and oniomania have received a lot of research attention. One large-scale study was carried out by Andreassen et al (2015), whose team developed the Bergen Shopping Addiction Scale. Their study found clear indicators for those most likely to develop shopping dependency. They found that addictive shopping was more predominant in women, and usually started in later adolescence and early adulthood. They also found that it decreases with age.

The research also showed that shopping addiction is related to key personality traits. For example, it showed that people who scored highly on Extroversion and Neuroticism scales were more at risk of developing shopping addiction. The researchers theorised that, Extroverts, typically being social and sensation-seeking, may be using shopping to express their individuality or enhance their social status and personal attractiveness. In addition, those signifying a Neurotic personality type, who typically experience anxiety and depression, are often also self-conscious, and may use shopping as a means of reducing their negative feelings.

Indeed, the study also clearly linked shopping addiction to symptoms of anxiety, depression, low self-esteem, obsessive compulsive disorder and hoarding and found that shopping may function as an escape mechanism for, or coping with, unpleasant feelings – although the shopping addiction may also lead to such symptoms. The study also concluded that symptoms of shopping addiction are closely related to the symptoms of drug addiction, alcoholism, and other substance addictions. In other studies, compulsive

shoppers have been shown to have significantly higher rates of depression, anxiety, substance abuse, binge eating and impulse control disorders.

Fun pastime or destructive habit?

So, what determines the difference between someone who simply enjoys shopping (and occasional splurges) and a true 'shopping addict'? As with all addictions, what sets shopping addiction apart from regular shopping is that the behaviour becomes the person's main way of coping with stress, to the point where they continue to shop excessively, even when it is clearly having a negative impact on other areas of their life (Hartney, 2018).

As with other addictions, money problems can develop, and relationships can become damaged, yet those struggling with shopping addiction feel unable to stop or even control their spending.

Here are 3 symptomatic features of a compulsive shopper (Klein, 2014):

- Over-preoccupation with buying, anytime, anywhere – in stores, online, and on TV (via Home Shopping Networks).
- Feelings of distress, shame or guilt as a result of the activity (particularly noted at the point when the buying gets so out of hand that the compulsive shopper becomes secretive and hides the things they've bought).
- The compulsive buying is not the result of or limited to other issues, such as the extremes seen with bipolar disorder, for example.

Like any addiction, compulsive shoppers experience an emotional 'lift' when making a purchase. Often, they "need" to feel better to counteract feelings of depression, anger, loneliness or low self-esteem. The purchase brings a momentary euphoria – much like a gambler feels as they place their bet. When the compulsive shopper shops, endorphins are released and there is an adrenaline rush – shopping is exciting! The rush may often be followed by a sense of shame, disappointment and guilt. Naturally, they want to feel the rush again. This behaviour can spiral dramatically into a negative cycle of significant mental, financial, emotional, familial distress (Klein, 2014).

In one study, Dr Gary Christenson and his colleagues found that compulsive shopping occurred episodically, from every few days to once a week, and that the urges typically lasted one hour (cited by Klein, 2014). In addition, they found that nearly all of the shoppers reported a release of tension or gratification after buying, followed by feelings of guilt, anger, sadness or indifference. As with other findings, they also found that more than half of the compulsive buyers reported that they never even removed the purchases from their packaging or that they returned purchases or disposed of the items in various ways.

How SFH can help

Overcoming any addiction requires learning alternative ways of handling the stress and distress of everyday life. As Solution Focused Hypnotherapists, we are ideally placed to help people cope with their behaviours and to explore alternatives.

In addition to our usual approach in encouraging clients to seek out more positive thoughts, activities and interactions

(the 3Ps), as well as helping our clients notice exceptions (such as when they didn't give in to an urge), we can also help by building confidence and helping clients to develop more useful habits and better ways of dealing with distress (the Miracle Question can be a particularly useful here). Helping clients recognise the Intellectual mind, can help them understand rational thinking, which plays a vital role in decision-making (surrounding thoughts about purchasing). Helping clients reduce their stress-buckets can also reduce anxiety, and therefore remove the 'need' to use such habits as a way of coping or to self-soothe.

Developing a great therapeutic alliance is also key – indeed, this is also the best predictor of success in other addiction treatments. It's likely that your client's relationships may also have suffered as a result of their over-shopping and we can help them to reflect and find solutions to help them rebuild their relationships. Crucially, helping our clients to envisage and work towards their preferred futures can provide a vital source of hope – allowing them to imagine a future where they can successfully change their habits and cope successfully with life in more positive ways.

As summarised by Klein (2014):

"Shopping can be fun and can get you the things you want and need. But when you think about it, what one truly needs – way beyond objects – is a feeling of strong self-esteem and well-being, a sense of mastery and control, and a sense of true appreciation for the important people in your life and for the simple pleasures in your world"

– and there's no doubt that Solution Focused Hypnotherapy can be hugely beneficial in helping others to achieve all of these things.

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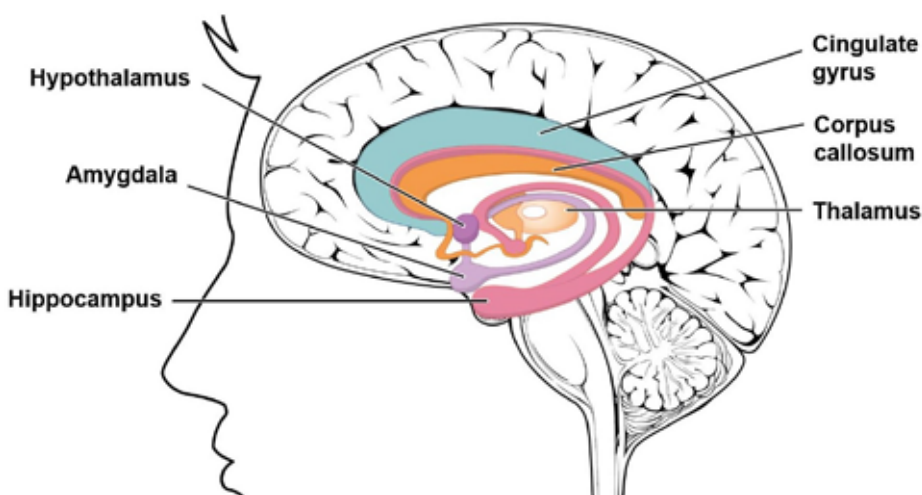
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Brainbox: The Hypothalamus

By Dr Rachel Gillibrand

The hypothalamus is a small area of the brain that forms the third part of our primitive brain, sitting behind the amygdala and hippocampus. Like the amygdalae, it is about the size of an almond and is responsible for some of the most important functions in the body. The hypothalamus releases neurochemicals that control body temperature, hunger, attachment and emotional bonds, thirst, fatigue, sleep and our natural body 'clock'.

The hypothalamus produces the neurochemicals we know a bit about like dopamine and oxytocin, but its main function is to produce 'releasing hormones', which produce messages for other parts of the body to react to. These releasing hormones are Thyrotropin-Releasing Hormone (releasing hormone abbreviated to 'RH' from now on), Growth hormone-RH, Gonadotropin-RH, Corticotropin-RH. These hormones then stimulate the production of related hormones via other parts of the brain. For instance, the Thyrotropin-RH stimulates the pituitary gland to produce Thyroid-stimulating hormone (TSH), which in turn stimulates the thyroid gland to produce Thyroxine (see Figure 1).



The Hypothalamus is a key component of the primitive brain.

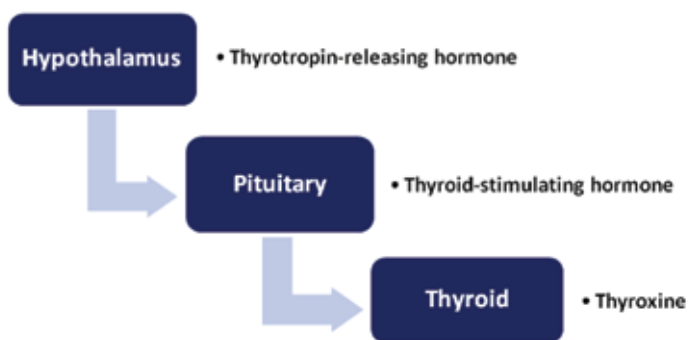


Figure 1. Illustrating the neurochemical pathway from hypothalamus to thyroid.

The hypothalamus is highly sensitive to change, both internal and external. It responds to the lengthening and shortening of daylight hours through the summer and winter, delivering changes to our circadian rhythms and lengthening or shortening our sleep patterns. It is highly sensitive to smell - we can identify with our eyes closed the clothes that our romantic partner wears by their smell and detect the scent of another on them. The hypothalamus is also sensitive to steroids including oestrogen, testosterone and cortisol. It responds to information sent to it by the heart, the stomach and the digestive tract via the nervous system and it also picks up information transmitted by the blood. Hormones present in the blood such as leptin (associated with satiety) and ghrelin (associated with hunger), insulin (blood sugar levels) and cytokines (part of our immune system) are all detected and acted upon by the hypothalamus.

The HPA axis

The hypothalamus also forms part of an important process for detecting threat. The Hypothalamic-Pituitary-Adrenal axis (the HPA axis) controls and regulates many bodily processes. The hypothalamus releases hormones which act upon the anterior pituitary gland, which in turn, releases hormones that act upon the adrenal glands, located on the top of our kidneys (see Figure 2). This process is a major part of the neuroendocrine system and regulates the General Adaptation Syndrome or 'fight-or-flight' response. The HPA axis also has built into it a 'negative feedback loop'. When we detect threat, the hypothalamus starts the process of producing releasing hormones to produce cortisol, which increases blood sugar, suppresses the immune system and activates the anti-inflammatory processes in the body. This is part of the metabolic process that delivers our readiness for fight-or-flight. However, prolonged levels of cortisol have a negative effect on the body and are associated with sleep deprivation, viral infections and the laying down of fat tissue. This is where the negative feedback loop comes in. When certain levels of cortisol are produced, the adrenal glands will message the pituitary gland to stop producing adrenocorticotrophic hormone. When this message is received, the pituitary gland will message the hypothalamus to stop producing corticotropin releasing hormone and the system will stop. In some individuals, that can lead to a rare condition known as Addison's disease, but even for people without this condition, this kind of 'adrenal fatigue' can have a serious impact on a person's daily life.

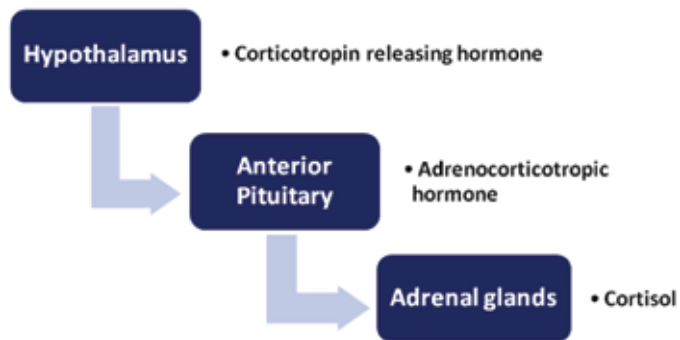


Figure 2. The HPA Axis delivering cortisol in the face of threat.

Working with clients

What we may find with our clients is that this negative feedback loop appears not to be working very efficiently and they seem 'stuck' in the fight-or-flight mode. This can be physically and emotionally exhausting, and viral infections, excess amounts of caffeine, sleep deprivation, intense aerobic exercise, severe trauma and excessive drinking can all raise cortisol levels via their action on the hypothalamus. Daily levels of stress leave our clients experiencing high levels of anxiety and low mood, and can exacerbate persistent low-grade illnesses, chronic fatigue, persistent pain, fibromyalgia and irritable bowel syndrome. Although many of our clients will have been prescribed anti-depressants, which work quite effectively to regulate the HPA axis, they are looking for alternative treatment options.

Fortunately, we are able to offer a very effective solution. The work that we do as Solution Focused Hypnotherapists, working on creating positive thoughts, builds important neurotransmitters effective in moderating the HPA axis: dopamine, serotonin and norepinephrine. Building physical interaction boosts levels of oxytocin, (our 'tend and befriend' neurochemical), which suppresses the HPA axis and physical activity and laughter significantly reduce cortisol concentrations in the body. All of which work together to produce happier, healthier, stress-free clients!



About the writer:

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



What do your social media posts reveal about your health?

By Jessica Dowd

Links between how we feel mentally and physically are well researched; stress, anxiety, negativity and depression can weaken our immune systems and even our cardiovascular systems. Positive emotions and optimism are seen to have a protective effect. Did you see any episodes of the BBC's 'The Real Marigold Hotel'? If so, you may recall the laughing yoga group; it was powerful to watch the spread of happiness and to see the general happy dispositions of the Indian community in Jaipur who were regular attendees of this group.

There is currently a study being undertaken by The World Well-Being Project (WWBP) – it is a fascinating collaboration between computer scientists, psychologists and statisticians based out of the University of Pennsylvania. The WWBP are using innovative, pioneering scientific techniques to measure psychological wellbeing and physical health based on the analysis of social media language that we use.

In January 2015, the WWBP published some astonishing and fascinating findings. They had discovered a link between people making negative tweets, especially if expressing anger or hostility, and reliably predicting rates of death from

About the writer:

Jess has a background in teaching and works as a Solution Focused Hypnotherapist and Supervisor in Cardiff.



heart disease. So, their research is showing that if you regularly tweet or post on Facebook anger-driven messages, or messages of frustration and hostility, you are actually increasing your chances of death by heart disease! Even more intriguing when you stop to analyse the actual word 'dis-ease'. It also makes one wonder about how this could carry over from social media language use, that is easily tracked, into our language use generally...could the same be said for emails, conversations and even text messages?

Perhaps by 'venting' we are not actually venting, but instead focusing on the negative and so raising our internal states of stress – which, as we know, is not at all good for the immune system, and not conducive to a calm state for optimal wellbeing. We are in a state of dis-ease...we can recognise the opposite then, that to be 'at ease', is of course better for our mental health and emotional wellbeing.

This 'being at ease' is becoming big business in the UK and the numbers of people regularly attending mindfulness courses, meditation classes, yoga and other forms of complementary wellbeing approaches are steadily increasing. In 2015, the 'Wellcome Trust' launched a major research programme in UK schools to see if mindfulness can help improve teenagers' mental health. The NHS recognises mindfulness in its 'Five steps' to emotional wellbeing and it also lists connecting positively with others as step one and giving to others as step four:

The NHS five steps to mental wellbeing:

- Connect – connect with the people around you: your family, friends, colleagues and neighbours. Spend time developing these relationships.
- Be active – you don't have to go to the gym. Take a walk, go cycling or play a game of football. Find an activity that you enjoy and make it a part of your life.
- Keep learning – learning new skills can give you a sense of achievement and a new confidence. So why not sign up for that cooking course, start learning to play a musical instrument, or figure out how to fix your bike?
- Give to others – even the smallest act can count, whether it's a smile, a thank you or a kind word. Larger acts, such as volunteering at your local community centre, can improve your mental wellbeing and help you build new social networks.
- Be mindful – be more aware of the present moment, including your thoughts and feelings, your body and the world around you. Some people call this awareness "mindfulness". It can positively change the way you feel about life and how you approach challenges.

Analysis of the effects of our use of social media is increasing, not only in academia but of course by marketing companies and insurance companies, to name but two industries who are interested in these findings. Psychologists, sociologists and epidemiologists are finding that analysing our social media use can track our health and wellbeing...but how?

In 2008, Google Flu Trends was launched, a program that spotted Google searches for flu-related terms/flu symptoms. Google found they could plot the spread of infection in real time... and, amazingly, this matched data from the Centre for Disease Control and Prevention.

So, what has the WWBP found out about our language use? You can of course read a more exhaustive list online at the WWBP website, but perhaps rather unsurprisingly some of the words on the 'risk' side are:

'Risk' words	
Grr	Officially
Hate	Mad
Sleepy	Envy
Tired	Jealous
Exhausted	Crawl
Mondays Grr	Despise

And words on the 'protective' side of the word wall are:

'Protective words'	
Power	Fantastic
Strength	Potential
Strong	Challenge
Possibility	Enjoyed
Overcome	Great
Fabulous	Awesome
Faith	Opportunity

So, for good health and a mind 'at ease' we need to compose tweets and messages with words from the protective list!

Research into social media use is rapidly growing...not only how we use it, but its effect on us. Studies from the journals 'Computers in Human Behavior' (Nov 2015) and in 'The Journal of Experimental Psychology: General' (April 2015), show that spending a lot of time on Facebook is being linked to diminished wellbeing – particularly when linked to envy. Studies found that when posts are about feelings of envy it can lead into feelings of depression.

However, the same research also highlights that if time spent on social media is monitored, and its use is more towards enhancing connections with closer family and friends rather than acquaintances, the effect of social media use is then more positive – boosting empathy and positive emotions and this ties in with the 'Five Steps to Mental Wellbeing' by the NHS – encouraging connecting with others in a positive way.

So, it seems then that the golden rules of social media should be:

- Monitoring the amount of time spent on social media sites, as well as the frequency.
- Interacting with close friends and using positive language and affirmations.

And, to take the time to be 'at ease' or create opportunities for ease in your life such as practising Yoga, Mindfulness, Hypnotherapy, Pilates, massage and, of course, exercise. How we think, feel and interact are related to our mental and physical health and the latest research is reinforcing this message over and over again.

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A journey without a map

By Nicola Griffiths

Earlier this year, I took one of those infamous 8am telephone calls from Mr David Newton. He was inviting me to take over from him as Chair of the AfSFH as he felt it was time for him to retire. I looked down at my slippers and thought of them filling some very big boots! But then I thought of the early start-up days of the AfSFH in 2010, before we even had any members, the absolute roars of laughter coming from the Exec meetings and the fact that we had absolutely no clue what we were doing or how to set up an Association! Amongst others, the very first Exec team comprised myself as CEO, Sharon Dyke (Regional Co-ordinator), Deborah Pearce (Marketing & PR), Penny Ling doing a superb job with the journal plus a whole host of other fabulous volunteers with Susan Rodrigues, Matthew Cahill, David Newton and myself as Trustees.

We had a lot of fun and over the first year, which included the actual launch of the Association and the gaining of our first members, we steered our ship rather firmly through some occasional choppy waters. It was a big learning curve. I remember driving down to host the first AGM and thinking I didn't really have a clue about running such a meeting. I'd never attended one before and although the sturdy Exec team had made sure we were adhering to the letter of the law, the actual running of the meeting hadn't entered my head until the journey! It all went very well, including Mrs Pearce standing up and doing her song about "It's therapy with a p not therapists with an s", given that the CEO (i.e. me) kept incorrectly calling it the Association for Solution Focused Hypnotherapists instead of the Association for Solution Focused Hypnotherapy! Ssssh, I didn't tell you that one okay!

With the benefit of hindsight, it has become clear that my road map of life went out of the window way back in 2006. I'd set off down the M5 towards Bristol intending to interview a certain Mr Newton to check out if his Diploma course would be of interest to me. I vividly recall the drive back up the M5 about an hour later wondering what on earth had happened, it seemed he had done the interviewing rather than me, and in somewhat of a hypnotic state I'd agreed to sign up for the course!

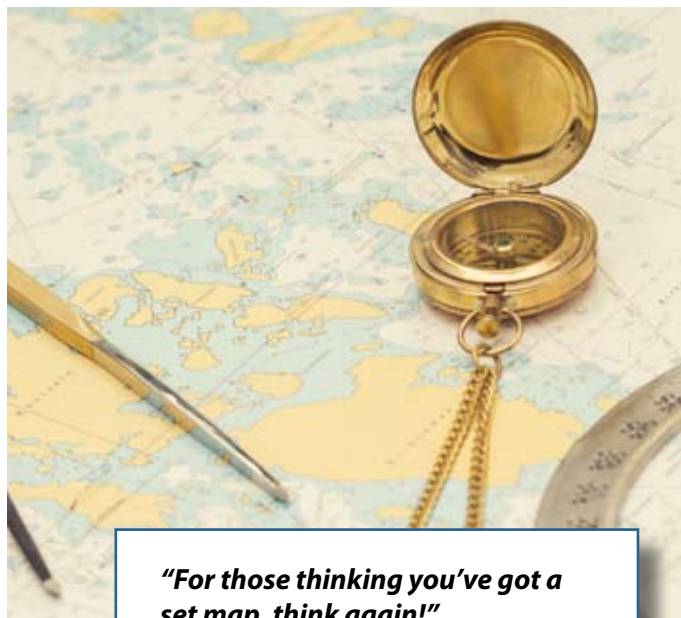
His course turned out to be one of the biggest events of my life, as I suspect it may have been for some of you? By month 3, in March 2007, I was sat at the back of the class thinking: "This is gold dust, I'm going to do this full time". From that point forward, it was rare that a proper life map would be referred to. I'd set up my student practice in a small therapy room in Cheltenham (given my house was too far out in the country for anyone to find), and after graduation I nervously approached a clinic in Cirencester to see if they'd be interested in a Solution Focused Hypnotherapist working from their esteemed establishment. I was met by a rather frightening therapist who advised me that they already had a hypnotherapist there – so I left. The next day, something made me go in again (stubbornness I suspect) and a lovely receptionist welcomed me and got the owner of the clinic to come and have a chat. She told me that the existing hypnotherapist was about to retire – just goes to show you shouldn't give up at the first hurdle.

Over the following 18 months, things began to gain momentum. I'd graduated in October 2007 and by November 2009, I was working out of three clinics, spreading my client net wider in order to get a bigger audience and that worked very well, along with Google Ads doing some good work in the background.

As you know, one thing leads to another, and it wasn't that long before I trained as a Supervisor. I sort of thought the buck was going to stop there, until the opportunity to run CPHT Belfast popped onto the horizon (the entire fault of Alex Bronger I hasten to add). This in turn, led to David asking Debbie Pearce and myself to run CPHT Manchester. And here I am now as Chair of the AfSFH – and I set off on my journey simply to become a hypnotherapist!

Being Chair of the Association is a total privilege and it simply feels very good to be back. I intend to take a back seat and let the very good Exec team, led by Helen Green our CEO, get on with it. I aim to be the wall they can bounce ideas off if they need to or to throw something at when the going gets tough – which it does occasionally. As Chair, I'd like to develop relationships with other Associations and organisations to help get Solution Focused Hypnotherapy more on the map than it is already. I admire the work the CNHC is doing, so it would be good to further our relationship with them specifically. I have some other ideas on that front too, but more of that later, once I've had a chance to deliberate and talk to a few people, so watch this space.

The work involved behind the scenes is incredible and I smiled knowingly when a new member of the Exec said to me: "Wow, there's a lot that goes on". To keep a ship on track takes a lot of crew, some man the engine room, some cook the food, and some steer in a positive direction. When you look at that ship from the outside, you don't see all that



"For those thinking you've got a set map, think again!"

is going on and sometimes it doesn't even look as though that ship is moving or changing much – but believe me, it is! So, back to life maps, for those thinking you've got a set map, think again. In this profession there is ample opportunity to move in different directions. Sometimes, it's good to cast your eyes wider, to look at new opportunities, to sit back and wonder: "what next?".

If the AfSFH can help you on your journey, then please do get in touch. Do keep in mind that we're not CPHT and we're not here to help train hypnotherapists – we're here to support hypnotherapists and provide resources that can help you in your self-employment, so get in touch and let us know if there is something you'd find helpful that we can provide.

There are a few things about my journey that I really appreciate. The very strong friendships I've made, the way I've been able to help people, and the birth and growth of the AfSFH.

I think the journey for the AfSFH and all those who sail on her is going to be very interesting over the next couple of years. There have been plans put in place, ideas talked about and actions taken that I'm certain will make for great reading in the future!

Happy sailing everyone!



About the writer:

Nicola qualified in Solution Focused Hypnotherapy in 2007 and practices in Cirencester. As well as being Chair of the AfSFH, she is a Senior lecturer for CPHT Belfast and CPHT Manchester, and is also a supervisor.

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 September.

Survey results...

Q. Currently, what are the reasons for you logging into the AfSFH website? (Multiple options can be selected)	Response rate (% of all votes)
a. To search the therapist directory for client referrals.	11.58
b. To update my profile and pay for membership	28.42
c. To access marketing resources and materials	16.84
d. To find out about events and CPD courses	25.26
e. To access the Journal, press releases, or meeting minutes	12.63
f. To access the Supervisor's Directory	5.26

From the results above, we can see that most people used the AfSFH website to manage their membership and to find out information about events and CPDs. In order to expand the value of the website for members, the AfSFH have focused on extending the content in several areas (at the time of writing, plans are on track for the launch of the new website!).

In order to find out what would be most valued by our members, the survey also asked about the kinds of business and general practice information that might be useful – answers included tips on using advertising, using social media and generally ideas for attracting more clients. Members also asked for more guidance in areas such as safeguarding and advertising standards.

As well as the Survey, we also ran a poll in the AfSFH closed Facebook group to find out what other kinds of resources might be of interest. The most requested resources included: a wiki that explains common hypnotherapy/therapeutic terms, how to create a client-friendly environment, information about working with children/teens and further science/research information about SFH. In addition to the other areas voted for, the AfSFH is in the process of developing information in all these areas. Finally, we also asked the following question:

Q. We'd also like to feature an area for member recommendations (not endorsed by us, but to give members the chance to share their experiences). Would you be interested in us providing book recommendations by other members?	Response rate (% of all votes)
a. No	9.76
b. Yes	90.24

As you can see, the majority of members felt this would be helpful, so we have also included this in our new website!

Thank you to everyone who took part in the surveys! We greatly appreciate your feedback in helping us to shape the organisation as we continue to grow!

The new AfSFH website!

We will feature more on the new AfSFH website in the next edition of Hypnotherapy Today, but if you haven't already, do log on to www.afsfh.com to discover what's new!

Don't forget, if you have recently qualified, you can login to your AfSFH profile to join as a Registered member, providing you with all the benefits of full membership and to access the full content on the website (you don't have to wait till your student membership expires to do this!).

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:



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.

Hypnotherapy Today address:
Journal of the Association for
Solution Focused Hypnotherapy,
8-10 Whiteladies Road,
Clifton, Bristol BS8 1PD

Email: journal@afsfh.com Editor: Helen Green

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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. She is a Senior Lecturer at Belfast and Manchester and is also a Supervisor.



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 has a professional background in marketing. He is eager to continue the wider promotion and awareness of SFH and the work of the AfSFH and its members.