

HYPNOTHERAPY TODAY

ASSOCIATION FOR SOLUTION FOCUSED HYPNOTHERAPY

Edition 17, Autumn 2015

MOUNTAIN & MOLEHILLS: BUSINESS TIPS

Including:

Compliance

Group Therapy

Needle Phobia

Fitness and SFH

AfSFH.com

Association for
SOLUTION FOCUSED HYPNOTHERAPY

A message from our Chief Executive Officer:



Well, yet again, what a fantastic few months we have had within our Association. There's been some great work behind the scenes in many areas including compliancy, membership, and last but certainly not least, optimising our Association's website.

But firstly I would like to give a big thank you to our Editor, Duncan with this fantastic publication. Notwithstanding the excellent articles that our members submit, this publication is pretty much single handedly put together by him so once again, thank you on behalf of the Association.

Colin Hudson is now up and running within the compliancy role and you can find out more by reading his fantastic and very thorough article within this edition of the journal. Keeping our Association's membership up to date and in line is a huge job that Denis deals with admirably, but in this wonderfully modern age, we have the assistance of some very good computer programmes that can at least do this in part for us.

Therefore, we are just about to go ahead with some reasonable investment in software that is going to ease this burden and importantly, allow for a more streamlined process for our members. The full details will follow but in terms of benefits, it will allow for easier payment methods and automated reminder system that will keep everything up to date. The system is fully compatible and importantly has the capacity to change and be flexible when we continue to grow.

In terms of our website, it is running well and I would like to give another thank you to Angus Newton for the superb site and the work he has done thus far to optimise it. Now it's about making progress on that good work. We have experts working within search engine optimisation that will help to enable us to create visibility for individual practitioners and with time, we aim to be on the 'first page' at the top of search engine rankings. The locations we are working towards, at the moment, are initially the eleven British based training locations with a long term vision of eventually covering most the UK.

Our Association is continuing to grow with more and more student and full members joining every month. We champion Solution Focused Hypnotherapy and its benefits so it's no wonder the pace is continuing to pick up.

Keep up the great work!

David Mclean
CEO, AfSFH.



Association for
SOLUTION FOCUSED HYPNOTHERAPY

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

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

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

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

Bienvenue...

Gosh! What a busy few months it has been with loads of exciting features being included in this edition of Hypnotherapy Today.

Nicola Griffiths explores the ups and downs of business and how therapists can move forward as they build and expand their client bases.

Trevor Eddolls provides an excellent overview of how to use Skype as a tool to be able to take your practice into your client's home.

Jade Painter looks at the issue of needle phobia and Jessica Dowd examines the positive role that group therapy can play in helping people overcome certain mental health issues.

And finally, I head to the gym to be put through my paces by a fully qualified Personal Trainer who pushes me to my limits (and beyond) as *HT* looks at Solution Focused Hypnotherapy and its role in fitness.

Duncan Little
Editor - Hypnotherapy Today



Contents

Issue: Autumn 2015

4. **Compliance**
6. **Mountains and Molehills: climb your way to success!**
10. **Group Therapy: Positive interaction and its effects**
12. **Needle phobia: Overcoming the fear**
15. **Skype and your business: The internet as a tool for therapy**
17. **Personal Training and SFH: *HT* heads to the gym!**

Stuff:

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

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Compliance:

its role and how AfSFH is ensuring quality.

From being part of the Territorial Army, to project managing for an international company, before retraining in Solution Focused Hypnotherapy and then going on to become a supervisor, Colin Hudson is a man who certainly knows his stuff, writes Duncan Little.

As the Association's Compliance Officer then it is Colin's job to try to ensure that its members are up to date in a number of key areas.

These vary from attending the correct number of supervision sessions, having the right insurance in place through to those all important Career Professional Development (CPD) courses. Plus his role means that, if a therapist is working with vulnerable adults and children, then he'll also check to make sure we have an Enhanced DBS certificate in place. "It's a great role to undertake as it allows for quality control to be further enhanced and improved," says Colin who is based in Worthing, Sussex.

"There are twelve schools all over the country and having a compliance officer will also help people leaving the course to be fully engaged and focused on their own CPD."

"It will also continue to build upon the quality values that we represent when we work with a client."

At present, the AfSFH requires members to attend six sessions a year (with an AfSFH approved supervisor) which Colin says is a necessity as it allows practitioners to grow and develop while also allowing them to raise issues in a secure environment.

By being able to talk in a confidential setting then any issues faced by a practitioner can quickly be resolved in a positive, solution focused manner.

Likewise, CPD is also crucially important as it provides members with an opportunity to keep

their skills honed and mindsets focused on the latest thinking (and research) in the world of hypnotherapy and psychotherapy.

At present, the CPD requirements for AfSFH follow the CNHC guidelines, and so, practitioners should be able to provide evidence they have completed a minimum of 15 hours per year of CPD, with 10 hours directly related to hypnotherapy.

The other five hours of CPD could be related to other areas of a members' business, for instance, with First Aid training.

Colin says that insurance checks will be in place to ensure that the therapist is protected for both public and personal liability together with professional indemnity.

It may also be worth remembering that, if you run your practice from home, then you may have to update your home insurance policy. "When it comes to an Enhanced DBS check," says Colin, "then it shows that we have nothing to hide and highlights our professionalism." "After all, you would expect other types of professionals to have one in place and, in doing so, then not only does it protect the Association but it also means that the therapist is the right calibre to do the job itself."

The Association's guidelines are that an Enhanced DBS check is required if you are working with vulnerable adults or children. In simple terms, any conviction that would be considered to have a detrimental effect to a client's physical, financial, mental or emotional wellbeing will not be accepted by AfSFH. Other convictions will be considered confidentially by the Association.

Individual case reviews will then be placed on a confidential record within the AfSFH to ensure compliance is maintained.

"If in doubt," says Colin, "then chat with either your supervisor, or myself, as we are here to help guide people correctly."

It's worth remembering that, for the Association, an Enhanced DBS certificate is only valid for three years. At the end of its life then you have to re-apply for a new one. Colin will be randomly selecting a percentage of the membership to carry out the simple checks.

"The minimum check with AfSFH over the year will be 10% but that may be higher. We would be looking for copies of the Enhanced DBS certificate, records for supervision, CPD sheet and insurance. I would then contact the supervisor to check attendance."

The system itself will be very simple with a simple tick box procedure when you renew your membership with AfSFH. The box is there to confirm that you agree to adhere to its standards.

"I think a common sense approach is needed so if you already have an Enhanced DBS certificate which is under three years old then that would be accepted to save additional cost for the therapist."

Colin suggests that perhaps members may look to attend supervision once every two months (if every month isn't possible) so it spreads the attendance throughout the year and gives members the chance to plan ahead. Supervision, of course, can also be undertaken on Skype or in a One to One session.

"By following the lead of organisations such as CNHC and UKCHO then it shows that we are taking their models of excellence seriously."

"With good training and good supervision then these checks are a fantastic step forwards to ensure that all of our members continue to be successful and so continue to strengthen our industry and also AfSFH's excellent reputation."

Further details about compliance can be found on the AfSFH website's membership section where you can also download forms which provide clear indicators of where you can include your enhanced DBS certificate number together with insurance details, supervisor's name and standard information concerning your practice details.





Mountains and molehills: climbing your way to success!

By Nicola Griffiths

Business can be a bit up and down, can't it? If you sit back and think about it that applies to big business, as well as the small ones, it affects the employed and the self-employed. But sometimes we think it's just us that are struggling to get clients. As I started to think about writing this article on the ups and downs of business, the following came to mind: Working with a client who climbed Everest I discovered that once the climbers reached "Camp One" then they have to return to base camp and repeat the process again.

Over a few weeks they would climb a little higher and then come back down again, all done to help them acclimatise. I mistakenly thought the climbers simply went up to each camp in turn, sat there sipping tea whilst acclimatising and then carried on! Frequently, when talking with both students and graduates of CPHT, I'm struck with the thought that they too have the same view of business as I had on acclimatisation.

A common misconception is that once the ball is rolling and a few referrals come in, everything will be fine. You are on the up and although there may be some quiet times, the summit is in sight and you just keep going up towards it.

My view is that the 'two weeks' that it takes to acclimatise on the mountain should be converted to 'two years' for setting up a business. In short, there will be BIG ups and downs over that first two years, and then it will, in a lot of cases, start to settle down and become more consistent if you've been consistent in the building of that business.

There are a number of things to consider though, such as:

- Are you marketing 24/7? (*Okay, I might give you a 15 minute nap at 2 a.m.*)!
- Are you good at what you do?
- Are you in the right place?
- Is luck on your side?

I find people underestimate the amount of time they need to spend on marketing and sometimes they underestimate the amount of money they need to spend on it.

If you want to be fully self-employed and seeing 20+ clients a week quickly, then you have to spend a lot of time and money getting there. It's the equivalent of fast-tracking up that mountain by getting a helicopter to take you up – it's rather expensive!

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*Being self-employed is a
journey and you can't arrive
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taken the journey,*
.....



Certainly you don't have to fast-track, you can climb that mountain step by step, the equivalent of reinvesting your client earnings and building your business, equally as good as fast tracking, it's just a slower climb and it still takes effort.

In order to be successful, it's not a matter to just firing off some money in Google's direction for an Ad-words campaign.

The most successful therapists I know "talk the talk" to anyone who will stop and listen for half a second. They are enthusiastic and persistent and those two words are the key.

It's no good going along for six months working hard at it as you also need to do the initial push for a good 18-24 months to ensure the beginnings of longevity.

I remember one of my sisters some 20 years ago had a particularly rough time and as she sat sobbing into a hankie, a friend said, "Don't worry, it's like a mountain range, there are some peaks to get over in the next few months but then it'll all start to smooth out". I so laughed at my sister's response: "Yes, sob, that's all very well, sob, but it's flippin Everest and K2 in front of me at the moment!"

Funnily enough, her friend was right, it did smooth out. And that's exactly what happens once you've consistently put the time and effort in to building a business. After two years I see stronger businesses beginning to form if the therapist has worked consistently.

Those who've been in business four years, or more, are, in the vast majority of cases, ticking over very well.

There will be exceptions, sunshine tends to have people rushing for beaches rather than therapy rooms and our own circumstances, focus and health can all have an impact. On the whole I do see things becoming easier once consistency has been established.

After the first two years, it's pretty obvious what happens. Those people we saw on course, those we saw in the first few years, and those people to whom we have constantly enthused over are still referring. It's like a steam train, slow to get going but quite majestic once it gets up to full steam.

It may be helpful to know that most successful therapists struggled in the early days. If you are struggling now, you are not alone! However, if you give up then you won't see the rather nice view from the top. It's your choice.

An ex-colleague of mine who also climbed Everest once said, “I thought that climbing Everest would be a mountaineering challenge... instead it’s turning out to be a test of patience, patience, and more patience.”

Being self-employed is a journey and you can’t arrive at the destination until you’ve taken the journey, so patience is required not only for climbing mountains!

The steps along the journey:

- Qualify to become a therapist.
- Keep the momentum going. Taking a break shortly after qualifying or taking your eye off the client-ball by deliberating over a website causes problems. Seeing clients is the most important thing, even if your next initial consultation is to the cat!
- Don’t focus on just one marketing activity – spread your net but not too thinly. Work out what to spend your money on, put that into place then turn your attention to anything that is free that may attract clients.
- If you have a no-show, a cancellation or you have an empty day/week/month, there’s your opportunity to sit with pen and paper and work out what you need to do next.
- Talk to self-employed people who are more experienced. What did they do to get more business? Remember, they don’t even have to be a therapist to give you ideas.
- Attend CPD courses and supervision – they help to generate energy which you need to motivate yourself.
- Ensure you’re having social interaction, especially with other therapists as well as friends. I’m always saying that physical therapists such as osteopaths, chiropractors, acupuncturists and alike are a great source of referral, but only if they know what you do (an Initial Consultation will help to let them know).
- Don’t let competition put you off, although be aware of who that competition is. The competition are educating your potential clients of what you do, just get yourself out there so your client sees you too.
- What markets are you missing? Do you stand at the school gates chatting with other parents? Have lunch with former colleagues? Know a group of people you can give a talk to? Is there a Women’s Institute or equivalent in your area? Exactly how many people live in your area? How can you contact them and possibly in a different way to what others are doing?
- Smile. The world is watching. Walk the walk and talk the talk!

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When training, see as many people as you can – these people will help you build the foundations of your business.

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- Brainstorm, brainstorm, brainstorm! When I became fully self-employed I'd spend every Wednesday from 9am to 10am sitting with my sister (who'd also just set up her own business) and we'd brainstorm how we could get more clients.

There is no similarity between how we work with our clients, I'm a hypnotherapist, she's a graphic designer, yet there is so much common ground on how to get clients.

As we'd sit there we'd have an agenda and we were very focused on what we wanted to achieve each Wednesday. The main advantage of these weekly one-hour meetings is we would come away energized and full of ideas.

There's a good reason we tell clients to positively interact.

Finally, keep going. It will pay off and the view is rather spectacular!



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"I thought that climbing Everest would be a mountaineering challenge... instead it's turning out to be a test of patience, patience, and more patience."

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Cirencester
20th September 2015 - £85



Business Basics for Therapists

This course has gone down a storm with therapists both newly trained and also in practice for a few years.

A basic course exploring all the aspects you need to consider as a self-employed therapist. We discuss HMRC considerations (i.e. tax), what type of insurances you need, working from home versus clinic, etc.

Guildford
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Group therapy: Positive interaction at work helping to ease stress.



by Jessica Dowd

People power can potentially help ease some of the symptoms of depression, according to new research. Welsh based hypnotherapy practitioner Jessica Dowd looks at how the “Black Dog” can be brought to heel.

With depression and anxiety disorders on the rise then the chances are you either know someone who has suffered from them, or you have perhaps suffered from them yourself.

Depression is the leading cause of disability worldwide and the latest WHO figures say about 20% of people suffer with depression at some point in their lives.

In my home area of Wales then statistics here show that, “at any one time nearly one in six (approximately 16%) of the Welsh workforce is affected by a mental health problem such

as depression or anxiety.”¹ For those who are blighted with depression, and suffering with feelings of total flatness, perhaps unable to get out of bed, nothing is fun anymore and, for some, a feeling of constantly being pushed down with fog and gloom. I have heard clients often refer to it as a black cloud and, of course, Winston Churchill famously referred to his depression as the “black dog.”

In the grip of such symptoms then it can be hard to exercise or reach out to people around you - so what can be done to try to help?

There are lots of approaches out there, such as mindfulness and psychotherapy. But what if these are unaffordable?

There is now accumulating evidence to support a simple and inexpensive way of filling part of the treatment plan.²

Joining a group (or several groups) can both prevent and ease depression. The type of group is irrelevant, what matters is that it's something that matters to you, and that it is something you can engage with and enjoy.

The more we learn about depression the more social isolation can be seen to be an important factor in its manifestation. We are designed as a species to benefit from interacting positively with others. It's an evolutionary advantage. If you were part of a tribe and didn't return from your hunting trip you would be missed. Scouts would be sent to look for you and if injured you would be returned to camp and nursed back to health. Of course, if you were in isolation and were injured hunting no-one would come to help!

We are rewarded at a chemical level, our brain chemistry actually changes when we interact with others. When this is positive then 'doing' something and making connections with other human beings, who are in the same group, can really help to create good things!

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Joining a group can help foster a sense of belonging, identification and a feeling of being supported.

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It is exactly this sense of connection with, rather than just the contact with, that is so positive for our mental health. A 2012 study found that being part of a group not only helps prevent relapse but also reduces recovery time.²

The group does need to be important to you, a common finding across all the research, rather unsurprisingly, found that the greater the sense of connection the less severe the depression symptoms were. The studies also went on to show that being a member of a group both helped non-depressed people potentially avoid depression and can also powerfully help the recovery time for those who were in the grip of depression.

So whether it be football, arts and crafts, sewing, yoga, music, choir, mindfulness, swimming, cooking or even learning a new language it is really important to identify with and 'join' the group mentally.

We are social animals and it's an evolutionary advantage to connect with others. In fact,

researchers have even found that just thinking about your social groups can boost your immune system, make you less quick to anger and more tolerant of pain!

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We are also better able to achieve our goals when we collude with others.

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This works in reverse, of course, we can be influenced more negatively such as being persuaded to have another biscuit or, perhaps, another beer! But, we can collude positively and be persuaded to try something new, watch a film, go somewhere on holiday or try a recommended restaurant.

Charities, such as Depression Alliance, have a number of support groups that regularly meet around the country to provide support for people affected by this illness.

Joining a group is cost effective and can really help unite their members in finding positive ways to move forward, find new skills and strengths and make valuable new human connections!

Of course, as with any issues connected to depression and anxiety then don't forget that your family doctor is there to also help provide guidance and treatment.

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References

¹ <http://gpcpd.walesdeanery.org/index.php/mental-health-prevalence-data>

² *The Social Cure: Identity Health and Well-Being*. Editors: Jolanda Jetten, Catherine Haslam and S. Alexander Haslam. (Psychology Press, 2012).



Needle Phobias:

Tackling and overcoming this specific fear.

As hypnotherapists, when clients ask if we can help them overcome a phobia they may be talking about flying, or spiders. These phobias are upsetting and limiting, but not a case of life or death. However, there is a phobia that can carry fatal consequences: needle phobia.

We may not see this very often in private practice, but it is something that medical staff encounters much more frequently. People with needle phobia strive to avoid needles or medical procedures, just as a person with a fear of flying chooses not to get on a plane. However, avoiding medical procedures can mean vital tests are not carried out, and so, conditions go either undiagnosed or untreated.

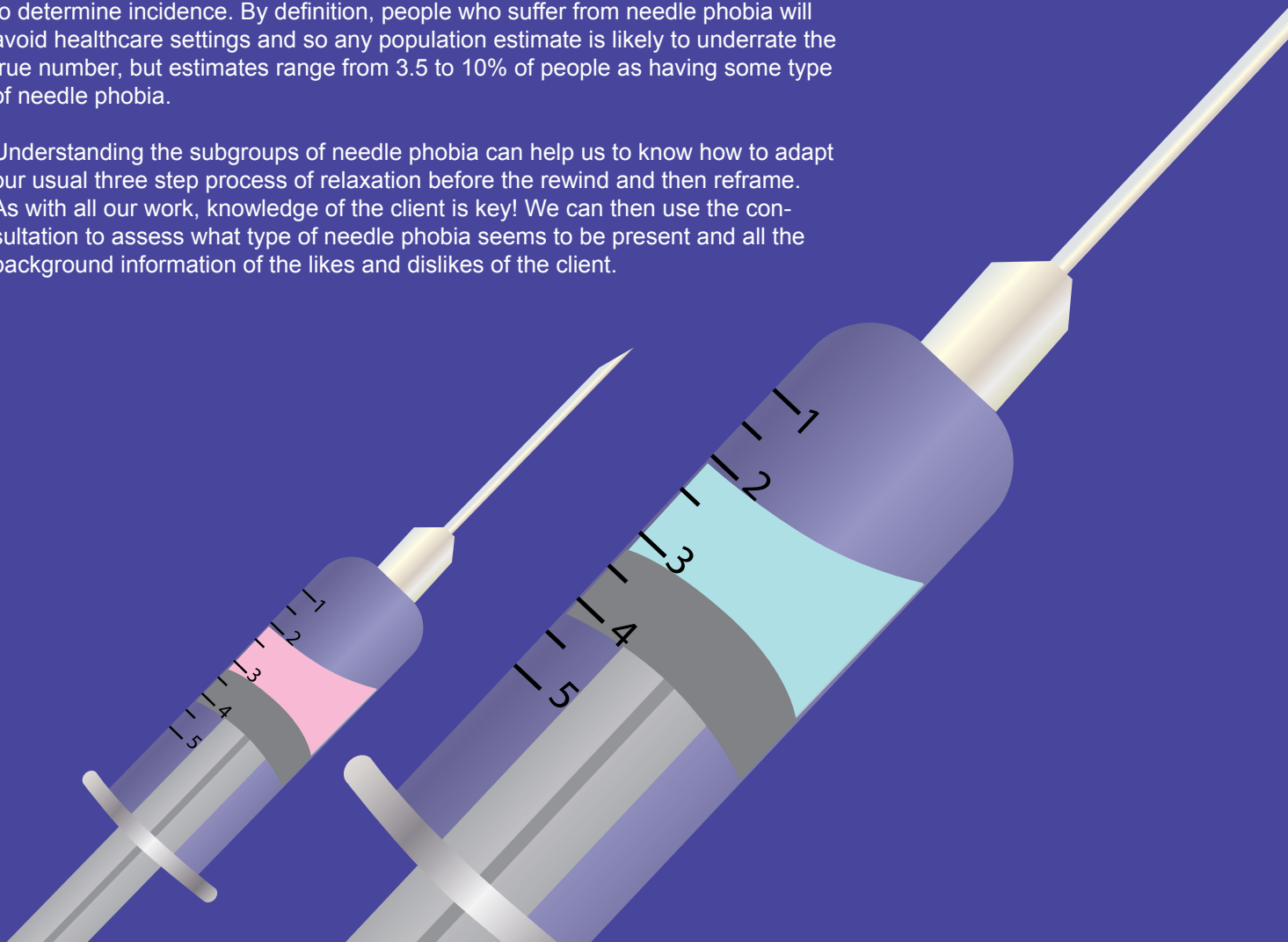
Research suggests that there are four main types of needle phobia: vasovagal, associative, resistive and hyperalgesic. These groups are not mutually exclusive; patients may present with symptoms from more than one.

Jenkins (2014) suggests that the very nature of needle phobia makes it very hard to determine incidence. By definition, people who suffer from needle phobia will avoid healthcare settings and so any population estimate is likely to underrate the true number, but estimates range from 3.5 to 10% of people as having some type of needle phobia.

Understanding the subgroups of needle phobia can help us to know how to adapt our usual three step process of relaxation before the rewind and then reframe. As with all our work, knowledge of the client is key! We can then use the consultation to assess what type of needle phobia seems to be present and all the background information of the likes and dislikes of the client.



by Jade Painter



The first type of needle phobia is Vasovagal. This is where a patient has an immediate fainting response to a needle procedure. The DSM-IV classes needle phobia as part of a group of specific phobias of blood-injection-injury type (B-I-I).

Vasovagal needle phobia has very high familial links; up to 80% of people with needle phobia report a first degree relative with a strong phobic response. As we know, with most specific phobias, exposure to the stimuli (for instance, spiders and heights) causes blood pressure and heart rate to increase, as the body gets ready for the fight, flight or freeze responses.

The B-I-I subgroup differs in that sufferers will experience an initial increase in heart rate and blood pressure, followed by an often almost immediate decrease, leading to fainting.

Sadly, in turn, the fear of fainting itself can then lead to the development of a more standard phobic response. So, needles produce fainting; fainting is anxiety provoking; and anxiety produces feelings of nausea, breathlessness, light-headedness, that can mimic the signs of fainting (Jenkins, 2014).

Because the vasovagal phobic response is as much about physiology as it is psychology, it is useful to have some practical tips that can be woven into a miracle question or reframe format. For example, lying down instead of standing up can minimise the effect of a drop in blood pressure.

Whereas usually we would be encouraging our clients to relax all their muscles, in this instance we would be encouraging applying tension to the muscles; squeezing them and releasing them repeatedly to maintain a level blood pressure and heart rate. This applied tension technique is one used by fighter pilots to keep them from passing out when they were flying at such speeds and changes in altitude.

The rewind technique can be very helpful for those that have become just as afraid of the fainting as they have of the needle, and the reframe encourages them to experience the procedure in a far more positive and successful way.

Associative fear of needles is the second most common type, affecting 30% of needle phobic responses (Morgan, 2001). This type is more familiar to us; the classic specific phobia in which a traumatic event, such as an extremely painful medical procedure, causes the patient to associate all procedures involving needles with the original negative experience.

It is a form of classical conditioning, and as such, associations can be formed not only with the needles but also with the hospital building, for instance: the smell of the clinic, the sight of a nurse's uniform and alike. This form of fear of needles causes symptoms that are primarily psychological in nature, such as extreme unexplained anxiety, insomnia, preoccupation with the coming procedure and panic attacks.

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We should note here that it does not necessarily have to be a real experience that triggers this association.
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We know that an imagined negative experience is stored in the same way as an actual negative experience, which is why we can see a client with a fear of snakes who has never even seen one in real-life. Or, a client can learn to have a phobia of an object vicariously.

This happens more often in a hospital setting; a patient who previously showed little fear towards needles or medical procedures develops a phobia after watching a negative experience of one of their peers.

Nursing staff report that often people who watch others have an injection misunderstand the procedure, and become fearful about the size of the needle, or whether or not it touches the bone.

In these cases, vicarious phobias can often be alleviated with an empathetic but clear and rational explanation of what the procedure is and how it will be carried out. Distraction techniques can also be useful for an immediate alleviation of the fear, but the effect of distraction will only be short term.

With associative phobias, we are able to tackle them similarly to any other specific phobia. This involves the familiar three step process of, firstly, relaxation; encouraging the patient to relax their muscles and focus their awareness to a safe and secure environment (PMR). The "Rewind" is a dissociative technique that allows the patient to reprocess their memories and store a new, altered version of them without the traumatic emotional component.

We guide the patient to imagine him or herself watching a film of their previous negative experiences, or imagined negative future experi-

ences; fast-forwarding and rewinding that film over and over to desensitise them to its contents.

Research has shown that using a dissociative technique, directing the patient to imagine themselves as merely a spectator and watching these events in a safe place, helps the client establish a therapeutic distancing from the previously aversive situation and so allowing them to work on it without becoming unduly distressed (Griffin, 2005).

The “Reframe” creates a new positive memory template on which future experiences of needles will be based.

The third category is a Resistive fear of needles. Resistive needle phobia occurs when the underlying fear involves not simply needles, or injections, but also being controlled or restrained.

This form of needle phobia affects around 20% of those afflicted. Often these are older patients who perhaps were restrained for an injection or procedure as a child, which at the time was seen as acceptable practise. Symptoms include aggression, panic and anxiety. We can easily imagine how the Primitive Brain would react if we were tied down whilst the polar bear walked towards us!

In these cases, rewinding those negative experiences is essential. In addition, engaging the left pre-frontal cortex to be able to determine the difference in modern day practise compared to ten, twenty or thirty years ago. We can reframe the experience for the client to remind them that they will not be forced into any procedures and they are in control.

The final type of needle phobia is Hyperalgesic. This is another form that does not have as much to do with fear of the actual needle. Patients with this form have an inherited hypersensitivity to pain, or hyperalgesia. To them, the pain of an injection is unbearably great and many cannot understand how anyone can tolerate such procedures.

The recommended forms of treatment include some form of anaesthesia, either topical or general. There is little cause for hypnotherapy to be used in these cases; such a strong physiological response to the pain of a needle would require input from a pain clinic or anaesthetist. However, we are able to encourage such sufferers to seek the help that is needed.

We know how well our basic tools of Relaxation, Rewind and Reframe work in helping our clients overcome their specific phobias. Learning more about the different types of needle phobia, their symptoms and their effects, can allow us to adapt our usual techniques slightly and help even more people. As ever, with Solution Focused Hypnotherapy, our skill lies in using the initial consultation to take a careful history so we can work in the best way to meet the individual client’s needs.

With thanks to Dorothea Read (North Cardiff Hypnotherapy Practice) for help and advice in preparing this article.

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As with all areas of practice then if you have specific questions or issues relating to specific phobic responses, or any other issues raised in HT, then address them to your supervisor.

If you have a specific fear yourself then always seek advice from your GP or from a fully qualified, insured member of AfSFH.



Using Skype for hypnotherapy

Trevor Eddolls looks at some ideas about how to use Skype with clients.

Having clients in the same room as you gives you the ability to read their body language and observe the GSR numbers changing – and generally gain feedback about how the session is going.

But, there are times when that's not possible – a client may not live near, or they might have issues with leaving the house. In that case, it makes sense to use the technology available and go ahead with the session.

Using Skype allows you to still get some feedback because you can see your client and they can see you, whereas a phone session doesn't provide this visual feedback.

Skype is owned by Microsoft, and, for the technically-minded, it provides voice communications and multimedia sessions over Internet Protocol (IP) networks, such as the Internet – usually shortened to VoIP (Voice over IP). The software is free to download (from <http://www.skype.com/en/download-skype/skype-for-computer/>), and free to use between devices attached to the Internet (i.e. personal computers).

The benefits of using Skype are that it allows people to access hypnotherapy sessions from the comfort of their own homes (or hotel room if they're away).

It's perfect for people with mobility problems or anyone suffering from agoraphobia and also for people who find it difficult to accommodate visiting a therapist into their busy lives, such as shift workers, parents, and full-time carers. Some people feel more safe-and-secure being at home rather than at a clinic or someone else's house. It can take place regardless of the client's location – they could be an existing client who has moved out of the area, or a new client from some way away, including abroad. Clients don't need to travel to your clinic, which saves them the stress of that journey – there's

no need to worry about traffic jams or parking. And Skype is encrypted as it is transmitted, so the communication and the whole session remain private and confidential. Using Skype can be as successful as being in the same room. For the therapist, it's important to think about what message you're sending when the client first sees you on Skype. I'm not suggesting that you need to spend an hour in make-up, but you might want to check in the mirror that you don't have anything on your face (like crumbs from that sandwich you ate quickly)!

You want to ensure that the client can clearly see your face – so think about lighting. The client needs to be able to see you nodding and smiling when they talk. And you want to check your background. Does it look professional? If not, you might perhaps want to try locating your laptop somewhere else. A professional-looking background with neutral colours can work best. You also want to find somewhere that isn't picking up a lot of background noise.

Once a client has contacted you and said that they would like hypnotherapy using Skype, you need to test it to make sure the technology works and that the volume levels are right. You can agree a time when the client can Skype you, and that will ensure that they know how to use Skype and the broadband works OK. Some areas have BT Infinity and other higher-speed offerings – and some areas don't. If the Skype connection keeps failing in the test, it's probably not worthwhile trying to do a live session.

Your client needs to be in a quiet room where you can have a private conversation and they won't be disturbed when they go into trance. You may need to discuss this with the client, if they haven't thought about it already. You need them to be sitting somewhere that's comfortable for the trance session, but also where you can see their face and watch their breathing rate. You need to ensure that the volume levels at both ends are good. You need to be able to

hear them and they need to be able to hear you over the top of your music.

The next big question is payment. You'll want your client to pay upfront. They can transfer the money into your account or they can pay by Paypal (if you use that).

Once everything is tested and works, you can go ahead and run a live session. Make sure that payment has arrived in your account and be ready a couple of minutes before the client is due to call you. You'll also need to have a phone number, in case the Skype session crashes half-way through. You may need to phone your client to bring the session to an end.

Clearly, if they can answer the phone, they have come out of trance. Pre-warn them that this might happen, but hopefully it won't. You can always include some instructions for these possibilities at the start of the session.

Some people stop after the talking part and get the client to listen to a CD. That way you ensure the session that they receive has the highest sound quality. I find that I prefer to do a session live because it gives me the same flexibility that I have with a client in my consulting room. But you need to be sure that you have a quality Skype connection.

The technology is getting better and better and more-and-more rural areas are getting decent quality broadband connections, so it's now possible to use Skype for video calls to most places (assuming your broadband connection is good). That means using Skype is becoming an acceptable way of delivering therapy to clients.





Psychology and personal training: the benefits of working out and hypnotherapy

Duncan Little

Having been inspired by Trevor Eddolls' article on fitness in the last edition of *Hypnotherapy Today* then your intrepid reporter (i.e. me), is today armed with notebook, pen, towel and water bottle.

I'm off to meet with Rachel Nutt, a Plymouth based personal fitness instructor, who runs her own business (Best Version Fitness). I do have a vested interest to declare as Rachel, alongside SFH Leah Bevan, had together helped me to not only lose weight (a goodly few stone) but successfully trained me physically, and mentally, to complete two marathons in Paris in 2012 and 2013.

Finishing both of them was, without doubt, the proudest moments of my life.

As a result I retrained in Solution Focused Hypnotherapy to help others achieve similar goals. Today, however, I am a little nervous as my regular routine will be slightly altered to include aspects of Trevor's *HT* article in it and I have, therefore, some idea of what to expect.

Rachel is, as always, reassuring, "People may be reluctant to go to a gym to start off with, but, training soon helps to create that positive mental attitude and you start to feel good when you see results – especially when you start to lose weight."

Her work, alongside SFH Tamsyn Isgrove, in 2013, combined hypnotherapy with simple exercise routines to help a small group of Plymouth based volunteers to achieve their dream of losing weight and toning up.

It may not have been a controlled experiment set in laboratory conditions but the team achieved some marked results for a couple of the volunteers who took part.

"One person felt so relaxed following the hypnotherapy," explains Rachel, "that they made some very positive lifestyle changes which helped them to further gain confidence which allowed them to feel that they could exercise more."

With sports people turning to hypnotherapy more and more to help them focus on their game then the importance of psychology, as a role in training, cannot be underestimated. Rachel believes that Solution Focused Hypnotherapy can really provide an extra boost for a client.

"Weight issues can be a reflection of how you are feeling inside and can be a by-product of emotions, so, if you tackle how you feel, and do exercise as well, it has a powerful effect that helps you towards achieving and maintaining your aims over the longer term."

As qualified Solution Focused Hypnotherapy practitioners, we understand the psychology of why we sometimes eat more than we should, so, today, I want to understand how weight management can be aided by exercise (from the perspective of a personal trainer).

After a number of stretches, and a lot of warming up, together with some jogging and weights, we then move into the area of High Intensity Interval Training (HIIT).

HIIT was covered in Trevor's article and is exceptionally effective at achieving goals. Rachel is about to put me through my paces with some "tabata" training.

I mishear and think she has said "ciabatta" which makes me think of bread, then by association I start to think of toast, then bacon, then eggs and, finally, a full fry up springs to mind (complete with a hot cup of tea). I decide not to mention it.

Perhaps I haven't quite remembered the importance of diet when going to the gym. Maybe I need to go back to have hypnotherapy myself?

"Diet is extremely important and more important than people think," says Rachel who goes onto to explain that good results can be broken down into what you eat (80%) and how you train (20%).

A big part of weight management comes to helping improve on those all important good food choices and also in motivating someone to work on their fitness levels.

So, what we do in a therapy room with a client looking to achieve results with weight management can go on to be really beneficial if they decide to start, or to increase, their exercise rate.

Focusing on positivity in the therapy room is something that Rachel also provides in her training sessions.

In fact, she is currently providing me with plenty of upbeat encouragement as I peddle frantically on a bike, for an intensive twenty seconds, before easing off for ten seconds, before it is full steam ahead (again) for another twenty.

And so on for four lovely long heart pounding minutes (where I keep a close eye on my heart rate monitor). There is a short break of a half a minute, where I continue peddling slowly, and then we repeat the exercise several times over.

More than 25 minutes later and finally we stop whereupon it's over to the treadmill for a gentle jog to finally end the session.



I am definitely pooped BUT I am also secretly pleased with myself as, for me, it's a big achievement and I know how quickly you can ratchet up gains when you start intensively training with a professional PT motivator.

"Interval training is better than distance and it is a real case of quality over quantity," explains Rachel as I mop my brow and begin to imagine myself as the next Daniel Craig.

"Twenty minutes can be better than one hour if you are putting in maximum effort and High Intensity Interval Training is very good at transforming the body into a powerhouse so there is less strain on the body itself - but it is not suitable for everyone."

It goes without saying that for someone who is looking to get seriously into fitness then working with a qualified professional and having that all important doctor's check up is a must. One of the many upsides of HIIT is there are less potential joint issues involved in training and you can get a really good workout in a short space of time.

Rachel also explains how she encourages the client to focus on the visualisation of their goals. Just as we may work with the Miracle Question, or the SWISH technique, then a good PT will encourage the client to think past

the surroundings of a gym and focus their minds on their own personal targets.

For me, it was (and still is) the last 100 yards towards the finish line at the Paris Marathon, but, to get there, then I know I need to train. Not just a couple of times a week but pretty much every day. And that requires intent. And we all know the meaning of intent, don't we?

So, just as we will use the "Miracle Question" to help focus a client's mind on the set of changes they want to achieve then Rachel also encourages people to tell her their goals and aspirations in her Initial Consultation.

Then, during a hard bout of exercises, she can remind the client of what they are striving to achieve when the going gets tough for them on the bench or on the treadmill.

Talking of which it's time for those that important cooling down routine with Rachel guiding me through all the various stretches that I need to do.

Thinking of that all important steaming hot cuppa waiting for me when we finish helps me to remember how my life has changed having

added Solution Focused Hypnotherapy and personal training into it.

Focusing on the positives in Leah's consulting room, and emptying that stress bucket, then helped me to realise that I could achieve anything in my life – even successfully completing a marathon! With Rachel's help then that dream became a reality.

"Be honest about what you want to achieve and work with professionals so you gain the support and the belief that you can transform yourself into that person that you want to be," she says.

We part company after an intensive hour long workout. "It's never too late to start," she says. And she's dead right. I didn't seriously get into fitness until I was in my mid thirties and it's still an important part of my life today.

That said, I am currently avoiding the early morning Clarice Starling styled runs and am, instead, settling on that bacon and egg butty.

But don't tell Rachel.

Time now for that all important cup of tea. Think I'll cut out the sugar this time though.

Head of Finance



AfSFH is looking for a motivated individual to join our team within the prestigious position of Head of Finance.

An understanding of accounting is required.

Remuneration, based on experience and expense requirements, may also be available for this position.

For more details, and to apply, contact David Mclean: CEO of AfSFH: ceo@afsfh.com

Committee Members



Chairman and Trustee: David Newton

David Newton founded the AfSFH and is an avid supporter of getting the word out to the public of what Solution Focused Hypnotherapy is all about. His inspiration brought the Association to life and has allowed us to flourish rapidly in our early days. His support of all that we do is greatly appreciated.



Trustee: Susan Rodrigues

Susan is our mainstay who oversees our Executive meetings to ensure we're on the right track! Her knowledge ensures that our brain waves keep to the ideals (and regulations) of the solution focused world.



Trustee: Matthew Cahill

Matthew is one of our Trustees whilst also being heavily involved in training Solution Focused Hypnotherapy. He is also a director of UKCHO which is involved with moving the hypnotherapy profession forward.



CEO: David Mclean

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



Journal Editor & Marketing Officer: Duncan Little

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



Head of IT: Trevor Eddolls

Trevor, for his sins, is charged with updating the website and inspiring us with ideas to further progress the site. A challenging and key role as we grow bigger!



Head of membership: Denis Cauce

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



Head of research and campaigning: Tiffany Armitage

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



In this issue we have contributions from:



Duncan Little
Solution Focused
Hypnotherapy
Practitioner



Nicola Griffiths
Solution Focused
Hypnotherapy
Practitioner



Trevor Eddolls
AfSFH Head of IT
and supervisor



Jade Painter
Solution Focused
Hypnotherapy
Practitioner



Jessica Dowd
Solution Focused
Hypnotherapy
Practitioner