

HYPNOTHERAPY TODAY

ASSOCIATION FOR SOLUTION FOCUSED HYPNOTHERAPY

Edition 23, Autumn 2017



Anti-social Media:

The impact of tech overload

Also in this issue:

Eating Disorders & Relationships

Uncovering the Amygdalae

The Power of Pets

Members' Survey Results

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Association for
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Message from the Editor...

A very warm welcome to you! I'm both delighted and honoured to have been appointed as the new Editor for Hypnotherapy Today, which is such an integral part of the AfSFH – a journal for our members, by our members. I'd like to take this opportunity to thank my predecessor, Duncan Little, for all his efforts – and look forward to continuing his good work.

If you look up 'Professional association' in Wikipedia, you'll find that the primary definition is: "A nonprofit organization seeking to further a particular profession, the interests of individuals engaged in that profession and the public interest".

Well, I think that nicely sums up our Association, but it also encompasses my goals for this journal: to inform, engage and unify all of us working within the field of Solution Focused Hypnotherapy. Of course, to ensure that we can effectively fulfil these goals...that "one small step" if you will...would mean seeing an increase in contributions from the very people we serve – our wonderful members. So, if you are reading this and have something you'd like to share, a question, a story or even if there is a topic you are curious about and would like to see featured (and we do encourage curiosity, don't we?!) ... then please get in touch. I feel that the very best way to reflect and fulfil what our members want is by seeking input from all of you...so please don't be shy...all inputs are welcome. Simply email me your ideas, contributions or comments to: journal@afsfh.com.

I want to ensure that our journal has a 'pic n' mix' approach - with something of interest for everyone (much healthier than strawberry laces or foam bananas!). As you enjoy delving into the variety of articles in this edition (from pets to social media addiction), you'll notice a couple of new features.

The "Brainbox" feature will provide an overview of interesting brain-related info, fun facts and other snippets relating to the brain and body. In this debut feature, we uncover the secrets of the Amygdalae. The "All about you" feature does what it says on the tin – we want to get to know our members and your views – in this edition, we review feedback from a recent Member Survey about the AfSFH Members' event.

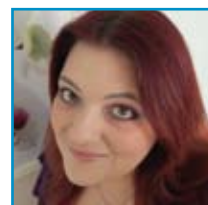
So, enjoy your pic n' mix! I hope you find this issue enjoyable and informative. A big thank you to all the wonderful contributors to this edition - your efforts are greatly appreciated. I'll sign off now so you can all start to enjoy the sugar-free fruits of their labour...

Happy reading!

Best wishes,

Helen

Helen Green,
Hypnotherapy Today Editor





MEET THE MEMBER:

Getting to know the AfSFH Head of Finance, Sacha Taylor

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

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

My role was initially all about catching up and sorting out the finances for the Association, after a gap in service since the previous Finance Officer stepped down. The next step was then to file our Accounts with Companies House and start a dialogue with HMRC too, to ensure we are compliant in all areas of our financial accounting.

Since starting, it also became apparent we need to employ a qualified accountant to help ensure the smooth flow of our accounting needs in the future, so I'm currently on a recruitment drive to find the right person for the job! And another big task, which I'm delighted is now completed, was to get online banking set up for the Association, which has been a long time in the making, but we finally made it!

Other than that, my daily role is to maintain good accounting records and ensure prompt payment is made for all invoices received. I also support Polly Hawkins in her role as Membership Secretary when it comes to member refunds or general membership payment issues. I also support Alex

Brounger, our CEO, with individual queries relating to our financial position and also in taking the minutes for all of our Committee meetings.

It's a varied role, and one that isn't for the faint-hearted, but I'm really enjoying it so far!

What attracted you to work as a Solution Focused Hypnotherapist?

I first came across SFH when I was pregnant in 2011 – I had a bad needle phobia and needed daily injections into my tummy, which was proving highly unpleasant! I googled local hypnotherapists and came across the Clifton Practice. Two sessions later, my needle phobia was gone! Then, when I was 30 weeks pregnant, I came across a poster advertising HypnoBirthing (not CPHT related), and after doing the course, I was so much more relaxed about pregnancy and birth, so I began thinking about re-training to become a HypnoBirthing practitioner, but thought I'd better see if it worked first!

On 11th September 2011, my daughter was born after a six-hour amazing labour! I didn't need any pain relief whatsoever and had a brilliant experience, so the following year I trained in Mongan Method Hypno Birthing and began teaching couples to have calmer, more comfortable births. During the months that followed, I kept getting feedback from mums and dads about how they were generally less stressed, coping better with life – one mum even put an end to her panic attacks, which had plagued her since childhood! The realisation that my birthing-specific courses were helping people more generally led me to look into training to become a Hypnotherapist and I very quickly identified that CPHT was the place to go for quality training, so I began in March 2014.

Sacha is now also a part of the Hospital Hypnotherapy Service team in Cardiff.



Why is the AfSFH important?

It supports its members in so many ways and I really feel it's important to belong to an Association that supports SFH specifically. It adds credibility to what we do and very much keeps us in the loop with Supervision and CPD, newsletters and blogs, Facebook and, of course, Hypnotherapy Today!

What is your background?

Before changing my career in 2011, I spent most of my life working for the airline industry! First at check-in at Heathrow airport for Air France, then moving on to being the representative for Luxair, before working at the Ticket desk for Lufthansa. I then wanted to move into Account Management, so I moved to Head Office as a Pricing Analyst before returning to Air France in the same role before becoming a National Account Manager for Air France, then later, for Virgin Atlantic. The many years I spent with the airlines saw me travel to amazing places and I met lots of brilliant people along the way. I used my sociable personality and keen eye for details and numbers to ensure I was successful in that role and my clients felt well supported too.

What motivates you?

I'm passionate about helping people and I'm motivated most by the amazing clients I get to meet in my hypnotherapy clinic and on my HypnoBirthing courses. Seeing them grow and achieve great things in their

lives and their births is the best feeling in the world and I often pinch myself that I get to do what I do – I love my job basically.

What do you like to do in your spare time?

This year, I'm really enjoying spending time exploring our new home in Wales with my cheeky husband and daughter, and we love going on holidays. As for my working week, I really enjoy having quiet time in my favourite café eating eggs Benedict when I can. I also love scuba diving, fishing, cycling, and when I have more time, reading and listening to all sorts of music from the Foo Fighters to Justin Bieber (!) and, of course, catching up with friends.

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

Without a doubt, seeing clients 'get it' and really making incredible changes to improve their lives. My favourite example, was a client with severe anorexia who was so dedicated to the process and turned their life around completely. I felt immensely proud to help them on their journey with SFH. More recently too, I've been lucky enough to join the Hospital Hypnotherapy Service team in Cardiff, volunteering one day a week to support patients having chemo and/or other treatments and it's extremely humbling to spend time with these immensely brave people and to know we can help them cope better with their individual journeys.

Also, using SFH in my own life – becoming a parent is an amazing, but equally an extremely challenging transition to make, and having SFH on my side has meant I'm much calmer and better able to cope with those challenges, and it has enriched the relationships I have with my family and friends too. I can't imagine my life without SFH.

On a professional note, it has also helped me enormously to practice what we preach when I set up my business initially, and then had to start all over again for both businesses when we relocated to Cardiff in 2015. I can honestly say that the relocation was the best experience of moving I've ever had, because even though things went pear-shaped (as they so often do with house moves!), I stayed calm and managed everything so much more easily, which also rubbed off on my family too!

And the last highlight from my SFH experience, which I discovered on my very first day of training, is the ability to locate anything and everything I need easily – keys, holiday items, toys etc. ...you name it, I stay calm, engage my brain and the subconscious always delivers!



Spotlight on...Technology addiction

Craving more 'Likes'? Obsessing over your number of followers? Constantly checking for notifications?

Trevor Eddolls takes a look at how enthusiasm for modern technology can affect some people's mental health.

Human bodies evolved to live successfully on the plains of Africa. Our guts symbiotically worked with bacteria to make the most of the food that was available; our bodies functioned perfectly with frequent movement; and our brains adapted to keep track of around 150 people who were members of our family group/clan/tribe.

But now, with social media, we can spend long periods of the day keeping track of more than 150 people, as we check Facebook to see what our 300 or so friends are doing; look through our Twitter feed at the 200 people we follow on that; and browse LinkedIn at the updates from another group of around, say, 500 people. It's no wonder that we need to keep checking - our brains can't cope with the extra information (and those funny cat videos - called lolcats - look it up!).

So, how can you tell whether a client is just browsing through their Facebook feed or whether they're obsessive about it? There are some tell-tale signs to look out for.

These include:

Over-sharing

– that's not just sharing some information about their lives, but sharing intimate information. And this may be because they need the gratification of being acknowledged or receiving peer approval. But, it may well be that they are unable to judge what's appropriate to share, with the need to be heard overriding any privacy concerns.

Reporting on Facebook

– i.e. using Facebook as a log of their every activity, no matter how small or inconsequential. This could be a sign of obsession, as if they need to post something, no matter how ordinary or unimaginative, in order to relieve their anxiety of not doing so.

Checking Facebook all the time

– it may be that they're waiting for a relative to post news of the birth of a new niece or nephew and they're keen to get the news as soon as possible. This might be quite normal if they're a continent away or other valid reasons. But what if they're checking it every few moments at work, or, worse, every few moments when out with friends? Not only are people checking other people's posts but they are also looking at responses to their own posts. Continually checking other people's posts is called FOMO (Fear Of Missing Out).

Excessive time browsing Facebook every day

– while spending some time each day checking a person's newsfeed etc. is fairly normal, spending a lot more time each day doing it could mean there's a problem. And if your client is losing sleep time to spend on Facebook, this is going to impact on their whole life.

Overly concerned with their Facebook image

– this is where they ponder for ages before posting an update and then eagerly anticipate others' responses. Consequently, what people think about them on Facebook becomes an all-consuming activity.

Adding more-and-more friends

– this can be an indicator of a Facebook addiction, especially when a person feels that they are in competition with their friends to gain the most friends on Facebook. Research from Edinburgh Napier University found that Facebook users with more friends tended to be more stressed when using Facebook.

Compromising offline social life

– people can feel more comfortable socializing online than offline – in the real world.

Some people even create accounts for their pets, and post updates about what they are doing! But why? What makes people obsessive about social media? One answer seems to be that social media addiction activates the same areas of the brain as drugs such as cocaine. Researchers found that Facebook triggers activated the amygdala, which helps establish the significance of events and emotions, and the striatum, which is involved in the processing and anticipation of rewards. The good news is that the researchers speculated that the addictive behaviour with social media stems from low motivation to control the behaviour, which is due partly to the relatively benign societal and personal consequences of technology overuse, compared to, say, substance abuse.

Another big problem with Facebook and other social media sites is envy. All of a person's friends seem to dress smarter, go to nicer places (on holiday or just for a night out), get to meet 'important' people, and eat fantastic meals compared to them. So, what do they do? They see a post or photos from their friends that look fantastic, and they compare their friend's life (or this tiny snapshot of their life) with their own life. And then they feel inadequate. This is followed by feelings of sadness and depression. And, worse, this may be followed by a decision to emulate their friend's life and book a holiday they can ill-afford or buy similar clothes or just stop being themselves and become a copy of their friend's imagined life. None of these reactions is likely to end well. There have even been cases where individuals have sought cosmetic surgery to emulate or compete with photos of people (even of complete strangers) they've seen on Instagram.

The obvious solution to these issues of envy, inadequacy, anxiety, and depression is to stop using social media – to simply disconnect a person from Facebook, Twitter, Instagram, LinkedIn, Snapchat, WhatsApp, and the rest for a while. But feelings of being disconnected can lead to, what's

***“Nomophobia”
– the (as yet unclassified)
name given for fear of being
without a mobile phone
or signal.***



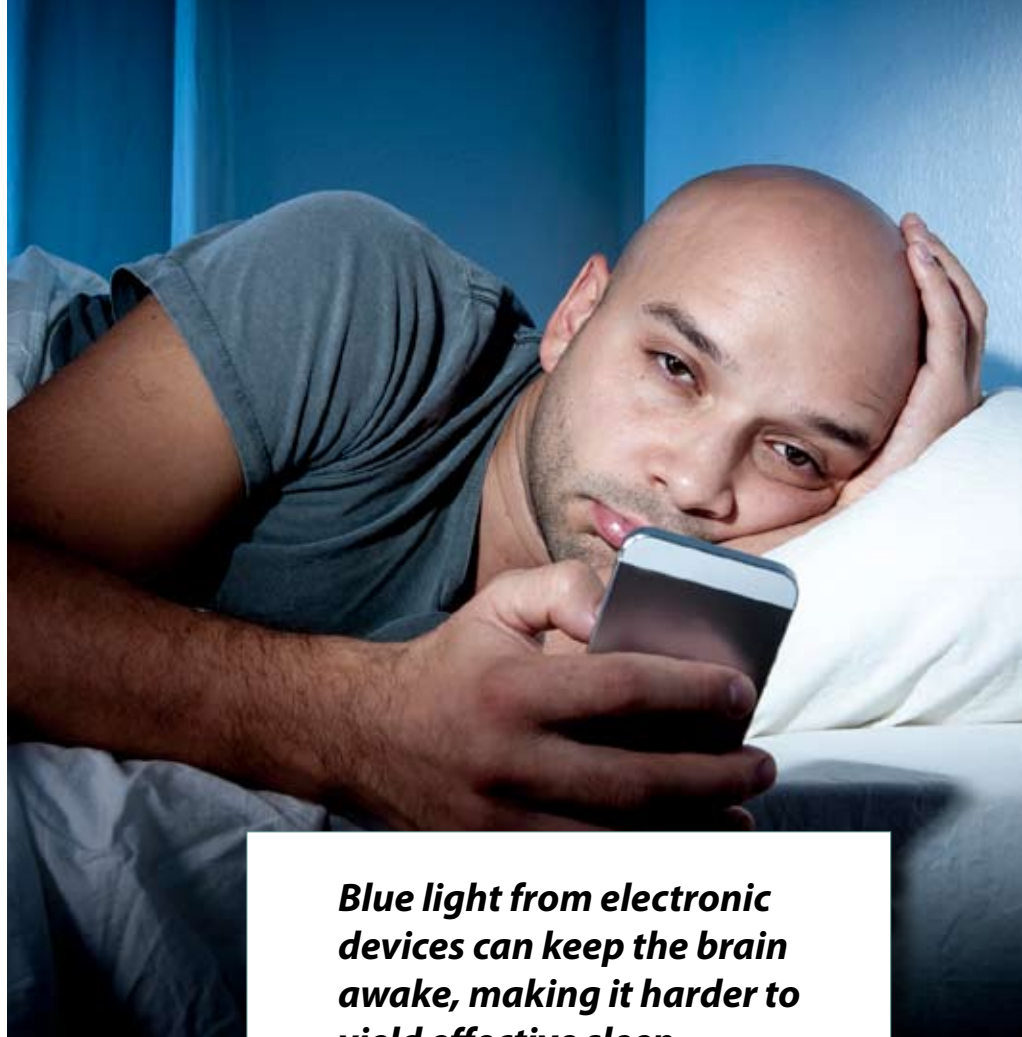
being called, nomophobia. Nomophobia is the name being given to the fear of having no mobile phone – and this could be from loss, forgetfulness, the battery running out, poor signal etc. – and, of course, having no mobile phone means a person can't access these social media apps. Long gone are the days when mobile phones were used to just make phone calls!

You won't find nomophobia in ICD-10 (The International Statistical Classification of Diseases and Related Health Problems), which is a medical classification list by the World Health Organization (WHO) containing codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases. Neither does nomophobia feature in the DSM-5 (The Diagnostic and Statistical Manual of Mental Disorders), which acts as a universal authority for psychiatric diagnoses in the USA. However, it is very likely that it will be included in future editions of both.

People not only use their phones to easily upload photos and comment on social media, they also use them to browse websites, listen to streamed music and radio, listen to podcasts, and check their e-mail. Once upon a time, Blackberry owners would respond to a ping from their phones every time an e-mail arrived, but now with so many e-mails arriving, their device would be pinging all the time! All these e-mails mean that people get in the habit of checking their e-mail regularly.

It may be that your client is expecting an important message, but if they wake up in the night and check social media and their e-mail, the likelihood is that they have FOMO – the Fear Of Missing Out (mentioned earlier). Another aspect of FOMO can be a reluctance to delete e-mails, just in case they contain some gem of information that a person might need later. It can also lead to having multiple e-mail addresses and checking each of them. This adds social anxiety to our list of problems with using technology.

You may also see clients who spend much of their day huddled over their tablet looking at the statistics being bluetoothed from their Fitbit or other wearable device that counts their steps (pedometer), monitors their pulse rate, and tells them how well they are



Blue light from electronic devices can keep the brain awake, making it harder to yield effective sleep.

sleeping. Different devices can measure other aspects of a person's physiology. Wearable tech is becoming commonplace.

There is a suggestion that some of the targets built into these devices may be doing us harm. Many devices recommend 10,000 steps a day, but there's not a lot of evidence that this is right for everyone – and for some people may be harmful. Some devices can calculate every calorie a person takes in and every calorie of energy they use, and this can lead some people to unusual eating habits and even, possibly, to anorexia. Additionally, there can be added stress if a person isn't getting the required amount of exercise in a day or the correct amount of sleep at night – and the last thing people need is more stress in their lives.

Perhaps you may well see clients who play video games excessively – individuals who sacrifice sleep time and socializing time in order to play a game. It now seems that playing video games can change how a person's brain performs as well as its structure. Video game players display

improvements in sustained attention and selective attention. And the regions of the brain that play a role in attention are more efficient in gamers compared with non-gamers. Playing video games apparently increases the size of the right hippocampus, making them better visuospatially.

On the down side, Internet gaming disorder can be given as a diagnosis for people who are gaming addicts. Such individuals may have functional and structural alterations in their neural reward system, which makes them want to continue playing the game (rather than sleep or interact with people in the real world).

You may also see people who aren't addicts and aren't continuously on Facebook, Twitter or Instagram, but are struggling with sleep because of their general use of modern technology. LEDs (Light-Emitting Diodes) are found in TVs, phones, tablets, kindles, and other popular devices. Our bodies' circadian rhythms control the timing of physiological processes such as sleeping, feeding, hormone production, and cell

regeneration. The hypothalamus sets its sleep patterns to match daylight. When it starts to get dark outside, the hypothalamus tells the body to start making sleep hormones, like melatonin, and to drop the body's temperature ready for sleep. In the morning, when it starts getting light, the body warms up and produces hormones, like cortisol, to wake up. When people are working on their tablets until late into the evening, the body doesn't receive any signs that it's getting dark outside and so its response is much reduced.

The other problem with LED devices is that they produce blue light, which boosts attention, reaction times, and mood – which is not what anyone wants just before bedtime. Blue light also reduces melatonin production more than ordinary light. Blue light also suppresses delta brainwaves (the ones that induce sleep), and boosts alpha waves (creating alertness) – both of which can make going to sleep more difficult.

So, what might be useful for your clients? Firstly, they might like to avoid blue light for at least half an hour (an hour might be better) before they go to sleep. In Windows 10, in Settings, users can turn on the option to 'Lower blue light automatically', which may help. Some mobile phones also have an option to 'Filter blue light', found under 'Settings' (usually listed under Display options). This may be a particularly useful feature to enable if using your phone for reading at bedtime.

How else can we help clients with technologically-linked issues such as nomophobia, depression, anxiety, addiction, and insomnia? The answer is straightforward – in the usual way. As solution-focused hypnotherapists, we work with clients to attain their goals. And we do that, mainly by helping them to empty their metaphorical stress buckets, helping them to relax, and making positive changes to their behaviour (often this involves helping them to create new habits). It's a case of finding out when the bad stuff doesn't happen and getting them to do more of whatever they do in those circumstances; utilizing their strengths; and celebrating their successes with them. And then they'll be able to reduce the amount of time they spend on social media or online gaming... and more time sleeping and interacting with real people.

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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.

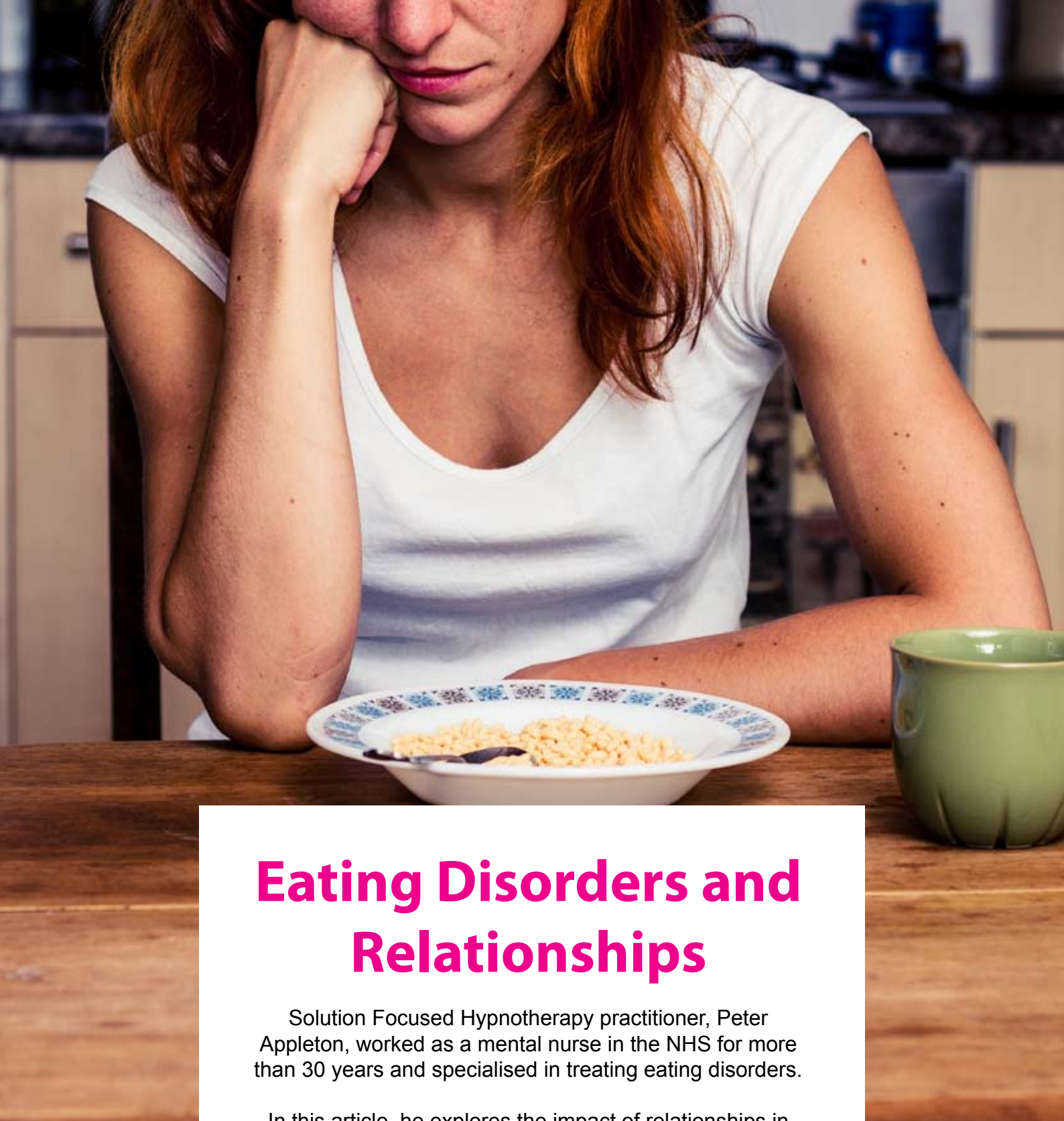
Calling all writers! Have your say...and receive a little extra bonus!

As if it wasn't kudos enough to have an article published, any member who has work published in Hypnotherapy Today will now also receive a £5 gift voucher to go towards payment for any CPHT CPD training day, as a little extra thank you for their contributions!

So, if you're keen to add another feather to your cap, just get in touch to share your ideas and contributions and perhaps you'll make the next edition! You can send your comments, articles, book reviews or stories to: journal@afsfh.com

Some useful guidelines:

- All contributions should relate to SFH, or be of interest to those working in this field.
- Any case studies/stories submitted must not contain any identifiable client information, so please keep confidentiality in mind!
- References for any studies, definitions or descriptions given should be included where appropriate.
- Standard article lengths are between 500 - 2,000 words – we're happy to help you streamline your content if needed!



Eating Disorders and Relationships

Solution Focused Hypnotherapy practitioner, Peter Appleton, worked as a mental nurse in the NHS for more than 30 years and specialised in treating eating disorders.

In this article, he explores the impact of relationships in helping those struggling with issues around eating and how Solution Focused thinking can help.



About the writer: Peter qualified as a SFH practitioner in 2014 and practices in Bristol. In the same year, he left the NHS after 34 years as a mental health nurse, where he had spent 14 years as an eating disorder specialist. During that time, he provided direct treatment to clients as well as training to other professionals. Since qualifying, he has been able to use this experience to complement his hypnotherapy practice and runs CPDs on disordered eating.

If you are treating someone with a difficulty with food - whether that is someone who simply wants to lose weight, or someone with a complex eating disorder, you will almost inevitably find them talking to you about relationships. This can range from a client of mine who decided she needed to leave her husband or, more commonly, a less drastic, but nonetheless, significant change to a relationship.

We can think about this from different perspectives. On one level, our relationship with food is often a metaphor for our relationship with ourselves and hence others. Common feedback I have had from clients has been the tendency to look after the needs of others rather than themselves. So, food can be perceived as both a reward and a punishment for them having needs of their own.

In some cases, certainly with someone with an eating disorder, family and friends play a big part in what is going on and can be highly influential (and helpful) when it comes to making changes. There is no evidence that eating disorders occur more in certain family "types". However, the evidence is much more compelling that many families will tend to organise themselves around the person with the condition. This is natural; I struggle to think of anything more distressing than watching a loved one starve, disappear to the toilet after meals or become seriously obese. Any one of us would want to find a way to "fix the problem".

When we come to work with our clients, we understand that a solution focused approach is helpful and that we need to enable the client to build positive self-esteem, develop positive ways of gaining a sense of achievement and adopt healthier coping strategies other than turning to an unhealthy relationship with food and/or body shape and weight.

However, typically, families make changes slower than the individual and may struggle to know how best to be of support – or at least avoid being unhelpful. The likelihood is that family members may remain very definitely 'problem-focused' for some time. While we know that a positive attitude on the part of the client can rub off on others, this can take time.

This was explained eloquently to me some years ago, by the parents of a client of mine who said that helping her recover was a bit like trying to help your daughter learn to swim "when she has recently nearly drowned". Of course, eating disorders can be life-threatening and it is understandable that, at times, family members may wish to take charge and tell the sufferer what to do – or may become over protective. Or simply avoid the difficulty altogether. Indeed, as the individual starts to recover control in their own lives, families can often struggle to know what to do and how to respond.

Although in writing this article, I am focusing on my specialism of eating disorders, the same dynamic exists in other situations. Particularly in the case of addictions, for instance, where the behaviours of the individual can perhaps be wrongly perceived to be their fault, or a malady, that necessitates them being "rescued" in some way.

Supporting change

Bibliotherapy (reading self-help books) can be extremely helpful. For example, working with psychosis, there is clear

evidence that educating the family, enabling them to adopt a more positive and understanding attitude, with a focus on improving communication, can lead to a decrease in symptoms for the individual.

One book, which I have found to contain a useful set of metaphors, is the excellent: "Skills-based Learning for Caring for a Loved One with an Eating Disorder. The New Maudsley Method" by Janet Treasure, Grainne Smith and Anna Crane (published by Routledge).

Uniquely, this book is a collaboration by a Professor of Psychiatry, a medical student recovering from an eating disorder and the mother of a young woman with anorexia nervosa. The book does not draw on any particular therapeutic model, but is very solution focused in its approach. It is well written and avoids unhelpful jargon.

It offers helpful metaphors to understand typical approaches from family members. For instance, it has the Rhinoceros, charging at the problem and telling the client what to do. Then there is the Kangaroo, putting the client in its pouch and doing everything for them. There is the good old Ostrich, burying its head in the sand. And the more helpful approach of the Dolphin, swimming alongside and perhaps giving a helpful nudge to keep going when the waters get choppy. Metaphors that, as therapists, we too can learn from. At times, I feel I can identify with certain aspects of all of these animals!

"...families can often struggle to know what to do and how to respond".

The metaphors are certainly powerful and may be able to help our own clients when they are working with us to help achieve a positive outcome for them. Some of my clients have found working with me, alongside support groups and charities, to be very beneficial as it allows them to focus on the all-important Ps: positive thinking, positive action and positive interaction, yielding that all important flow of serotonin helping the brain to gain intellectual control. It can help the client to realise they are not "on their own" but part of a team, who is helping them to work their way forwards by focusing on solutions and not on problems.

As such, some of my clients have found they don't have to feel responsible for the needs of others and that support is available to family and friends. Often the relief for the client is palpable. This allows them to focus on their own needs and obtain the maximum benefit from their therapy.

As Solution Focused Hypnotherapy practitioners, we encourage our clients to think outside of the box, to see the whole picture and to be resourceful. In doing so, it can make all the difference as it allows clients to realise they are part of a bigger team, which is there to help them achieve their goals and aid them in re-establishing their own equilibriums.

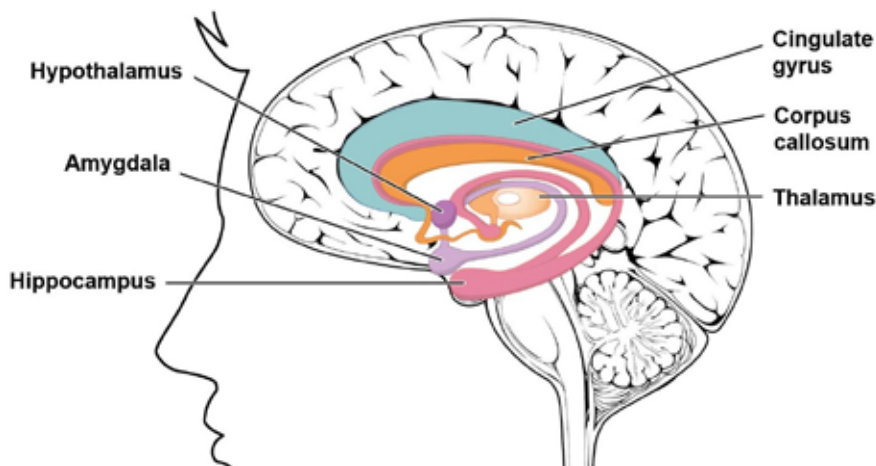
Brainbox: Discovering the Amygdalae

In this article, Dr Rachel Gillibrand uncovers the secrets of the amygdalae and the role they play in our emotional experience.

Early (and current) neuroscience involved the dissection and surgical removal of parts of the brain to determine what part of the brain was responsible for which of our behaviours. Although reports were made of changes in people who had experienced traumatic brain injury, systematic investigation of the brain did not begin until the 1930s. In 1939, Heinrich Klüver and Paul Buncy **1** published their findings that removing the frontal lobes of a rhesus monkey resulted in profound emotional changes. The female rhesus monkey was studied for four months after the operation and was found to have something they called “associative mind blindness” - the monkey could see what was around her but appeared unable to put the information together and recognise familiar objects. A second effect of this operation was that the monkey became less aggressive and less fearful. This was an operation that caused a lot of damage

to the brain and, as a result, although the amygdala had been removed, the authors were unable to make any claim as to which precise part of the brain was responsible for either of these tasks. By 1952, neuroscience was becoming a little more sophisticated and Lawrence Weiskrantz **2** managed to remove “just” the amygdala and found that these animals had little to no fear response, were unable to learn to fear and were unable to learn to avoid threat, thus concluding that the amygdala was responsible for holding our fight or flight response.

Both scientists caused enormous peripheral damage to the brain in their research and it was not until 1999 that techniques had advanced sufficiently that the precise function of the amygdala could be uncovered **3**. Using more focused surgical techniques, neuroscientists concluded that the amygdala was crucial for the normal regulation of



“...stress causes the amygdala to grow in density and long periods of stress cause the amygdala to grow in volume”



emotions: damage to it resulted in reduced fear and aggression and increased submission (threat avoidance) behaviours. However, all these studies were conducted on primates, but what of humans? With advancing fMRI and EEG technology, the precision of neuroimaging enabled researchers to detect, without surgical removal, specific areas of the brain that are associated with certain behavioural and psychological characteristics. In 2001, a review published in *Nature* 4 confirmed that the amygdala is indeed where our human fear and avoidance behaviours are triggered as the neuroimaging reports showed that the amygdala activates when viewing facial expressions of fear.

What is the amygdala and how does it work?

Considered as one structure, the amygdala is actually comprised of two almond shaped amygdalae in the brain located right behind the frontal lobes. In the diagram shown, you can see the amygdala and its relationship to other parts of the limbic system, like the hippocampus and hypothalamus. The limbic brain is the part of our brain we refer to as the 'primitive brain' in SFH and the neocortex is the part we call the 'intellectual brain'. The amygdala receives information from all five senses (sight, sound, smell, touch and taste) and it in turn produces an emotional response such as pleasure, pain or disgust.

The amygdala will respond quickly in the face of threat. It activates the HPA axis (the Hypothalamic Pituitary Adrenal axis), which causes the release of cortisol and adrenaline resulting in our heart rate increasing, our breathing getting shallower and faster and increasing blood flow to our muscles. When we experience threat (actual or perceived), the amygdala activates the prefrontal cortex. If the amygdala activates the right prefrontal cortex then we lose our ability to think positively, we become vigilant and experience fear and anxiety. If the left prefrontal cortex is activated, we are better able to think positively and to rate ourselves as strong, enthusiastic and alert 5 (which is why emphasizing more positive actions, positive interactions and positive thoughts helps our clients to respond to stress, anxiety or negativity in a more beneficial way).

The role of the amygdala

The amygdala detects and processes emotion. Both the left and right amygdalae have independent memory systems, but work together to store, encode and interpret emotion. The larger the amygdala, the greater the ability to encode information and to produce a response. As humans, we have particularly large amygdalae and it appears that, as a result, we are better at detecting the emotional content of situations. Activating the left prefrontal cortex reduces the levels of the stress hormone cortisol and produces other positive physiological effects that moderate the effect of stress on the body. The way it does this is by reducing the response of the amygdala to negative events allowing us to shut off negative responses quickly and to therefore suppress the inappropriate and maladaptive responses of anxiety, anger

and depression⁵. The amygdala is, however, very responsive to social and physical stressors and the brain will adapt in time by remodelling certain structures potentially causing considerable long-term problems. Intense periods of stress cause the amygdala to grow in density and long periods of stress cause the amygdala to grow in volume. Both these changes result in an increase in anxiety and even Post-Traumatic Stress type behaviours. The knock-on effect on the prefrontal cortex is a shrinking of the areas linked to cognitive flexibility (reducing your ability to think your way out of a problem) and an increase in the neurons responsible for activating vigilance 6.

Research into the different functions of the amygdala is complex, but it appears that there are functions related specifically to the right amygdala and the left amygdala. The right amygdala produces negative emotions, especially fear and sadness and contributes significantly to the fight or flight response. It retains facts and information and works with the left amygdala to help us form emotional memories of events. The left amygdala appears to retain emotional information and produces both pleasant (happiness) and unpleasant (fear, anxiety, sadness) emotions 7.

Using both the right and left amygdala together gives us an enormous evolutionary advantage: it enables us to connect behaviour or places with happiness or unhappiness, we can distinguish safe from threatening behaviour, home from other places and family from strangers 8. The amygdala, therefore, does not just store our negative emotional memories, it also stores our positive emotional memories and most importantly, enables us to distinguish between the two.

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About the writer:

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The Power of Pets:

Benefits of the Human-Animal Bond

by Helen Green

Earlier this year, I had the privilege of delivering a CPD course to a wonderful group of SF Hypnotherapists. As part of our discussions that day, we explored the importance of making the Initial Consultation (IC) relevant to our client – which is paramount in letting our clients know that we have listened to them, have understood the salient aspects of their life, their best hopes for attending therapy and, of course, to help us build rapport, which is vital to a successful therapeutic alliance.

As we were discussing the ‘gathering of information’ aspect of the IC, I mentioned that as well as asking about family members and hobbies etc., I always ask clients if they have pets and ask for details if they do. This was met with a little surprise by a few members of the group, who never routinely included it as part of their normal IC, but in the following discussions, it became clear as to why this can be an important part of getting to know our client. Sadly, I didn’t have time to elaborate further on that day, so I thought this would be a good opportunity to expand on it and to explore just how important animals and nature are to our health and wellbeing.

In the UK, we are a nation of animal lovers. According to research (www.statista.com), 44% of households in 2017 had a pet – the most popular individual pet being owned was a dog (24%) followed by a cat (17%) – although many households do have more than one pet. I have been fortunate to have grown up with lots of animals in my life, including living on a farm as a youngster, and am currently ‘slave’ to two Tonkinese cats (one of whom, Ellie, is pictured in her

Journal debut) and a whole host of Tropical, Pond and Marine fish (although, technically, my husband is the fish-keeper – but I feed them sometimes so that counts!). Anyway, it's likely that many of us have, or have had, pets at some point in our lives and this can be a real area of common ground when it comes to our clients.

Many of my clients enjoy telling me about their pets and their pets' antics – from cats and dogs, to hamsters, rabbits, fish, birds, horses and even reptiles and arachnids – even one client with an enormous reptile called 'Cyril' (name changed for confidentiality!). As well as a wonderful talking point, many clients also find that their pets are a source of joy and happiness – and, of course, this is something that we want to encourage. I've seen many clients who have been initially overwhelmed by their anxiety or low mood during the early stages of a consultation, but who totally 'light-up' when talking about their pets.

Often, in asking 'What's been good?', clients will reply that they enjoyed taking their dog out for a walk, or playing with the family cat, and we cannot underestimate the power of the additional social interaction we have with our pets. Even for clients without pets (and therapists alike!), there can be no doubt that being surrounded by or exploring nature is good for our health. Some clients tell me about seeing beautiful birds on their birdfeeders or seeing squirrels running around in the park – and although these may seem like small things, the small things are always the big things.

The Human-Animal Bond

The interaction between humans and other animals (both wild and domestic) has long been an area of historical and scientific fascination. The focus of such interaction has been termed the "Human-Animal Bond" (HAB), which began to emerge as a dedicated field of study from the late 1970s.

Although the health benefits of animal interaction may seem like a modern concept, published research into the nature and merit of the HAB began in the late 18th century, when the 'Society of Friends' established an estate in York, which became a treatment facility for patients with mental health issues. By having patients care for the numerous farm animals on the estate, society officials theorized that the combination of animal contact plus productive work would facilitate the patients' rehabilitation, and they reported that many patients showed signs of improvement. As SF Hypnotherapists, we can appreciate that this set-up fostered the key principles of positive activity and positive interaction (even if that interaction was frequently with animals rather than other humans)!

"...having a pet is beneficial for us and them!"

Similarly, in the 1870s in Paris, a French surgeon encouraged his patients with neurological disorders to care for and ride horses. The patients were found to have

improved their motor control and balance but were also less likely to suffer bouts of depression.

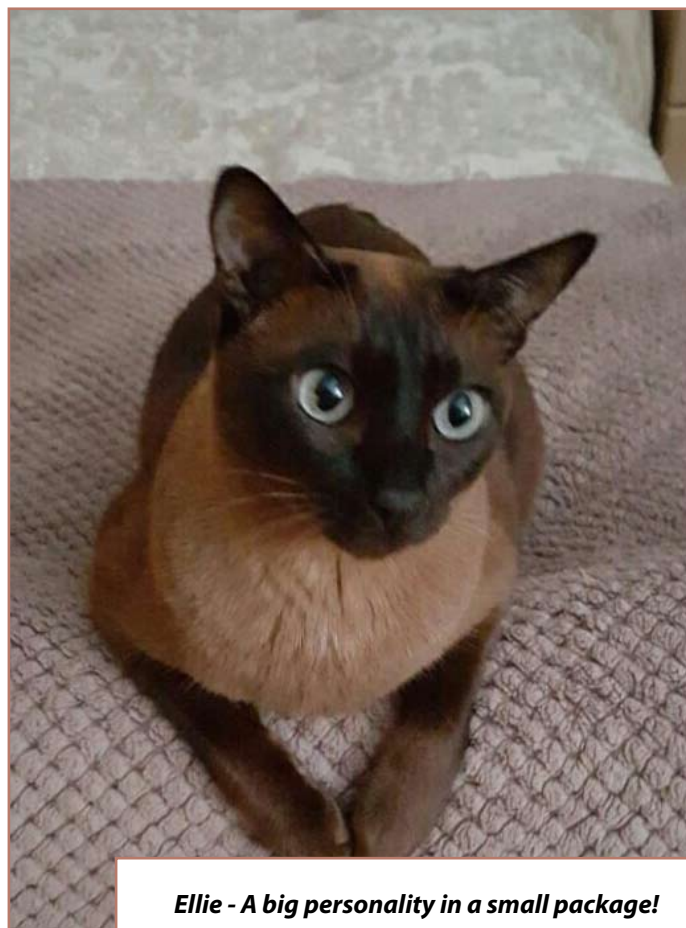
More recently, the human-animal bond has undergone greater scientific scrutiny, uncovering the beneficial chemical changes that result from this interaction. The HAB has therefore been defined as: "...a mutually beneficial and dynamic relationship between people and animals that is influenced by behaviors that are essential to the health and well-being of both. This includes, but is not limited to, emotional, psychological, and physical interactions of people, animals, and the environment" (American Veterinary Medical Association).

Simply put, spending time with our pets is beneficial for us and them!

Physical health benefits of having a pet

Many studies have shown the health benefits of having a pet, particularly in relation to cardiac health. The Centers for Disease Control and Prevention (CDC) and the US National Institute of Health (NIH) have both conducted heart-related studies on people who have pets. Their findings showed that pet owners exhibit decreased blood pressure, cholesterol and triglyceride levels - all of which can minimize their risk for having a heart attack. For those who have already experienced a heart attack, research also indicates that patients with a dog or a cat tend to have better recovery rates. These benefits are thought to be connected with pets' tendency to help reduce (or at least help control) their owners' overall stress levels.

As well as the negative emotional impact of stress, and the negative impact on cardiac health, people experiencing chronic stress can also become immunodeficient, making



Ellie - A big personality in a small package!



them more susceptible to infections and disease. However, many studies have shown that having a pet can lead to reductions in physical and reported stress levels in humans, particularly in reducing levels of Cortisol (a stress hormone).

Interacting with pets has shown to significantly reduce human cortisol levels and studies have even shown that measurements of blood cortisol levels decrease when we are quietly stroking a dog. Although to date, only measurements of blood chemistry have been done in humans interacting with dogs, there is other strong evidence that similar positive results would be present with any animal or pet.

As well as reducing stress chemistry, interacting with pets has also shown to increase positive chemistry. For example, research has shown the social contact between humans and their pets releases Oxytocin in both animals, and Oxytocin (the 'cuddle chemical') is known to lower stress and have positive benefits on cardiac, immunological and emotional health.

Emotional benefits of having a pet

As well as causing positive chemical changes, our interactions with pets have many other emotional benefits. Many pets are usually consistent in their behaviors (such as times of eating, sleeping, playing etc.), which provides a stable and predictable aspect in the owner's life - with a sense of routine and responsibility being a rewarding experience for many owners. The unconditional love shown to us by many pets is also extremely comforting - being excitedly and affectionately greeted when we come home, or being pestered for cuddles when we are not feeling well ourselves, provides soothing contact.

Caring for a pet has also shown to reduce levels of anxiety and

depression. Pet owners also tend to feel less lonely and isolated and, in addition, owning a dog increases the likelihood of going outside and interacting with others, providing opportunities for raising serotonin through additional social interaction, and greater opportunities for exercise (another proven stress reliever). In summary, studies have shown that as well as being a deeply rewarding experience, having a pet can:

- reduce blood pressure and stress levels;
- boost immunity, mood and promote physical healing; and
- reduce anxiety, depression, social isolation and loneliness.

Clients and their pets

I've met many clients whose pets have been a source of happiness and comfort for them, but who have also helped them in reaching their goals. For some of my clients, their responses to the 'Miracle Question' have involved being able to take their dog out for a walk - despite them being in pain or a having a lack of motivation due to stress or depression. Sometimes, having a pet as a source of motivation has allowed a client to take those vital small steps in changing their own life, when having the capacity to love and look after a pet, has facilitated positive changes in their own emotional state as a result.

The positive emotional impact of interacting with animals has also led to a pleasing rise in charitable organisations in the UK who visit schools, hospices and care homes with dogs and cats, to provide a source of comfort and joy for people who cannot have pets of their own (e.g. Petsastherapy.org and Therapydogsnationwide.org).

The founder of modern hypnotherapy, Milton Erickson, also favoured having pets within the family home and even

'adopted' a dog for one of his clients who couldn't keep a dog at their own apartment, so that the client could come and visit and care for it every day.

So, even if we don't have the pleasure of sharing our own life with a pet (although we can all still benefit from experiencing nature in the great outdoors!), it's clearly a positive experience for many of our clients. The love, companionship and responsibility that comes from sharing our lives with other animals should not be overlooked, and should be encouraged as much as we encourage other forms of social interaction.

There's nothing quite like the comfort of having a warm ball of fluff sit on your lap and purr, or being greeted by an overly-excited dog (whilst being licked all over!). As well as the obvious happiness that this brings for so many of us, it's even more satisfying to know that these furry friends are helping to improve and enrich our lives in ways that we can yet hardly imagine.

So, the next time a client tells you about a pet, then take note - because as well as celebrating the love, happiness (and often humour!) created by such a bond, there are likely to be profound physical and emotional benefits from that relationship - even if science hasn't discovered them all just yet...

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A quick hello!

As requested by our exuberant CEO, Alex Brounger, here are brief biographies for the two newest members of the AfSFH Executive Committee.

Helen Green

Editor for Hypnotherapy Today

My career started in Psychology, having completed a degree and then an MPhil in Health Psychology, which had a heavy emphasis on psychopharmacology as well as neuroscience. As part of my MPhil, I also delivered lectures in Psychology and participated in and evaluated a variety of Clinical research studies (including my own!). Although I spent several years in academia (also whilst working as part of the psychology team in outpatient programs), my interest in the brain started far earlier than this – when I was 16 years old, I was offered a work experience placement in a residential psychiatric facility. That was a turning point for me - up until then, I had my sights set on veterinary medicine, but I quickly found a passion for human brains and behaviour that has stayed with me ever since!

After completing my research, I decided I wanted to move into more traditional lines of work, so I worked for a large education contractor, predominantly in Quality and Inspection Management. After a few years, I was approached by an aviation company to work within a technical engineering division. Whilst working within aerospace, I had the unique opportunity of going back into healthcare, after co-inventing an electronic blood transfusion system, which I was also tasked with rolling-out across a large NHS trust (an amazing experience!).

During that time, I spent many hours helping other project managers deal with stress and other issues, using more of my psychological training as a result. Unfortunately, at that time, I also sustained some debilitating injuries, which left me with a permanent pain condition. I found it hard to manage my workload whilst on a variety of powerful medications, and was keen to explore alternative interventions that would have fewer side effects. I had an awareness of pain management techniques from my training, but was looking to extend my knowledge... and that led me to discovering Solution Focused Hypnotherapy! As they say, the rest is history! I now enjoy running a full-time practice in north Bristol, seeing a wonderful variety of clients.

As an Executive Committee member for the AfSFH, I want to continue to develop the awareness of SFH, but also to help ensure that our members are encouraged, guided and supported as they continue in their roles as professional SF hypnotherapists!

Gareth Strangemore-Jones

AfSFH Head of marketing

My background includes media, marketing, communications and events. I've promoted multinational companies, academic institutions, local and central government bodies. In the commercial sector, I helped launch Windows XP for Microsoft and conducted global PR campaigns for tech giants Sony, Real Networks, Packard Bell and Freeserve. I was also Pan European Press & PR Manager for the largest shipping company in the world (MOL) and for The Port Authority of New York & New Jersey.

I've also been involved in raising funds and awareness for several charities, non-governmental organisations (NGOs) and social enterprises. This included significant work for the Tsunami Relief fund, after the disaster in SE Asia on Boxing Day in 2004. This involved initiating the huge fund-raising concert at Cardiff's Millennium Stadium, which featured Eric Clapton, Jules Holland, Tom Jones, Snoop Dog, The Manic Street Preachers, Lulu, Charlotte Church, Catherine Jenkins and lots of other stars, who helped raise more than £3million on the night, and raised awareness for the ongoing efforts of Oxfam and the DEC (Disasters & Emergency Committee). I also forged strong links with Rotary International and Rotary GBI (Great Britain & Ireland), who raised and delivered more than £24 million of aid for Tsunami Relief. In addition, I helped Ecoshelter deliver sustainable building and disaster relief training programmes to Engineers Without Borders, The Scouts (British and International) and to African development charities and social enterprises.

I'm a PGCE FE-registered teacher of adults, and have taught Journalism, Marketing, Media Studies and The Music Industry at Neath College, Cardiff University and Brunel University and have delivered in-house and bespoke training for several businesses. As a Reiki and Quantum Healing Master, I also run workshops in both marketing and healing subjects.

I graduated from the Clifton Practice in Bristol in October 2015, with my life and business partner, Enfys Jones. Together, we run The Penarth Practice in South Wales. I have two children, Amora (aged 12) and Tommy (aged 10). They both listen to my CD every night and have benefited from SFH in their sport and performance!

As well as being a contributor to Hypnotherapy Today, I'm looking forward to developing my role as Head of Marketing for the AfSFH, and continuing to promote and raise awareness about SFH!

All about you!

In this new feature, we want to get to know what our members think, and will be publishing results and feedback from our membership surveys and member polls. We'll also be including other useful information about member benefits and helpful nuggets that can be found in the member's area of the AfSFH website. In this section, we explore feedback from a members' survey by the AfSFH regarding a members' day, which was sent out in July by Trevor Eddolls.

Survey results...

Q. Are you interested in: (multiple options can be selected)	Response Rate %
A - An AfSFH networking opportunity, social, open day?	84.31
B - Short talks relevant to or complementary to Solution-Focused work?	76.47
C - Some other kind of get together? (please specify)	7.84

For those who responded, the majority said they would be interested in an AfSFH event day, with many also saying they would be interested in having short talks as part of this. Other suggestions included a conference, an Annual dinner or mini demos of other modalities given by our SFH colleagues. There was also the view that such an event be more social in nature rather than more like a formal CPD event.

- Out of those who responded, the majority preferred to attend an event in Bristol (77.08%), followed by 14.58% opting for London, and 8.33% selecting Birmingham.

When asked about food preferences at such an event, the following responses were given:

Q. Would you like it if we arranged a meal?	Response Rate %
A - At lunch time	54.90
B - In the evening	19.61
C - Don't worry about food	25.49

Pleasingly, a few people also declared they would be happy to give a short talk to colleagues at such an event, and several people also said they would be able to help organise it. Following these initial results, the AfSFH will continue to look into the possibility of such an event in the future, so watch this space!

The AfSFH in numbers...

At the time of printing, the AfSFH had:

655 Twitter followers

617 'likes' on the public-facing Facebook page

298 members in the closed Facebook Group

A total of 502 registered members (including students)!

Don't forget...

... to fully update your listing and profile in the AfSFH members' directory – make sure clients can find your contact details

Good to know...

You can find lots of useful information when you login to the Member's Access area of the AfSFH website, including:

- Member benefits: including details of discounts and Special Offers.
- Templates: including Consent forms, examples for leaflets & mailing cards.
- An application form to request registration with the CNHC.



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

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Committee Members



Chairman and Trustee: 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 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: Alex Brounger
Alex is a staunch advocate of the Solution Focused Hypnotherapy model and its effectiveness for helping our clients achieve their goals. He is proud to be AfSFH's CEO and strongly believes our standards are higher than any other hypnotherapy professional body in the UK.



Editor of Hypnotherapy Today: Helen Green
Helen has a background in psychology and is a full-time hypnotherapist and supervisor. As Editor for the AfSFH, she is keen to ensure that members have the chance to write about and share their experiences of working as SF Hypnotherapists.



Head of IT: 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: Polly Hawkins
Polly will be helping you to renew your membership and resolve any membership issues that you have. Polly qualified in February 2011 and has worked full-time as a hypnotherapist since that date. She also qualified as a supervisor in early 2016. Prior to becoming a hypnotherapist, Polly had worked for more than 20 years in marketing.



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



Ethics Officer: Dorothea Read
Dorothea is a full-time hypnotherapist and supervisor and founded the Hospital Hypnotherapy Service. She has a background in nursing, and is keen to ensure that the highest standards of ethical conduct underpin all our work as therapists.



Finance Officer: 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 Marketing: Gareth Strangemore-Jones
Gareth qualified in SFH in 2015 and runs a practice in South Wales. He has a background in media and marketing and is eager to continue the promotion and awareness of SFH and the AfSFH.