



NATIONAL
COUNCIL FOR
HYPNOTHERAPY

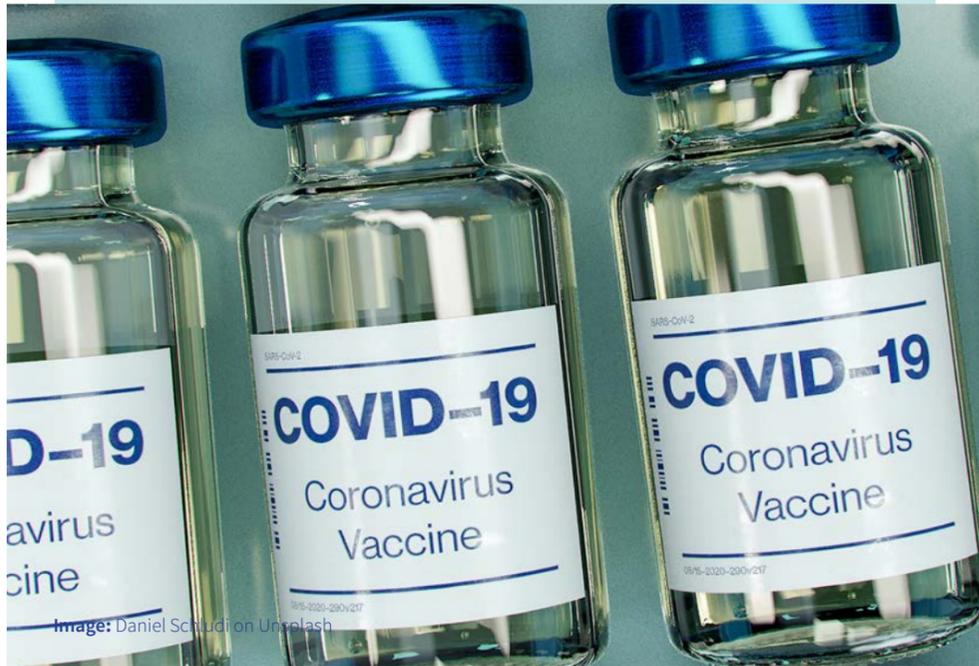
IT'S A NEW YEAR, NEW CHAPTER!

Beryl Comar
Writes About Her
Exciting Work with
HypnoDontics

Discover How Kryssa
Marie Bowman
Deals with Weight
Management

Nancie Barwick
Discusses Successful
Strategies Working
with Adolescents

Learn About the
Business of Therapy
with Advice from
Cathy Simmons



NCH Guidance for Practice during Covid-19

Following the lifting of lockdown restrictions in England as of 2 December, the government has introduced stricter measures applicable to the three tier system. Each area in England ends the period of lockdown and, depending on specific factors, will be placed in one of the four tiers: medium alert, high alert, very high alert and stay at home.

You need to be aware of the tier your practice falls into. For some members this may require following more than one set of regulations where their practice includes more than one area which may fall into different tiers. Depending on your tier(s), the rules around what you can and cannot do are listed here: <https://www.gov.uk/coronavirus>

Although most of the restrictions are concentrated around socialising and hospitality, the higher number the tier, the more likely you and your practice will be impacted. The government guidance on essential businesses include those which are:

Other medical or health services, including services relating to mental health.

The NCH Guidance for members considering seeing clients in person is available on the NCH WIKI, (you will need to login first). Additionally, where members may be seeing clients in person, it is necessary to follow the rules as they apply to you regarding face coverings. Stay safe!

The NCH Committee

Chair: Tracey Grist
0800 980 4419 / 07804 539950
chairman@hypnotherapists.org.uk

Ethics: Sarah Whittaker
0800 980 4419 / 07804 539950
ethics@hypnotherapists.org.uk

Public Relations & Marketing: Marc Johnson
0800 980 4419 / 07804 539950
pr@hypnotherapists.org.uk

Membership Relations: Vacant
0800 980 4419 / 07804 539950
mr@hypnotherapists.org.uk

Supervision: Sarah Whittaker
0800 980 4419 / 07804 539950
supervision@hypnotherapists.org.uk

Education: Jo Hand
0800 980 4419 / 07804 539950
education@hypnotherapists.org.uk

Finance: Vacant
0800 980 4419 / 07804 539950
finance@hypnotherapists.org.uk

Development: Lorraine McReight
0800 980 4419 / 07804 539950
development@hypnotherapists.org.uk

Ex Officio Roles

Administrators: Karen Eeles & Yvette Lowery
0800 980 4419 / 07804 539950
admin@hypnotherapists.org.uk
coordinator@hypnotherapists.org.uk

Finance: Chris Hitchcock at CHF
finance@hypnotherapists.org.uk

Training & Accreditation Officer: Karen Eeles
0800 980 4419 / 07804 539950
training@hypnotherapists.org.uk

Standards Officer: Sue Pitman
0800 980 4419 / 07804 539950
standards@hypnotherapists.org.uk

Editorial: Debbie Waller
0800 980 4419 / 07804 539950
journal@hypnotherapists.org.uk

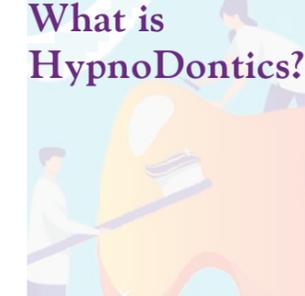
04 Editorial



05 View from the Chair



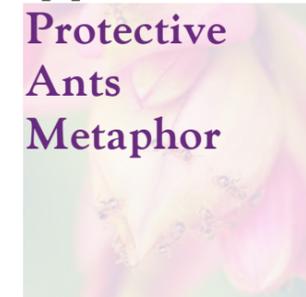
07 What is HypnoDontics?



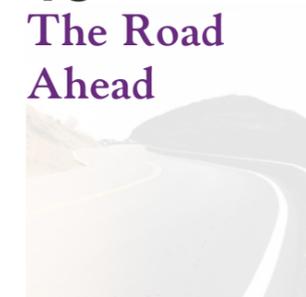
10 Our Recent HPD Graduates



11 Protective Ants Metaphor



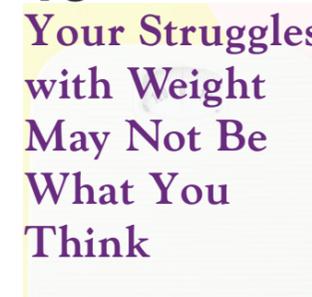
13 The Road Ahead



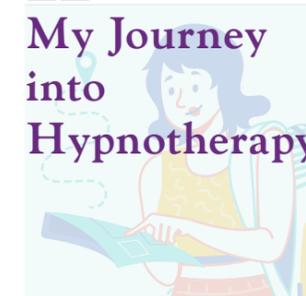
16 NCH Supervisors



18 Your Struggles with Weight May Not Be What You Think



22 My Journey into Hypnotherapy



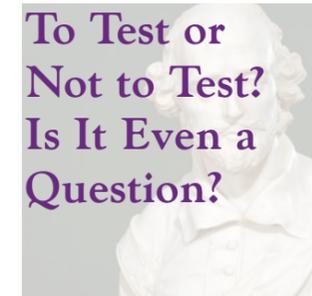
25 Successful Strategies for Hypnotherapy with Adolescents



28 Working with Trichotillomania



31 To Test or Not to Test? Is It Even a Question?



35 The Business of Therapy



37 Working with Clients Who Have Pet Grief



41 Cats and Dogs



43 Book Review



EDITORIAL



Editor
Debbie Waller, MNCH (Reg.)

I hope you are all keeping well and adapting to this weird and wonderful world we find ourselves living in at present.

Just before the first lockdown we decided to do some work on the house. Our new bathroom was delivered (in boxes). We were all set to go when ... everything stopped. We have been living around the boxes, which filled every spare nook and cranny (and some that weren't really spare), for six months or more now, and the work has finally started. Unfortunately, the guys who were set to re-render the house – also delayed by lockdown – turned up at the same time as the bathroom chap, so we've been working from home around banging and crashing from inside and out. Our poor dogs (and us) have been driven to distraction by the upheaval and Zoom calls have had an added challenge, to say the least. It's not just the noise, but incidents like my not noticing that the new toilet had been moved into the office to get it out of the way and was clearly visible in the background during one of my meetings.

The end is now in sight, but it does remind me that stress is, like beauty, in the eye of the beholder. This is a change we have planned and looked forward to, but it's still been a challenge. How much

more so for clients, who may not be living in what amounts to a building site, but who are altering things that are far more fundamental: their attitudes, habits and feelings?

I enjoy writing these musings for the Journal, and I am sad to report another change – that this will be the last time I do so. Although I had planned to edit the Journal for many years to come, changing personal circumstances mean that I am having to step down from this role, although my involvement won't stop altogether, as I hope I can contribute articles from time to time.

So, I'd like to take this opportunity (at the risk of it sounding like an Oscar acceptance speech) to thank everyone who has been part of the team over the last few years – Chris, Tracey, Nick and every single one of you who has sent in your work, whether it made the final cut or not. It's been an amazing experience and I am proud of what we've achieved here.

Of course, just like Dr Who, when one person leaves, another takes over and makes the job their own. The Journal is a brilliant publication which is ready to go on to bigger and better things with

someone new at the helm.

The new editor will be announced in due course, so watch your emails for more information. And please do keep on sending articles, reviews and other contributions so that I can hand them over to whoever picks up the reins and so that the Journal will continue seamlessly.

Debbie Waller



VIEW FROM THE CHAIR

Progress (definition) – 'a forward or onward movement towards a destination.'

Working in a team at the NCH has been a great journey. There have been some challenging at times but, in the main, it has been really rewarding. We are now at the point where we can look back at Stage 1 of the NCH's redevelopment and pretty much (with a couple of loose ends) be chuffed with the final outcome. And, wow, how different the new website is, compared to the old site!



Chair
Tracey Grist, MNCH (Acc.)

The website and journal look fantastic and the CECP and Articles are all tidy. So, now we begin on the next step: the NCH expansion – 'more'. More of all the things members want. What would you like to see more of, that the NCH can give you? This is a key question for us, and it would be great to read some replies: chairman@hypnotherapists.org.uk.

Finalising all the work around the website made me think about outcomes and progress, especially with clients. We are trained to be outcome driven, but how do we measure progress? And do we measure progress for ourselves or do we see a fail if we sometimes fall short of meeting the outcome?

With all the lockdowns and opening ups of 2020, are we still putting the same demands on ourselves and measuring by the same outcome measures, or are we seeing this year as something that generations may or may not see ever again? How has your 'progress' been? I wonder how we will have grown as people, therapists and organisations, having met the challenges of these extraordinary times? What support can

the NCH give you?

We are currently redesigning our supervision qualification so that we can offer the course purely online. Then we can keep offering the course to our Accredited members, since supervision is a keystone to practice and support, especially during these difficult times. If you are Accredited and have missed out on having a supervisor, now is a great time to find one. A supervisory relationship is a magical thing and can give us surprising and unusual insights into how we practise. Do have a look at our supervisors listing in this Journal and, of course, on the NCH website; with the world being online, there are so many more options to choose from.

As I was typing this bit about supervision and the supervisory relationship, I remembered that a good friend of mine had recommended My Octopus Teacher on Netflix. So, pulling a face, I gave it a go and, for the first five minutes that I watched, I thought, 'Meh'. But, very slowly, I was drawn in. At first, I was distracted by my phone and iPad (and Netflix snacks) but, before too long, I became transfixed by the underwater imagery and then further captivated by

the purity of the relationship, and I found myself marvelling at the simplicity of how just 'being present' can bring so many rewards. It was as truly mesmerising as it was beautiful, engaging both visually and emotionally – this strange window into one man's world, watching this innocent and complex creature navigating its own life, throughout its whole life. Somehow, in the chaos of my own life's navigation, watching shoot 'em up Netflix to offset the trauma of the days, I found this gentle place, and, yes, it took a while to acclimatise but, eventually, this core peacefulness came through, watching the beauty of a pure, loving relationship evolve.

These have been difficult times for us as well as for our clients, so finding a way to be kind and self-soothe, measuring progress rather than outcome is essential. There are plenty of supervisors available, plenty of peer groups, a huge amount available online, have a look at our website: www.hypnotherapists.org.uk.

So, if we feel wobbly, know that even though we may be alone, we need not be lonely. Allow yourself to see what you don't allow yourself to see.

'The unconscious mind works without your knowledge and that is the way it prefers.'

Milton H. Erickson

Image: Edurne Choipeitia on Unsplash

What Is HypnoDontics?

Words: Beryl Comar
Image: Freepik

'Get a niche!' That's what you're told when you graduate hypno-school. Sometimes it happens by accident, but nowadays, with so much competition around, it often needs planning, and certification helps.

You research and find some of the niches overpopulated. Then you realise that, if you replicate another's niche, you're not really an entrepreneur. But how about hypnosis for microbladers? Yes, no one has thought of that! It's one of my specialities that I don't advertise, but my name gets passed around by dentists and other people in the pain business!

My first 'dental client', thirty years ago, was a woman who couldn't insert her new false teeth (known as oral prosthetics) because of gagging issues. She became claustrophobic, depressed, anti-social, and her marriage was suffering. Hypnosis for three sessions and she was a new woman, happy again. Consequently, dentists talked about me and sent clients. I did a few 'learning lunches' for different clinics telling the staff about how I could help with bruxism, gagging, TMJ issues, excessive saliva and bleeding, smoking, eating disorders, and more.

There was only one book on HypnoDontics, published in 1958 and clearly out of date! I had trained in Dave Elman techniques with

the renowned Gerald Kein, so I wrote a book for the modern hypnotist. I set up HypnoDonticsWorld to train hypnotherapists in this profitable niche. It's proving very successful, as I have at least three enquiries per week from dentists as far away as Brazil and Hong Kong, and hypnotists from USA, South Africa and Australia wanting referrals from the dentists in their area. Yes, just three local dentists and their staff referring to you and you may never need to advertise again.

HypnoDontics is about more than simply fear of dentists and needles: oral health is proving to be key to our overall health. You could be eating the healthiest diet in the world, but you are swallowing poison from unhealthy oral bacteria. The CV-19 test is done orally, how can you do that with a gagging reflex? And it's not true that you need to go into the dental surgery with your client.

Why should you care about oral health? Because there is a relationship between gum disease and one's



HypnoDontics is about more than simply fear of dentists and needles: oral health is proving to be key to our overall health.

likelihood of developing Alzheimer's. The more likely you are to lazily 'forget' to brush your teeth today, the more you are likely to forget later – a study found that plaque on gums contains bacteria that can move to the brain, where it produces a protein that can destroy nerve cells. Oral bacteria can raise one's risk of developing degenerative disease and can make it worse. Recent findings are that Parkinson's and dementia can originate from bacteria and inflammation in the gut, much of which originates in the mouth.

Around 50 per cent of the population has the gum-disease-causing bacteria, but only 10 per cent will experience the worst of its effects, including serious gum disease, loss of teeth and the heightened risk of Alzheimer's. So, helping our clients with oral health is a no-brainer!

Case: Anxiety and grinding teeth

One of the most dramatic cases of working with hypnotherapy for dental issues was the very first hypnotherapy work I did. Just days after receiving my certification from Gerald Kein, I had a client, Kasey, who was overcome with general anxiety and was grinding her teeth while she slept.

Using parts therapy, I was able to talk to the part of her subconscious that was generating the anxiety. It was the part that alerts her to impending danger and, when I asked why it was making her so anxious, I was told that it was her fear of being alone and of the unknown.

I then did what Gerry called 'the Philly lawyer act' – explaining that being alone was not really impending danger, but that there was another intention. She agreed it was the result of her husband leaving her. Her fear of the unknown was also not an impending danger, but a result of a temporary event.

Case: Problems with taking impressions

Sam, an 11-year-old boy, was unable to sit still long enough for plaster impressions to be made of his teeth. He fidgeted, getting more scared with each attempt. He started gagging and panicking and the clinicians had to abandon their work. His mother brought him for hypnosis to help ease his anxiety and get the impressions done.

During trance, a spoon was put on the tip of his tongue so that he could stay relaxed without reacting to the spoon. As the trance practice session progressed, the spoon was placed further and further back on the tongue with Sam staying relaxed without gagging.

He practised counting the number of breaths while breathing through his nose only. With each number, he felt more and more in control. He also practised going into trance after sitting in the dentist's chair: during trance he was told to open his eyes, stand up and then sit down. When he sat down, he closed his eyes and was more and more in control of his reactions, so he relaxed even more.

Sam enjoyed the idea of being in total control. His mother reported that he felt 'cool' about the ability to count his breaths and being in charge of his reactions. Office staff cheered when the impressions came out of his mouth in perfect form.

Case: Dental implant surgery

Single mom Aisha was scheduled for a ninety-minute dental implant surgery with a bone graft. She wanted to use hypnosis combined with local anaesthesia because of the high cost of IV sedation and her worry about 'feeling the awful effects of sedation, being out of control with children to care for'.

She called and we talked; she watched my YouTube videos until she was comfortable enough to make an appointment, two weeks before the procedure, to learn self-hypnosis for sedation. Aisha asked questions and we talked about what hypnosis is/isn't, about analgesia versus anaesthesia, and about imagination versus reality – how we can train ourselves to switch off, be in another place, so we actually feel as if it is real, like being dissociated from the surgery itself.

After induction and deepening with fractionation, Aisha was tested and convinced. I taught her the light-switch method to take herself in and out of hypnosis (as described in my book *HypnoDontics: A Manual*). I recorded myself sticking sterilised needles in her cheeks. When she came out, she said she knew I was touching her face but there was no feeling. (I have always found that very amusing and hear it many times.)

Aisha was instructed to use all of her senses. See what she would see,

hear what she would hear, feel what she would feel, smell what she would smell and even taste what she would taste. Using a ceiling light as if it was the sun, she was on a Spanish beach. We practised in the office in a second session, building up confidence, as well as going into self-hypnosis many times a day at home and work.

On the day of the surgery, Aisha took 'beach music' on her phone for listening. She informed the dentist about hypnosis and what to say to bring her back. Once in the dentist's chair, she focused on the light and instantly was transported to her beach, ready for local anaesthesia only.

She was so wrapped up in her Spanish beach that she didn't realise surgery was taking extra time – complications lasting 150 minutes. With local anaesthesia wearing off towards the end of the procedure, and aware of pressure during suturing, she was uncomfortable but experienced no pain – 'the weirdest thing'. Aisha's dentist told her she was more sedated than his sedated patients and he was very impressed. He took my card and now refers patients.

In summary: once you understand the issues, you can sell to the stakeholders. If I can do it, you can too.

Based in Dubai and Spain, Beryl appeared on Dubai One TV as 'Dubai's Agony Aunt' and featured in newspapers and magazines including Gulf News, Khaleej Times, 7 Days, G4Men, and Emirates Woman. Beryl's many qualifications and achievements include:

- MA Reading Univ. UK and MEd. University of Sarasota USA
- Author of *HypnoDontics: A Manual for Dentists and Hypnotists* (2013) and *Learn the Broken Heart Cure – NLP and hypnosis procedures for therapists and coaches* (2016)
- Recipient of many international awards including the 2019 'Charles Tebbett's Award' from the National Guild of Hypnotists for Spreading the Light of Hypnosis, and the 2014 'HallMark Award' from the National Guild of Hypnotists for Best Speaker at the NGH Convention

Find out more on Beryl's websites:
www.berylcomar.com
www.HypnoDonticsWorld.com
www.SleepTalkMe.com



RECENT GRADUATES

Congratulations to Our Latest HPD Qualifiers!

The HPD – Hypnotherapy Practitioner Diploma – has been accredited by NCFE as having measurable learning outcomes that have been benchmarked at Level 4 (using Ofqual's Qualification and Credit Framework (QCF) level descriptors). This gives you the assurance that the content of a training course is of a high standard as well as establishing formal recognition for our courses. There are two ways of gaining the HPD: via an NCH-accredited school if you are new to hypnotherapy, or via an individual portfolio route for those who are already qualified and practising.

August 2020

Tara Nicholas
Sabrina Fuchshuber
Jane Lloyd
Leah Cottier Walsh
Christopher Jones
Laura Parry
Tony O'Shea-Poon
Clare Bundy
Ashley Garland
Lorraine Cooper

Fiona Palmer
Jenny L Christie
Kate Hommelhoff
Lorraine A Kelly
Marion McLennan
Marie T Montgomery
Andrew Morgan
Ann M Brennan
Joanne E Camacho
Sue Doo

Katie E Handley
Tim Ivan Maude
Deborah A Morton
Samantha J Rivett
Rachel L Hudson
Jessica Sandlan
Heather L Spedding
Lydia Offen
Elizabeth A Lawrence
Angela Sharp

Luke Griffiss-Williams
Liz Benamor
Keith A Barker
Pamela Dryden
Fleur Watts

October 2020

Katie Bagnall
Tracey Barry
Melanie Bracci
Elaine Bradford
Helen Briggs
Zoe Gisby
Paula Greensted
Michelle Hart
Dawn Ibbetson
Saadia Ikrichie
Emma James
Jill Rens
Katie Schofield
Keeley Smith
Angelo Soteriou
Karen Walsh-Saunders

Laraine Wilkinson
Katrina Wilson
Terry Pocock
Lindsey Houston
Hayley Griffin
Matthew Dormer
Ric Bacon
Kerrie Collins
Sarika Goel
Esha Sokhi
Sigita Steponaviciute
Kerry Thornhill
Elizabeth Adaci
Dominika Chalder
Jessica Cuddy
Merrenna French

Joanna Kudzielka
Zara Turner
Sarah Reeves
Malcolm Struthers
Emma E Davison
Lisa A Heaton
Gloria Mato Richards
Timara Swales
Peta Taylor
Stephen Akerman
Philip Cuesta
Alexandra Gibson
Bal Pardesi
Daniel Robinson
Samantha Sussex
Barbara Thandi

Emma Tranmer
Sarah Ward
Gemma Samuels
Halldora Skuladottir
Donna Lopez
Stacey Willoughby Hannington
Karina Blunn
Sally Hare
Kate Taylor
Laura Brewer
Isobel Martin
Susan Watermeyer
Tracey Stubbs
Rebecca Clavell-Bate

Protective Ants Metaphor

A metaphor from Havens and Walters (1989, p. 132) is designed to increase the immune system's responses to infections. From the book *Metaphoria* (details below)

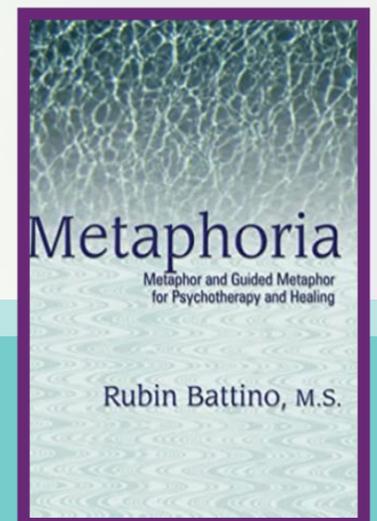
There is a tree in Africa
that has a special relationship
with a particular kind of ant.
The ants spend their entire lives
living on that tree.
They build their nests
out of its leaves,
they only drink
the particular kind of sap
that tree produces and secretes
or eat the special tiny berries it grows.
They never leave that tree,
because that tree provides
everything they need.
And this type of ant is the only insect
that does live on that tree.
Whenever any other insect
begins to crawl upon it
or lands on one of its leaves
the ant sentries send out an alarm,
and all the other ants come running.
They attack those foreign bodies
and either destroy them
or drive them away
and in this way
they protect that tree
from any invaders
that might attack it
or even destroy it.
They save the tree

and the tree saves them.
There are many other examples
of the same thing throughout the world,
where one tiny creature
protects a large one
from dangerous invaders.
And in each and every case
they always seem to have a way
of paying very close attention
to anything that could be harmful
so that they know immediately
if something is wrong,
and they know immediately
where something is wrong,
and they know what is wrong
and they pay close attention to it
so they can do something about it,
to eliminate it or fix it,
just the way people do
when they notice a pain in a foot
and they pay close attention
to that discomfort
so they can tell what it is
and get rid of that stone in the shoe,
as long as nothing gets in the way,
and they continue to pay close attention
to the way the body reacts
and amplify that reaction
the way they amplify the sound of an
engine

to hear what's wrong
and let that body take care of itself
with the same amazing grace
that those ants take care of that tree,
automatically and continuously,
rushing to do those things needed
to heal and protect.

[Go to a direct approach or to trance termination.]

Commentary: Of course, you would have to know that your client was not afraid of ants and that this imagery would be appealing to him. Could this be adapted to other insects or imagery?



This script is from *Metaphoria* by Ruben Battino, ISBN 978-1904424925 and is included here with the kind permission of Crown House publishing.

Visit www.crownhouse.co.uk and use the following promotional code: NCH20 to receive a 20% discount on any purchase. UK orders are postage free.

Image: Andrik Langfield on Unsplash



'There really is no such thing as a hypnotist.'

Dave Elman

The Road Ahead

Words: Valerie Taylor-Walker

Image: Fabian Quintero on Unsplash

If you have recently qualified as a hypnotherapist, congratulations and welcome to the joys of 'What on earth do I do now?'

In 2019, I wrote a piece for the NCH journal about the start of my journey to becoming a hypnotherapist. Well, having now begun the next leg of this journey, I quickly became lost. Not only was I lost, but so were many of my fellow graduates.

So many thoughts are going through your mind. Do you need a website, what are you going to call your practice and, more worryingly, 'Do I know enough?' It can quickly become overwhelming and lead to procrastination.

I was probably the least confident amongst my cohort and an expert at negative self-talk. My confidence and self-belief improved over the next few months by helping as a volunteer classroom assistant at the academy where I trained, but not everybody has this opportunity. I also took

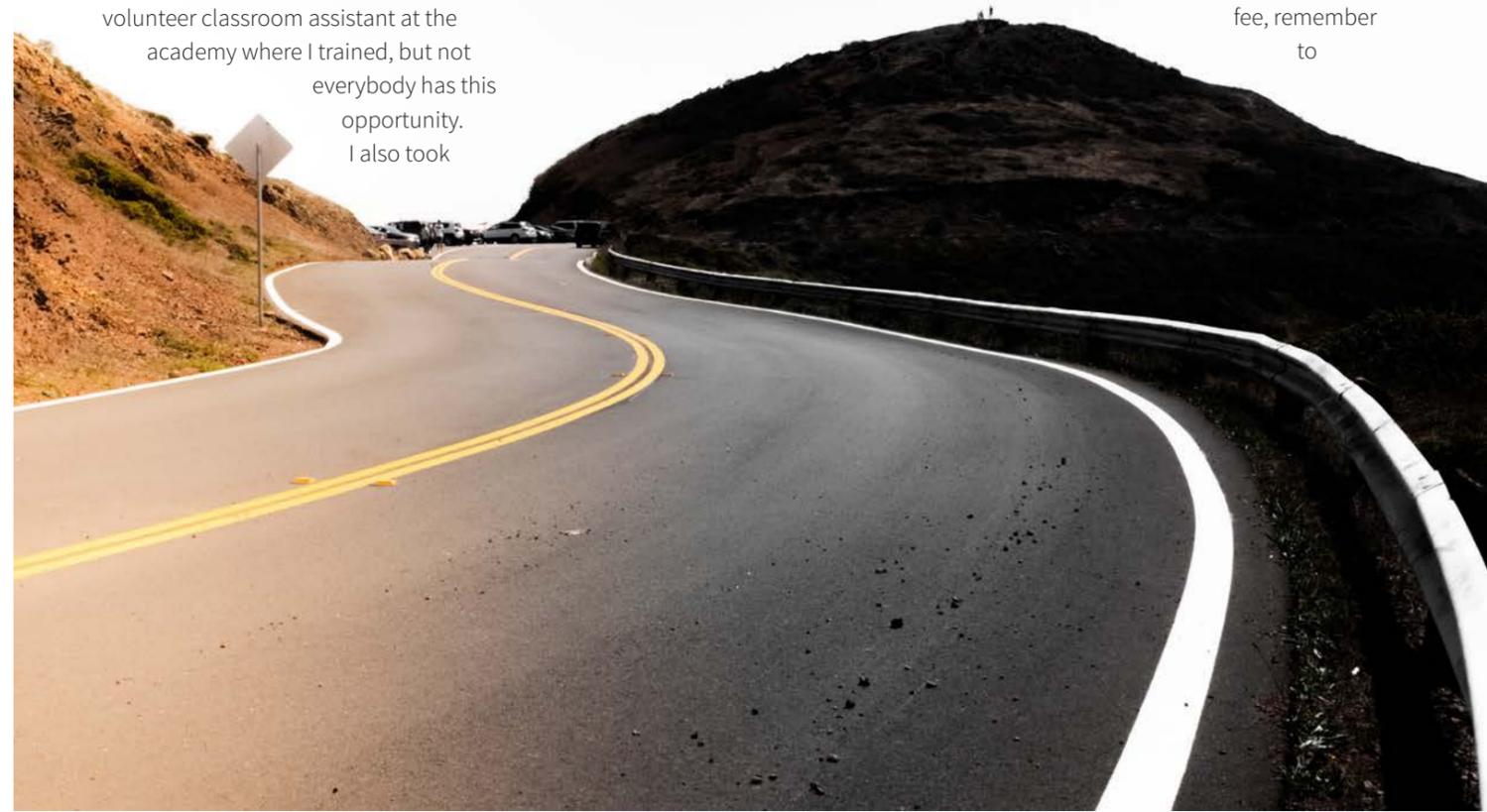
several Continuing Professional Development (CPD) courses to improve my knowledge, even though I knew deep down that I had more than enough training to get started and I was just delaying. Having now taken the leap into the unknown, I thought I would share some of my findings with others who are just starting, in the hope that it will encourage you to get out there and just do it.

Firstly, the three most basic things to do after qualifying are to take out public liability insurance, upgrade your NCH membership from student status to full membership, and obtain a criminal record (CRB) check. Once you have these in place, you should be ready to

start practising.

Several companies offer insurance for therapists and some offer a discount if you are a member of the NCH or another professional association. When taking out a policy, it would be advisable to check whether they cover online therapy and whether they have any other restrictions, such as the countries in which you can offer your service.

The next step is to upgrade your student membership of the NCH to a full membership. You may need to contact them first to arrange this and you will be asked to send a copy of your qualification and your insurance certificate. Once you have upgraded and paid the appropriate fee, remember to



If you haven't already, it is time to decide on a name for your practice. Will you use your name, one based on your area or something more unique?

update your profile on their website so that clients can find you.

Having taken out your insurance and upgraded your NCH membership, it is important to obtain an enhanced criminal record check with the Disclosure and Barring Service (DBS). When you ring the DBS, you need to tell them that you are a member of the NCH and provide your membership number. You will be asked to send original copies of your ID and proof of address, but they return these straight away.

Details of how to obtain a DBS check can be found on the NCH website under the 'Active Resources' section on the 'Your Membership' page. Another fee, I'm afraid – of £65 – but it is a requirement under the Safeguarding Vulnerable Groups Act 2006 and the certificate does at least last five years. It may be that you already have clearance, but you need to check that it covers vulnerable adults (and children if you plan to work with them) as well as working from home, if relevant. I have an enhanced check with the school where I work, but it did not cover working with vulnerable adults or working from home so would not have been enough.

So, having completed the above, you are now ready to practise. There are, of course, lots of other things to do, such as having a website, Facebook page, Instagram site, logo, practice name or registering with the CNCH (Complementary and Natural Healthcare Council). These are all helpful to have in place, but a lack of them should not be an excuse not to actually get out there and start building your skills and

experience.

Are we at risk of using the lack of these as an excuse to not practise? Of course we are! Seeing our first paying client can be pretty scary, to say the least.

If you do see clients as soon as you have arranged your insurance and criminal record clearance, then arranging supervision will be the next important step. Supervisors are listed on the NCH website and in the *Hypnotherapy Journal*. If you find a supervisor through other sources, do make sure they have been approved by the NCH to meet the terms of your membership of the association. Members need three years of supervision and three hundred client hours, so even more reason to start working with clients as soon as possible.

If you haven't already, it is time to decide on a name for your practice. Will you use your name, one based on your area or something more unique?

This is all a matter of personal preference. It is not an easy choice, but one which you need to make before setting up a website or Facebook page. Be sure it is one you like as it could be both time-consuming and expensive to rebrand later and you will also potentially lose contacts and reviews. Some people like to use their own name and, of course, it is an easy way for people to find you; but if there is any possibility that you might start hiring other hypnotherapists it could become problematic. Choosing your local area as a name could also be a problem if you move. So sometimes finding a unique name may be better, but check it is not already being used by looking at

potential domain names on the internet. All the website builders have a facility to check whether a particular domain name is available.

'What is a domain name?' you might well ask. If you set up a website, it will have an address in the form of a long string of numbers, called an IP address. Obviously, people won't remember or want to type that into their internet browser to find your website, so domain names were invented to solve this problem. A domain name can have different extensions (endings), such as .com or .co.uk or .org etc. They vary in price so making a slight adjustment to your domain name could save you some money. A .org address is usually used by charitable organisations and a .com is often global. If you want to only attract UK customers, then a .co.uk extension might be more sensible.

A website is, of course, very helpful if you want to get your practice out there, but they can take time to set up. There are plenty of website builders to choose from. Many offer templates where you can just fill in the necessary information and pay for hosting, a kind of rent which means they will put your site on the world wide web through their server. If you have the basic technical knowledge, they can be easy to set up.

You may prefer to use a professional website designer, but be aware that you will still have to provide most of the information, such as your profile and what services you offer, as well as making decisions as to colour schemes and font etc.

However, don't let designing a website

stop you from setting up a practice in the meantime; once you have decided on a name you can easily set up a business page on your Facebook account and attract clients that way. Instagram is another means by which to attract clients. If you link your Facebook page to your Instagram account, any post you publish will appear on both sites, which saves a lot of effort. Through Facebook and Instagram, you can target certain groups or localities for a small fee, but there are ways to get free advertising, for example, by posting on local Facebook groups if the group permits it.

Designing a logo is another challenge and some companies do this for you or you can design your own by using a free logo design website. Without risking advertising for these companies here, they can easily be found through a search on the internet.

Continuing Professional Development is a requirement of membership of the NCH and is important for developing your knowledge and ensuring you stay up to date, but don't be too worried about qualifications and displaying letters after your name. Clients will be more interested in who you are and what you can offer them, so your 'About Me' page on your website or your profile on the NCH website will be far more effective in attracting new clients – and if you can gather a few reviews along the way, then even better.

Once you are seeing clients, I highly recommend you start making notes and to have a good system in place to

organise these. I made the mistake of not keeping proper notes with my first couple of clients and was shocked to find how easy it is to forget what techniques or scripts you used, which, of course, put me at risk of repeating myself. It is also essential to keep any notes or personal details secure. We are all bound by the Data Protection Act 2018 and need to provide a privacy notice on our website to confirm that we are keeping clients' data secure. A small annual fee to the Information Commissioners Office (ICO) will help to ensure you are operating within the requirements of the General Data Protection Regulations (GDPR). You may think it does not apply to you but even if you are keeping clients phone numbers or contact details on a mobile phone, for example, you will need to be compliant.

Finally, keeping careful records of expenses and payments received early on will ensure you have accurate financial accounts for tax purposes as your client base builds up.

This is just a brief explanation of some of the things you need to consider before setting up a practice. I have been known to talk too much, so I will stop here. The most important thing I have learned is that the best way to develop and build confidence is to actually start seeing clients. If you drive a car, you will know that it is only after the driving test that the real learning starts. And having the flashiest car with every gadget possible is of absolutely no use at all if you don't take it off the driveway, is it not?



As a carer from a young age, career and educational opportunities came later in life for Valerie, who now has an Honours degree in Psychology and a Masters degree in Criminology and Social Policy. She qualified in 2019 as a hypnotherapist with the London Hypnotherapy Academy and was awarded the gold standard Hypnotherapy in Practice Diploma from the NCH. Valerie now has a growing private practice in Earlsfield, South London and, with the underlying belief that it is never too late, she is passionate about supporting others to achieve their dreams.

NCH Supervisors

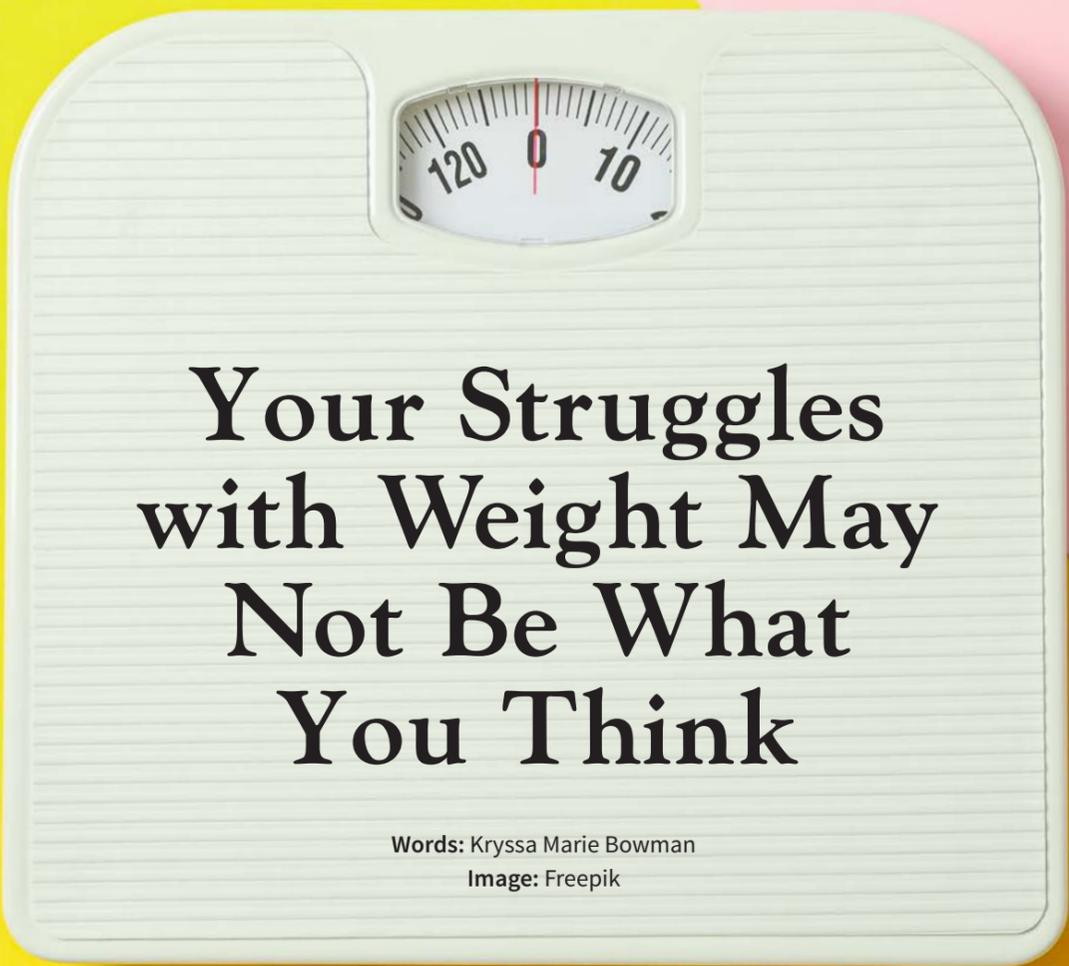
Below is a list of members who have successfully completed the NCH Accredited Supervisors course or have been granted the designation AccHypSup through accredited prior learning.

Peter Adamson	peter@psychotherapy4all.com	01942 677426	Warrington, Cheshire
Tiffany Armitage	tiff@tiffanyarmitage.co.uk	01752 710277	Ivybridge, Devon
Martin Armstrong-Prior	marmstrongprior@yahoo.co.uk	01461 500857	Lockerbie, Dumfries & Galloway
Alina Bialek	bialek.alina@gmail.com	020 3974 3932	London, Greater London
Dawn Biggs	dawnbiggs@ukcounsellingservice.com	01424 733473	Bexhill on Sea, East Sussex
Jennie Bittleston	jenniebittleston@tiscali.co.uk	01903 741122	Thakeham, Pulborough, W. Sus
Claire Brigg	clairebriggypnotherapy@gmail.com	07984 305239	Axbridge, Somerset
Shaun Brookhouse	enquiries@hypnomanchester.co.uk	0161 881 1677	Whalley Range, Manchester
Alex Brounger	alex@brounger.co.uk	07917 415926	Dursley, Gloucestershire
Cathy Cartwright	cathy@freshthinkinghypnotherapy.co.uk	07716 145122	Rochdale, Lancashire
Sandra Churchill	sandrachurchill@virginmedia.com	07515 441825	Warminster, Wiltshire
Chloe Cook	chloe@openmindhypnotherapy.co.uk	07794 595783	Stafford, Staffordshire
Melanie Cook	melaniecookhypnotherapy@gmail.com	01761 453112	Temple Cloud, City of Bristol
Nicolas Cooke	info@ceccch.com	0121 4441110	Birmingham, West Midlands
Brenda Cox	admin@brendacox.co.uk	07895 290528	Frinton on Sea, Essex
Chryssanthi Dafopoulou	c.dafop@clinicalhypnotherapy.nlp.gr	0030 6945887679	Thessaloniki 56728, Greece
Debbie Daltrey	hello@greatmindsclinic.co.uk	07724 855395	Altrincham, Cheshire
Julian Davidson	julian@juliandavidson.com	0034 678 323 659	Ondara 03760, Alicante, Spain
Dani Dennington	dani@denningtons.co.uk	01844 261223	Thame, Oxfordshire
Jessica Dowd	jess.hypnotherapy@gmail.com	0292 0250643	Roath, Cardiff
Susan Ellen Draper-Todkill	sue.drapertodkill@gmail.com	07944 445548	Kirkby in Ashfield, Nott.
Sharon Dyke	sdhypnotherapy@yahoo.co.uk	07766 250113	Taunton, Somerset
Kim Dyke	kimdykehypnotherapy@hotmail.co.uk	07825 957013	Trowbridge, Wiltshire
Karen Eeles	karen@surreyhypnotherapycentre.co.uk	07490 098884	Coulsdon, Surrey
Catherine Eland	cathy.eland@birkdale-hypnotherapy.co.uk	01704 550476	Southport, Merseyside
Meirion Ellis	info@nlp-hypno.com	01691 333321	Oswestry, Shropshire
Ian Fielder	ian.r.fielder@gmail.com	01489 787170	Hedge End, Southampton
Jane Fox	janefox2012@sky.com	07870 882234	Stockport, Cheshire
Benjamin Gaskell	ben@greater-manchester-hypnotherapy.com	07756 932702	Manchester, Greater Manch.
Veronika Geeson	info@lovetofeelgood.co.uk	07825 761873	Sevenoaks, Kent
Rachel Gillibrand	rachel@seaviewtherapies.com	01934 623062	Weston-super-Mare, Somerset
Donna Green	donna@odyssey-partnership.co.uk	07947 129068	Epsom, Surrey
Nicola Griffiths	nicola.griff@btinternet.com	01285 821019	Cirencester, Gloucestershire
Tracey Grist	hypkids@gmail.com	07976 629098	Streatham, Greater London
Steven Harold	steve@hypno-therapist.com	01773 436796	Heanor, Derbyshire
Gillian Harrington	info@therapy4change.co.uk	07918 667245	Pantglas, Gwynedd
Polly Hawkins	polly@pollyhawkinshypnotherapy.co.uk	01452 540106	Gloucester, Gloucestershire
Michael Holland	mike01holland@gmail.com	01625 363049	Macclesfield, Cheshire
Caroline Huish	client@carolinehuish.co.uk	07920 098311	Iron Acton, South Glos.
Heather Hutchison	heather@hmh-therapy.co.uk	07787 807609	Falkirk, Falkirk
Ann Jaloba	ann@wellthought.co.uk	0114 268 6500	Sheffield, Sheffield
Alison Jones	alison@solutionshypnotherapy.co.uk	07730 747772	Bristol, Avon
Christine Key	chriskey1@aol.com	01932 560725	Egham, Surrey
Lauren Kolb	lauren@fyldehypnotherapy.co.uk	01772 977899	Preston, Lancashire
Matthew Krouwel	nipbop@aol.com	0121 476 6751	Birmingham, West Midlands
Diane Laird	coghyp@dianelaird.co.uk	07871 505382	Wimborne, Dorset
Penelope Ling	solutionshypno@yahoo.co.uk	07508 658934	Faringdon, Oxfordshire
Mary Llewellyn	mairllll@aol.com	01302 743113	Tickhill, Doncaster
Theresa Long	synergycounselling@zoho.com	07564 031061	Epsom, Greater London
Sam Luxford	samluxford@icloud.com	07867 936505	Aberdeen, Aberdeen
Nick Mawer	nickmawer@live.com	07954 425548	Bristol, City of Bristol
Gloria May	gloria.may@chilternstreet.co.uk	020 7486 4553	London, Westminster

NCH Supervisors (cont.)

Julie May	juliemay.solutionfocused1@gmail.com	07889 777901	Glastonbury, Somerset
Joseph McAnelly	2mytherapist@gmail.com	0800 7723112	Newcastle upon Tyne
Maureen McCabe	maureenmccabee@gmail.com	0877 730401	Galway, Galway
Lorraine McReight	info@lorrainemcreight.co.uk	07525 012221	West Yorkshire/online
Jenny Mellenchip	info@jennymellenchip.co.uk	07748 511841	Stafford, Staffordshire
Anita Mitchell	anita@anitamitchell.co.uk	020 8144 0315	Thetford, Norfolk
Brian Noon	info@hypnotherapychangeworks.co.uk	07840 944569	Newhaven, East Sussex
Hilary Norris-Evans	info@getmindfit.co.uk	07887 114892	Cirencester, Gloucestershire
Christalla Papanastasiou	christalla@cphypnotherapy.co.uk	07960 326447	Southgate, Greater London
Nikki Parsons	nkprsns@aol.com	07859 922044	Bognor Regis, West Sussex
Deborah Pearce	dpearcehypno@gmail.com	01404 813388	Ottery St Mary, Devon
Jose Penrose	jose@mindtochange.co.uk	01483 769058	Woking, Surrey
Joanna Perry	joannacsperry@gmail.com	07827 440982	Plymouth, Devon
Melanie Phillips	info@lothiantherapy.com	07956 369461	Dunbar, East Lothian
Susan Pitman	cardiffhypnotherapysolutions@gmail.com	07795 964066	Cardiff, Cardiff
Dorothea Read	northcardiffhypnotherapy@gmail.com	07767 350683	Cardiff, South Glamorgan
Joanne Ritchie	info@lifebalancehypnotherapy.co.uk	07711 704585	Bradford, West Yorkshire
Susan Ritson	susan@cognitivesolutions-southwest.co.uk	07837 562602	Cheddar, Somerset
Marion Robb	marion.robb@btinternet.com	07909 961646	Dunfermline, Fife
Gill Ruffles	gill@hypnotherapy-bath.co.uk	01225 462030	Bath, Somerset
Carole Samuda	carole@carolesamuda.co.uk	01420 543365	Alton, Hampshire
Cathy Simmons	cathy@cathysimmons.co.uk	020 7419 7915	Hampstead, Greater London
Al Stone	hello@al-stone.com	07714 339562	Lightwater, Surrey
Susan Strickland	info@thegreatchangeconomy.co.uk	07939 680133	Arlesey, Bedfordshire
Sacha T aylor	info@purehypnotherapy.co.uk	07957 397291	Batheaston, Bath & NE Somerset
Josephine Teague	j.teague@hotmail.co.uk	07454 565755	Cambridge, Cambridgeshire
Suzanne Thomas	suzannethomas@suzannethomas.co.uk	07770 378791	London, Greater London
Zoe Thompson	zoe@refreshedminds.co.uk	07712 445651	Leeds, Leeds
Anne Thornton-Patterson	anne@kensingtonhypnosis.co.uk	07930 362492	North Kensington, Greater London
Marcia Tillman	info@lifeclinics.com	01795 538480	Canterbury, Kent
Vanessa Turner	vanessa@changes4life.co.uk	0118 3765548	Reading, Berkshire
Liane Ulbricht	liane@changeswelcome.co.uk	01453 367870	Kings Stanley, Gloucestershire
Alan Van Loen	awareconsultancy@lineone.net	01206 825333	Wivenhoe, Colchester, Essex
Joanne Waine	appts@calmpower.com	01234 852930	Bedford, Bedfordshire
Kevin Anthony Walsh	info@kevinanthonywalsh.co.uk	01234 772929	Renhold, Bedfordshire
Carole Wan	carolewan@icloud.com	01246 416544	Dronfield, Derbyshire
Sarah Whittaker	sjw.hypno@gmail.com	07766 565896	Cwmbran, Torfaen
Steve Wichett	nch@nlpchangeworks.com	01962 250023	Winchester, Hampshire
Alan Wick	positivehypnotherapy@yahoo.co.uk	01978 781606	Wrexham, Wrexham
Lisa Williams	enquiries@lisawilliamstherapy.co.uk	07920 147101	Salisbury, Wiltshire
Kim Wilson	kim@sunrayhypnotherapy.com	07590 664669	Westerham, Kent
Annie Winfield	annie@myhypnotherapyworks.co.uk	01256 320538	Basingstoke, Hampshire
Gillian Wood	gill_wood@hotmail.com	020 8946 2474	Wimbledon, Greater London
Heidi Woodgate	heidi@northkenthypnotherapy.com	01474 740724	Northfleet, Kent
Anne Wyatt	anne@bonaccordhypnotherapy.com	07584 414715	Lumphanan, Aberdeenshire

Supervision is a supportive, developmental process whereby a therapist can review their client work with their clinical supervisor with the intention of delivering the best possible service to clients in a safe, ethical way. The supervisor will not usually give advice, but will encourage the therapist to reflect on and evaluate their case work, their approach to their client/s and their own developmental process as therapists. If you would like to be included in a future list of supervisors please email journal@hypnotherapists.org.uk



Your Struggles with Weight May Not Be What You Think

Words: Kryssa Marie Bowman
Image: Freepik

Case Study

He was only a year old, sitting on Grandma's lap at the family dinner table. It was a large, Italian family, with lots of talking and eating and reaching across each other, and this little boy realised he was hungry. He hadn't been eating solid foods for long, but the scene before him – and 'especially the fried chicken', he recalled under hypnosis – 'were making my mouth water and my stomach growl.' But he was too little to reach any of it. Too small to even make anyone take notice of him as he squirmed vigorously on his grandmother's lap.

It was this scene that triggered his subconscious mind to choose to hoard food within his body, as well as tell him that being 'small' is no good. Both of these things manifested within him purely to protect him from ever feeling powerless and hungry at the same time again.

Fast forward some forty years later, and multiple failed diets, daily exercise routines that didn't deliver his hoped-for results, and a doctor's warning that his blood sugar levels were slipping into the pre-diabetic range, he knew he needed

to find a more effective method of shedding excess weight.

Through hypnosis, he was finally able to address the real root of his lifelong struggles with weight and has since shed several pounds, and more importantly, got his blood sugar levels back into the normal range.

Case Study

At the age of 23, she couldn't figure out why she hated fruits and vegetables so much. It was becoming both a nuisance as well as an embarrassment. She wanted to go out to eat at nice restaurants with her boyfriend, with her friends, with her family, and not have to order from the kids' menu.

She was pretty sure it was a phobia or maybe some sort of compulsive disorder. She'd been trying to get herself to eat both fruits and vegetables since her late teen years – with no success. She decided to try hypnotherapy.

While in hypnosis, she stumbled upon a long-forgotten memory of being 3

years old, and sitting at the kitchen table with her mother, father, and newborn baby brother. She recalled feeling 'left out' and 'unloved' ever since her brother had been born and, on this particular occasion, she was in no mood to eat. Her mother tried coaxing her into eating her carrots and apples. When that didn't work, they tried bribing her into at least eating one, single baby carrot or a slice of apple. What ensued was a cacophony of both parents pleading with her to eat her food, to even just take a single bite because it was 'healthy' and 'good for her.' Do you see what just happened there?

By refusing to eat her food, she got both of her parents' undivided attention for the first time since her baby brother was born! Unfortunately, she also equated this love and attention not only with her refusal to eat what was on her plate in that particular instance, but with any and all food that was considered 'healthy' and 'good for her'. This was a major 'light bulb' moment for her and allowed her to finally let go of this outdated method of garnering her parents' attention.

You see, just because we all eventually grow up, that doesn't mean that our subconscious mind does too.

To its credit, it believes it is the sole reason you are still alive. It has been protecting you since you were a brand new, tiny human being: helping you figure out how to get your needs met while also trying to help you make sense of confusing situations.

That last thing – the part about your subconscious mind helping you figure out confusing situations – is really important. This is where any ancient sense of guilt or shame, as well as any self-defeating and self-limiting beliefs, originate. Let me explain by using one more example from another session.

This client remembered being an infant in her stroller while her mother wheeled her down the sidewalk. She wasn't yet old enough to speak, but she could hear everything going on around her, and even if she didn't understand the exact meaning of the words she heard, she could certainly pick up on the emotions behind the words.

Some women stopped to coo at her

in her stroller and one gently pinched her cheek and said, 'What a cute, chubby little baby you are!' This, of course, made her feel wonderful! And while the words themselves may not have carried much meaning, the meaning behind them was clear ... and it was good. These words got filed away in her subconscious mind – as does everything – and were attached to additional meanings later.

This same client recalled a scene that happened when she was 5 years old. She was getting ready for a school play. Her belly was peeking through her costume and her grandmother said, 'She's too chubby for that costume!' To which her mother responded, 'It's just baby fat. Don't worry. It'll go away. She's only 5 – leave her be.' And then the two women began arguing. When you put these two scenes together – being the good detectives that you are by now – what emerges? First, she's praised for being 'chubby' and later she's berated for it. How can both possibly be true? Further, how can this chubbiness of hers be the cause of uncomfortable conflict between the two women she loves most in this world?

When you string all of these together, you arrive at feelings of guilt for thinking she's the cause of conflict among her loved ones – something that will be triggered time and time again throughout her life, and with no better explanation, her subconscious mind will continue to use these conflicts to reinforce the idea that it must be all her fault. We also arrive at the root cause of an entire lifetime of feeling shame about her body. Not surprisingly, these feelings of guilt and shame resulted in a pretty devastating eating disorder marked by cycles of bingeing and purging.

Now, what's most tragic about people suffering from bulimia (and yes, I say suffering from, not struggling with, because eating disorders are among the most insidious of disorders: they create their own closed circuit of self-perpetuation) is that the subconscious mind splits off into two distinct 'helpers' – but one is actually trying to protect the individual from the other one. We have the 'Restrictor' and the 'Comforter'.

As you can probably tell by the names, the Restrictor is the one that tries to impose strict diets, exercise regimes,

It's incredible how right from the start you get to see how beneficial this hypnotherapy is.

and will likely have some compulsive elements like counting every single calorie, keeping track of every step taken, getting on a scale multiple times a day, and maybe keeping a daily journal of body measurements. This is the part of the subconscious mind saying, 'If you're perfect, you'll be loved.' Or, as in the case with my client, 'If you're skinny, the people you love won't criticise you or fight with each other.'

The Comforter is the part of the subconscious mind that rebels against the Restrictor, and says something like, 'You're never going to be loved anyway so you may as well stop trying and go ahead and eat whatever you want,' and 'You don't need people to love you because you have food to love instead.' And guess what happens then. You got it – the Restrictor steps in, berates the Comforter, and the whole tragic closed-circuit cycle continues.

Fortunately, in the case of my client, after a few sessions, she was able to navigate herself out of this self-perpetuating nightmare and begin to take steps toward releasing both the Restrictor and the Comforter and healing a lifetime of guilt and shame. And yes, while hypnotherapy is what initiated this process, the client has to put in the work too. It's not a magic cure-all by any stretch. You only get out of it what you're willing to put into it – as with pretty much everything, right?

Here are two other things that may prevent you from finding and maintaining your ideal weight:

- You say you're trying to 'lose weight'. Never use the phrase 'losing weight'. The subconscious equates the words 'lose' and 'loss' with very bad things. We 'lose our keys', 'lose our sanity', suffer a 'job loss'. Telling yourself that you're trying to lose weight is a sure-fire way to convince yourself at a deeper level not to shed any weight at all.
- You are focusing on the parts of your body you don't like. Focusing on the parts of your body you don't like will not lead to them becoming more beautiful, but it could very well lead to those parts becoming sick or diseased.

Choosing to eat healthy, nutritious food is a way of honouring your body, as is finding ways to move your body as often as possible. I guarantee that if you make the conscious choice to honour your body each and every day, your body will honour you right back by letting go of any unwanted, unneeded, excess weight, and further gift you with strength and

vitality. You may not realise this, but you've been starving your mind even more than you've tried to periodically starve your body. I don't mean that you're lacking in education or intellect. I mean you've been insulting yourself, criticising yourself, not nurturing yourself.

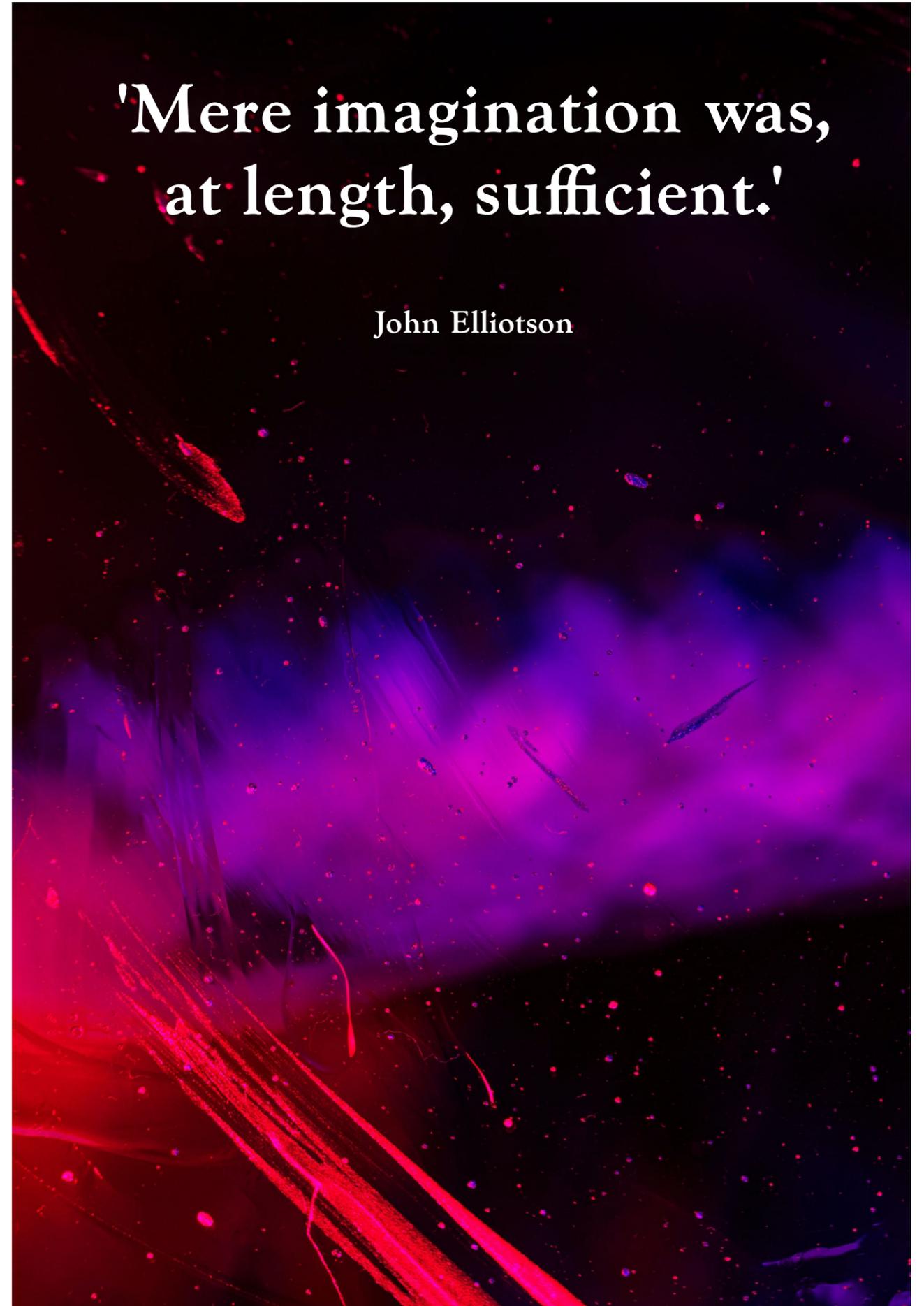
Your mind responds to only two things: the pictures in your head and the words that you say to yourself. Your mind is starving for this nourishment. So, go ahead and give it what it craves because once you change those insults to praise, and turn that critic into a cheerleader, you will begin to bloom!



Kryssa Marie Bowman, RTTP, is a Rapid Transformational Therapy Practitioner at Chrysalis Counselling Services, based in Bozeman, Montana, USA. Her educational background is in Applied Psychology and Gender Studies from Montana State University. She has four grown children, two of whom are twins, and loves helping others release their self-limiting beliefs. She also likes to roller skate with her 90 lb dog on her days off, Montana weather permitting! Find out more at chrysaliscounseling.us

**'Mere imagination was,
at length, sufficient.'**

John Elliotson



My Journey into Hypnotherapy

Words: Kate Taylor
Image: Freepik

I've been working in the corporate world for an IT company for, well, longer than I care to admit. Like many others may relate to, it's a career path I followed based initially on being in the right place at the right time, and then I just never left, moving from role to role, surviving each re-organisation.

I've always liked helping people in one way or another and that has had some influence on the roles I have taken over the years, culminating now in project management.

Moving into my 40s, and realising that my babies were now teenagers, I started to think more about the things I would like to do now that the children were a little more independent. Last year I signed up as a Volunteer for Independent Age, where I get to spend time with an elderly person in the community needing company. Covid impacted continuing with that face to face and I make contact over the phone, which is still a very rewarding experience.

Doing this coincided with me thinking a lot more seriously about my future

career. My current work environment can be extremely stressful, and I have succumbed in the past to taking time off because of it. I recognised that this wasn't sustainable and needed something that would both provide a positive distraction and also have the option of becoming a future career should that be financially viable. So, I started to explore, with my search based on needing to study around my working hours.

Counselling and hypnotherapy came up early in my searches, based on my preferences, and, after looking into the course requirements and some of the background information, hypnotherapy really sparked my interest. I looked at one of the providers of this type of training – Clifton Practice Hypnotherapy Training. I remember specifically reading feedback on how well looked after the students felt, well beyond completion of their training, and this encouraged me to look further at this particular practice.

Everything I then read about Solution-Focused Hypnotherapy excited me. The

fact that it was such a positive therapy and that I could train and fit it in around my other work commitments and family was hugely beneficial. I looked at lots of websites of qualified Solution-Focused hypnotherapists to see the kind of issues that they were successfully helping people with and where they had done their training.

It was lovely to see how many testimonials referred to the therapy being so positive and life changing. I also really liked how clients seemed to learn skills that they could take away and utilise themselves effectively.

Having never studied since GCSEs, I (very nervously) applied to train at the Clifton Practice around the end of 2019 in readiness for the January 2020 intake. I

met with Susan Rodriguez who put me at ease and answered my initial questions about the training. At this stage it was all very surreal, and I couldn't quite believe I was actually doing it. I kept imagining turning up on day one and no one being there, and that it was all just a dream.

However, I remember after our first weekend of training in January 2020 being completely blown away. It was such an incredible weekend. The instructors waste no time at all: you are straight into training and it is fascinating. We were a large group to begin with – so lots of new people to meet, all with very different backgrounds and reasons for being there – but everyone was so friendly.

(Why wouldn't they be?
I now

know that I was probably negatively forecasting.)

You are encouraged right from that weekend to start practising on willing friends and family, so, as nervous as I was, that's what I did. In fact, that very Sunday night I did trance on the phone with one of my best friends. It's incredible how right from the start you get to see how beneficial this hypnotherapy is. I was helping someone to get their sleep back on track within weeks of beginning my training.

Unfortunately, with the outbreak of Covid-19, we only got to do our training at Clifton face to face for our first three weekends and since then we have been doing it on online using Zoom. This obviously went for our clients too. Despite this major adaption, I think the general consensus in our group now is that, although it is wonderful seeing clients face to face, we have all come to realise that online hypnotherapy is also extremely effective and we have all learnt yet another skill that we did not realise we

would be using.

Being able to offer our clients the flexibility of doing online hypnotherapy from the comfort of their own environment has been a real eye opener, and I think that it is an option that we will all now continue to use in the future even when we are able to see clients in person.

I have also benefited personally from the hypnotherapy. Understanding how our brain works and why we respond and react in the way we do helps me to identify and manage certain situations a lot better. There have been many more moments where I have successfully shut down the laptop and gone for a walk or a run, recognising that primitive mind starting to take control.

Understanding how our brain works and why we respond and react in the way we do helps me to identify and manage certain situations a lot better.



It's incredible how right from the start you get to see how beneficial this hypnotherapy is.

I've also been able to help friends and family through my learning, as well as meeting some wonderful clients along the way. I've helped lower anxiety, get sleep back on track, reduce a smoking habit, stopped someone biting their nails and lessened an extreme spider phobia, to name a few.

My intake is now due to graduate in October 2020. I cannot quite believe that it's nearly over. I think my group would agree that we have all become great friends. We message each other on our group WhatsApp on a very regular basis; and we have calls sometimes in between our trainings so that we can catch up, share stories, help with questions we each have, and offer tips or ideas with specific case studies. And amongst ourselves we have helped and supported each other by using our new hypnotherapy skills.

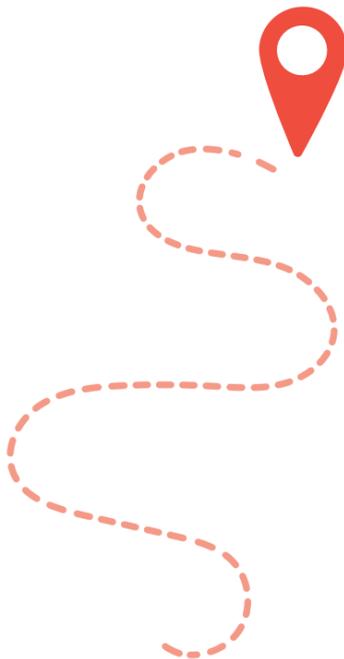
It's easy to forget how far we have come this year and how much we have had to adapt during 2020, so I keep a list for those moments where I need reminding. We have all had to get insurance, apply for DBS checks, apply for various memberships, record MP3s for our clients, create websites and social media pages, practise on complete strangers and get used to doing it online – all whilst holding down other jobs, dealing with the Covid situation and

continuing to work on our portfolios and case studies ready for final submission.

It's been a busy year but such a rewarding one. I have not only learnt a new skill that I can help so many people with but, as an extra bonus, I've made a bunch of new lovely friends who have been so supportive and wonderful. I have even met other hypnotherapists online via various social media platforms, who I am never likely to meet but who I connected to and who offer advice and help. It's a wonderful community of people.

2020 has definitely been a year I will not forget in a hurry. The training has been a very welcome antidote – and I think that without it my primitive brain would be very much in control right now.

Who knows where this hypnotherapy journey will take me now? I really hope, and keep visualising, that I will continue to build my business and successfully help people well into my older years.



Kate Taylor (at the time of writing, very nearly Kate Taylor Qualified Solutions Focused Hypnotherapist) lives in Bristol with her husband, two children and two pugs. She is a project manager for a large corporate company and began studying to become a Solution-Focused hypnotherapist in January 2020. Kate enjoys running, entertaining friends and long walks around the Bristol Harbourside.

Successful Strategies for Hypnotherapy with Adolescents

Words: Nancie Barwick

Image: Unsplash

'Adolescence' is a word that means 'growth', which is a defining characteristic of the ages between about 13 and 22 in our society.

Young people are expected to grow from child to adult in a complex social and technological world within that relatively short period of time. They start as totally dependent children at 12 and are expected to emerge at 23 with adult skills and understandings – a formidable task indeed.

A complicating factor is the fact that the concept of adolescence is a completely invented construct, existing exclusively in complex societies, especially those with significant affluent classes. It did not exist in earlier times, does not exist in impoverished areas, and is not a biological imperative.

These two facts – that adolescence is somewhat artificial and that it is necessary due to the complex world in which we live – can create a real sense of conflict within the young person. These conflicts may be expressed in the 'typical' adolescent problems: escape through drugs, antisocial behaviour, arguing with parents and teachers, somatic illness, self-injury, etc. These types of behaviours can be described as the acts



More and more parents are turning to hypnotherapists to help their sons and daughters through their difficulties.

of disempowered individuals without much recourse, and they often mostly harm the individual themselves.

More and more parents are turning to hypnotherapists to help their sons and daughters through their difficulties. By the time they do so, however, they have seen doctors, psychologists, psychiatrists, and various other professionals. The young people are usually fed up or convinced that they are damaged, and the parents are very worried or frustrated – or all of the above.

We, as hypnotherapists, can offer a great deal of help and hope as long as we remember some very important points.

- **Be honest and truthful with young people.** Adolescence tends to make them very aware of when others are telling them the truth and when they are not. If you remember to be completely honest, you will develop a much greater rapport.
- **Remember who your client is at all times.** Your client is the person sitting in the chair in your office, not the parent, and they may have a very different agenda from that of their parents. Some parents feel that they have the 'right' to direct the therapy

since they are paying for it. You may have to educate them on this, and it might be an issue in other areas of their lives with their adolescent as well.

- **Ask questions, don't make assumptions about the individual's life, opinions, beliefs, or anything else.** Young people are used to adults who tell them what to think or do or say. They often believe that they know what adults are going to say or want from them. By the time they get to us, they are not remotely interested in 'playing that game', as one client put it.
- **Respect their choices even while suggesting alternatives or alternative viewpoints.** Young people, with adult bodies, emotions and abilities in many areas, live as children/dependents who are often told that they can't do what they want. Their choices or preferences sometimes get overruled, leading to anger and some of the behaviours for which we may be seeing them. Therefore, we need to be very careful to respect their choices.
- **Be an ally in them being who they**

are and in reasonable choices, despite what others may think. For instance, if your client wants to make an educational or career choice that they believe fits them, help them to understand that decision as fully as you can. Hypnotherapy, including future pacing into the training and living the work as well as connecting with their unconscious mind, will go a long way toward sorting it all out.

- **Be genuine about who you are.** You are an adult, do not attempt to be a teenager. Don't try to adopt their speech patterns or colloquialisms. They will see it, and you, as fake and it will not create rapport. If they use a word you don't know, ask. They might be testing you. If you like the word or if it's really descriptive, ask permission to use it. This is just respectful.
- **Your beliefs do not matter in most instances. Their beliefs do.** You might have a belief that, for instance, their problem relates to a spiritual, metaphysical or past life issue. Unless your practice is clearly marketed as a spiritual or metaphysical practice, you don't get to insist on this being

Nancie M. Barwick is a clinical hypnotherapist with over a quarter-century of experience. Her practice is physically located in Northern Virginia, USA. However, she sees individual clients and groups from all over the world via the internet. Her specialities centre around wellness issues including disability, pain, anxiety. She also works with members of the transgender and gender non-conforming community on these issues and issues around gender identity, coming out, and much more.

Nancie is the author of two books on wellness: *Beyond Disability: Toward Self-Acceptance and Peace*, written while she was dealing with muscular dystrophy, and *Unstuff Yourself: Finding Joy on the Road to Wellness*, written after her recovery. She has also written numerous articles. In addition to writing, Nancie has been a popular speaker at hypnotherapy conferences in the United States for many years.



true for them. You need to be respectful of their beliefs. Of course, you can mention at some point that some people look at the issue in a certain way, but then you need to accept their reaction and move on if it is not receptive.

In addition to all of this, I have used several techniques quite successfully with the adolescents with whom I have worked over the past quarter-century. Of course, each person, and situation, requires that you use different skills and techniques. These are just a few of the ones I have found to be successful most often.

I really like future pacing with young people – after all, they have a lot of future ahead of them and it's of interest to them: they mostly want to move to the next stage, adulthood. Very young adolescents might just want to move into their late teens, but it amounts to the same desire.

For young people who have unfortunately been traumatised or suffer from issues related to their past, I generally do a Rescuing the Inner Child technique. In this, we travel back

in time and rescue the child they once were, bringing it into their heart so they can nurture and care for it. At the same time, the child returns something to my client, something it has been caring for and bravely protecting. This might be confidence or a sense of fun, etc.

Some of the adolescents I see have been dealing with worry or anxiety for some time. Several have described it as being 'without a thick skin' or unprotected. For these, I have devised a suit of magical armour that they can wear everywhere. It is invisible, and they are the only one who knows they have it on. Wearing this protective armour, they often describe feeling safe.

Again, these are just a few of the ideas I have used. Adolescents, like the adults they are becoming, come in all shapes and sizes and types. You can serve them individually very well, as long as you remember that they are, in fact, individuals.



Working with Trichotillomania

Words: Anne Thornton-Patterson
Image: Tim Mossholder on Unsplash

Marketing experts say not to generalise in your therapy practice. Their advice is to specialise and become the 'go-to person' in a niche...

So, I gave some thought in my early days of practice as to what would I specialise in. I wondered what I could become more informed about that would make a difference to clients.

Specialism or generalism?

I always thought that helping people with a cancer diagnosis and the subsequent treatments would be the focus for my practice. But despite personal experience, it was not to be. You may also have had the same experience as me, in that your specialism chose you rather than you choosing it.

It was one winter's morning in February 2001 that Mary turned up at

my West London practice for help with what she initially said was OCD. And not just any old OCD but a hair-pulling compulsion called trichotillomania (TTM).

'Pulling your hair out' as a way of describing frustration is a phrase that dates back centuries and it is first mentioned in the Old Testament. Of course, that history snippet doesn't matter to a client; what matters is that I have found hypnosis is a powerful and effective treatment to help TTM sufferers.

Networking and referrals

During my hypnotherapy career, I have worked with many clients with this issue and I have built a reputation based mostly on personal referrals. Just like the marketing experts said, I also attract clients with issues completely unconnected to TTM but who have a belief I can help them because of my success with hair-pulling clients. I have been fortunate to also receive occasional referrals from the NHS. Whilst these are few in number, many have come from my network of private organisations and practitioners, such as Lucinda Ellery, who has worked with hair-pulling customers for decades. She provides a temporary or permanent cover-up service for the bald patches. I will often see her customers to get to, if you'll pardon the pun, the root of the problem. Likewise, Philip Kindersley, known as the 'hair wizard' has also featured in my networking and referrals.

How many people have trichotillomania?

Trichotillomania is not as uncommon as you may first think. I thought my first client would be a one-off, but it turns out that around 1.5 million people in the UK pull their hair. Anyone can have TTM. Women, men and teenagers can pull their hair out compulsively, and early signs can be seen in some children under 5 years old. However, the biggest demographic is women.

The average age for the onset of hair-pulling for girls is around 12 years old, and in boys is around 8. Most boys will stop pulling hair, whereas girls are more

likely to continue their urge to pull into adulthood.

In my experience, the condition is usually noticeable when children reach puberty. My clients in the main are female although between the ages of 8 and 11 the ratio of males to females is about equal. Mothers tend to keep their son's hair short. Young girls with long hair become extremely distressed when they start to have bald patches. This distress is often exacerbated by parent reactions and also their sense of helplessness about what to do to help their child. Sometimes, I find I need to treat the parents too.

Occasionally the loss of hair is incorrectly diagnosed as 'alopecia areata'. I have had some clients who have lied to their parents and the medical profession before seeking alternative ways of dealing with covering their thin and patchy hair. The financially secure families will invest in expensive temporary solutions including wigs, clip-on hairpieces, extensions and wearing a 'volumiser' system developed by Lucinda Ellery that glues on to your own hair. All these responses take a great deal of time, money and maintenance.

If they don't have the large disposable income level, clients will turn to wearing hats, berets or scarves, or just withdrawing from the world. Many successful businesswomen with TTM have been influenced to start a business so that they don't have to face fellow employees who might notice that they

have a problem.

Hair today gone tomorrow

Initially, you might think that hair is only pulled from the head when someone has trichotillomania. If you saw my appearance on ITV's *The Mummy Diaries*, you will know that another common area is the eyelashes.

In fact, any area of the body where hair grows can be the focus of the hair-puller. This includes the head, eyebrows, eyelashes, under the armpits, chest, pubic region and legs. Pulling eyelashes and eyebrows can be dangerous. Eyelashes are the first line of defence for the eyes. Clients have spoken about repeated eye infections as a consequence of pulling their lashes. Clients who pull underarm hair, leg hair and pubic hair may have noticed a cyclical pattern. They report that they pull more arm, leg and pubic hair in the summer months when clothing is looser.

Why do people pull their hair?

It is intriguing as to why people pull their hair when they don't want to do so. I suppose it is similar to nail-biting. Both men and women don't like the state of their nails if they are a compulsive biter. Louise Hay says in her book *Heal Your Body* that nail-biting is caused by the 'spite of a parent', an 'eating away at self' and/or frustration. These potential causes might also be applied to hair-pullers, particularly when you hear that some sufferers eat their hair

Great success with younger people comes if they can focus on reducing their pulling using hypnosis and a series of stress-reducing strategies.

Many pull hair unconsciously and only realise they have done so when the evidence is in front of them or the bald patches become more visible.

and also suffer from a condition called trichophagia. The swallowed hair forms a ball in the stomach and begins to reach into the intestines. In 2017, a teenager died from this condition.

The dichotomy is that many TTM sufferers pull their hair because they feel a 'release' or 'relief' after the hair or hairs have been pulled. One pulled hair might be enough for some people but, for others, a pile of hairs might be needed before they stop.

Many pull hair unconsciously and only realise they have done so when the evidence is in front of them or the bald patches become more visible.

Research on trichotillomania

Trichotillomania is more than just stress and has been associated with anxiety and PTSD. The American Psychiatric Association have classified it as an impulse disorder. Sadly, the research materials I have read are quite medical and not exactly encouraging. In my experience, it doesn't matter what the category is and whether it's an impulse disorder or an obsessive compulsive disorder. What matters to the client is that hypnotherapy can help change their behaviour and trichotillomania is no exception to this.

Helping TTM sufferers

Over time and with the help of others, including Duncan McColl and Steve Harold, I have refined what I do with these clients. I have developed a program that incorporates eight steps. These include practical tips, hypnotherapy, and EFT. Coaching, which includes empathy, encouragement and support, has become the backbone of

the programme.

TTM brings emotions of shame and embarrassment. It is the secret that no one wants to reveal. Shame gets its power and maintains its grip by relying on secrecy. I always acknowledge the massive and courageous first step to freedom from their shame when a client admits to their urges and seeks help.

Great success with younger people comes if they can focus on reducing their pulling using hypnosis and a series of stress-reducing strategies. These include props which may distract the clients by fiddling and pulling. Psychiatrists call it 'response prevention'. I call it 'things to do with your hands' and, in this regard, EFT has been valuable.

Older clients have more distractions and stresses including work, family, and, for some, caring roles which can be detrimental to their self-esteem. The reality is that they have been pulling longer, so the behaviour is more

established, unconscious and may take longer to let go of.

Helping more TTM sufferers

I have practices in London and Staffordshire. I also have visited clients in their homes who couldn't face travelling to me. The demand for help for this under-reported condition is high when it is admitted to. There are many people whose lives are blighted by this compulsion.

In summary

I believe that it is important that we all have at least one niche we specialise in. My niche found me, and I have relished becoming more informed and effective in a sub-issue of OCD. The wider benefit to the hypnotherapy community is that we can then pass on specific do's and don'ts to each other via networking, workshops and publications.

Anne trained as a hypnotherapist with the ICH based at Kings College in the Strand in 2000. Before that, she worked with people with all sorts of disabilities both in Health and Social Services, finishing up as principal officer for Wandsworth Council. She feels this was her training ground and has stood her in good stead for one-to-one client work. She also often supervises other hypnotherapists who are working with TTM clients. Anne has authored a manual for both hypnotherapists and those living with people facing the challenge and wanting to support them. There are resources for therapists wanting to know more on her website, <https://kensingtonhypnosis.co.uk>



To Test or Not to Test? Is It Even a Question?



Words: Dr Kate Beaven-Marks

Image: Birmingham Museums Trust on Unsplash

When you first trained as a hypnotherapist, were you taught how to use suggestibility tests with your hypnotherapy clients?

There are varied views on the use of suggestibility testing within hypnotherapy settings. This article explores some of the debate about testing, including the benefits and disadvantages for both the client and therapist, as they relate to hypnotherapy settings, and not to demonstrations, presentations, or street/stage applications.

For the purposes of this article, hypnotic suggestibility will be considered to be 'a trait-like individual difference or variable which indicates a client's general tendency to respond to hypnotic suggestions'.

A hypnotherapist may use a 'suggestibility test' to find out how their client is likely to respond to hypnotherapy. Depending on the test employed, it can show the therapist and client how well suggestion is accepted ('suggestibility'), how open they are to suggestion ('susceptibility') and how they can perform in hypnosis ('hypnotisability'). However, there is considerable cross-over between these terms and you may notice that the research and hypnotherapy literature can use some of these terms interchangeably.

Testing will tend to result in either the action (do) or inhibition (don't) of cognitive or movement tasks without intentional conscious action. For example, movement-based tests using

the ideo-motor response (IMR) include the ever-popular magnetic fingers test (also a great test for resistance), the magnetic hands test, and the heavy/light hands (book/balloon) test, whilst cognitive and perception-focused tests can include hallucinations (e.g. the lemon test) and amnesia, the latter being less common in hypnotherapy settings.

So, what does suggestibility testing give the therapist? If you are using valuable session time, is the pay-off worth it?

It could actually save you time and help you make your therapy work more targeted and effective. Depending on your choice of test, you can check for resistance, preferred style (e.g. permissive/authoritarian, direct/indirect), and modality (VAKOG), as well as whether the client is more movement-based or more catalepsy-based. Fundamentally, suggestibility testing is an effective assessment tool, helping you to evaluate different yet

relevant aspects of the client's response. When you have conducted your intake/consultation and have a treatment plan in mind, effective testing can inform your selection of hypnosis-generation approaches (induction, deepener) as well as the specific types of hypnotherapeutic techniques. For example, by testing you may observe that the client who has a quiet and soft personality actually responds better to a more dynamic and authoritarian or direct approach. You will also be able to assess how well the client is able to follow a series of suggestions. It is at this point (rather than mid-session) that it is useful to know whether the client needs a slower or quicker delivery, or even the use of simpler language. Perhaps it is also vital to know how well (or not) they engage with their imagination. If they are weak in this area, it can significantly influence your choice of therapy approaches.

Is there any benefit for the client? It would seem so! Some clients present

Fundamentally, suggestibility testing is an effective assessment tool, helping you to evaluate different yet relevant aspects of the client's response.

for therapy anxious about whether they can 'do' hypnotherapy: whether they will be able to work well enough with the hypnotherapist, or cope with being in hypnosis. Suggestibility tests act as a 'warm up' for the client, helping to convince them as to both your (the hypnotherapist's) skills and also their own ability. This can help to further dispel any myths and misconceptions and, additionally, has an ego-strengthening aspect, helping the client to connect to the power of their mind and their ability to respond to hypnotic suggestion.

Does it matter how suggestible they are? Some therapists consider that only a light level of hypnosis is sufficient for a significant amount of positive change work. However, it could be argued that where the client is located on a suggestibility scale is further information for your treatment planning (e.g. if very low, they may take longer to achieve some phenomena, such as anaesthesia or negative hallucinations).

There are several common arguments against suggestibility testing. The first centres around the use of the word 'test', with a perception that the concept of being under the scrutiny of a test may influence how a client responds (the 'Observer Effect'). Furthermore, it is proposed that if a task is referred to as a test to the client, they may worry about it, or perform differently. In addition, a test can be perceived as 'pass/fail' and, as such, if a client feels they didn't do as expected by the hypnotherapist, then they may take on the view that the hypnotherapy won't work either, or that they can't 'do' hypnotherapy. However, there is absolutely no need to call these techniques 'tests'. Instead, they can be referred to as 'warm-up activities', or 'preparation exercises'. Furthermore, the outcome can be talked of from a positive perspective, considering all results as information, rather than being attached to a specific outcome.

In addition to the perceptions and influences of the label 'test', there is, for some, an association with comedy entertainment hypnosis, whether street or stage. Yet there is no need to

conduct them with this mindset. They can be performed with a therapeutic intention. Others will make a point that some tests are more dynamic, direct or authoritarian in nature, as well as being performed conversationally. As such, for hypnotherapists who are more comfortable using scripts throughout their session, this can be uncomfortable. It is not uncommon for a researcher to be reading from a script when applying a research-type test. Indeed, the Stanford Hypnotic Susceptibility Test is designed to be read verbatim. In a therapy setting, though, reading from a script at the testing stage, especially with the client's eyes open, may not enhance perceptions of competence nor build rapport. However, many tests are simple to learn 'off script'.

Your selection of test may influence the client's perception of the test, as well as the client's resultant performance and what you are able to assess from that. Some suggestibility tests are perhaps more commonly associated with entertainment hypnosis, such as heavy/light hands ('book and balloon'), and hand lock. However, these can have their uses when giving a presentation on hypnotherapy to a group, or even when working with performers and athletes. Fortunately, in the therapy room, there are a wide arrange of tests available that are more focused around the client, rather than having to also consider the perspective of an audience.

A useful set of tests appropriate for the therapeutic environment is the Barber's Creative Imagination Scale. This test is more permissive in its language and has the flexibility to be applied either as single elements, or as the entire ten tests. These explore different phenomena, such as movement, hallucinations and time distortion. Whilst there are some observable phenomena, there is also an opportunity to discuss with the client their experience. This can provide insight into the client's subjective experience as well.

Research

There is some discussion in the literature as to whether hypnotic suggestibility

can be enhanced with practice, although generally it is considered a relatively stable individual personality trait, with around 10–15 per cent of the population in the low range, 70–80 per cent in the medium range and around 10–15 per cent in the high suggestibility range. There can be a considerable difference in these figures according to method of assessment and selected sample of population. Furthermore, as clients become more experienced at entering and working in the hypnotic state, and build trust and a therapeutic relationship with the therapist, it could be expected that clients will be able to engage more. This could then be perceived as an increase in suggestibility.

Hypnotherapists who wish to engage in suggestibility research within their therapy practice are able to choose from a number of well-established tests. For those wishing to optimise their time, or even give a therapy group a novel experience and personal insight, the Harvard Group Scale of Hypnotic Susceptibility (HGSS) offers motor (movement) and cognitive tests, progressively increasing in complexity. The entire test takes around forty-five minutes and gives participants an opportunity to self-report. However, this does make the test vulnerable to factors such as ego, social desirability, and competition with others in the group.

If you are working with individuals, the Stanford Hypnotic Susceptibility Scale (SHSS) includes catalepsy, amnesia, and a range of hallucination type tests, progressively increasing in difficulty. It takes around the same amount of time. However, with this test, it is ceased when the participant does not 'pass' the that test element. The test is scored by the researcher as each element is completed. Other popular tests include the Barber's Creative Imagination Scale as previously mentioned.

So ... to test or not to test?

It could be suggested that all tests are vulnerable to influence from the participant and hypnotherapist. If the person does not want to be hypnotised,

then they will generate a low score, even though they may, in reality, be highly hypnotisable. Furthermore, someone very keen to participate may over-achieve, influenced by internal factors (e.g. ego, contrariness) or external factors (e.g. rivalry).

On balance, finding out the extent to which your client or research subject is suggestible, and what works best for them, enables the hypnotherapist to finely customise the hypnosis work to best suit the individual. However, it is generally helpful to avoid using the term 'test' with a client or research subject ... rather 'exercise', 'activity', 'warm up' or other such term tends to reduce the risk of performance anxiety and thus give a more accurate response from the individual. Furthermore, if it is relevant to the work being conducted in trance, then assessing engagement with phenomena can enhance the effectiveness of the therapeutic interventions.

Further reading

- Barber, T. X., Wilson, S. C. (1978). The Barber Suggestibility Scale and the Creative Imagination Scale: Experimental and Clinical Applications. *American Journal of Clinical Hypnosis*, 21: 84–108.
- Bryant, R. A., & Hung, L. (2013). Oxytocin enhances social persuasion during hypnosis. *PLoS one*, 8(4), e60711.
- Carhart-Harris, R. L., Kaelen, M., Whalley, M. G., Bolstridge, M., Feilding, A., & Nutt, D. J. (2015). LSD enhances suggestibility in healthy volunteers. *Psychopharmacology*, 232(4), 785–94.
- Milling, L. S. (2008). Is high hypnotic suggestibility necessary for successful hypnotic pain intervention? *Current pain and headache reports*, 12(2), 98.
- Sheiner, E. O., Lifshitz, M., & Raz, A. (2016). Placebo response correlates with hypnotic suggestibility. *Psychology of Consciousness: Theory, Research, and Practice*, 3(2), 146.
- Woody, E. Z., Barnier, A. J., & McConkey, K. M. (2005). Multiple Hypnotizabilities: Differentiating the Building Blocks of Hypnotic Response. *Psychological Assessment*, 17(2), 200–11.



Dr Kate Beaven-Marks is an energetic and enthusiastic hypnotherapist, trainer and author. Kate has written widely on well-being and hypnotherapy and has been published and featured in a number of leading magazines, journals and newspapers, including Men's Health, the Daily Mail and the Sunday Times.

Her passion for the subject goes above and beyond anything seen with your run-of-the-mill hypnotherapy trainers. She is a founding director of both HypnoTC: The Hypnotherapy Training Company, one of the UK's top hypnotherapy training schools, and the increasingly popular hypnosis-courses.com online training provider. She recently co-produced what is possibly the first training course (Hypnotic Suggestibility Testing 101) to include such a broad range of suggestibility tests that it even includes four of the most popular research tests.

The Business of Therapy

by Cathy Simmons



I hope that you are all keeping safe and well and that you have fully adapted to this new way of working. There are some great questions this month, so I'm going to jump straight in.

Q: If a client cancels and then doesn't get in contact with me to rebook should I worry? Does it mean I have failed?

Before I answer this specifically, let me say something about how we can avoid this happening in the first place as there are a couple of things that can really help.

1) Firstly, moving away from the 'book-by-the-session' model and offering programmes instead can make an enormous difference. Packaging your services doesn't have to mean offering long-drawn-out programmes. Instead, you can design your programme any way you want to give your clients the best possible chance of getting the best possible result. And it allows you to over-deliver if you think the client could benefit from additional help during your time together.

Knowing that you have a specialist programme for them means that the client has the reassurance that you are the expert, they are likely to stay the course and trust the process, and less likely to cancel. It can mean better results for your clients because they are seeing

the whole programme through – and much more likely to get deep and lasting results

Offering the session-by-session model, where a client may decide whether or not to come back based purely on whether they 'feel better' after their last session isn't always optimal for them, is it? We all know that things can get stirred up for a client during their treatment, and the worse thing would be for them to leave at that point.

Anyway, this isn't the place for a full-on discussion of packaging, just something for you to bear in mind.

2) Secondly, I would suggest taking a deposit upfront. You can take card payment easily on the phone these days or send a payment link. The technology is readily available now – so much better than when I first started.

3) And thirdly, make it part of your client onboarding process to let them know exactly how it will all go. Explain your cancellation policy (including what happens if you have to cancel) and have it clearly available in a document when they book – and do this with love. You

and your client will both know exactly where you stand from the start of your relationship.

But pre-empting aside, what if these things haven't already been in place and your client has just cancelled? It's easy for us to feel responsible for our client's progress and results, isn't it? It's one of the things I personally found very easy to slip into, almost unconsciously, early on and something that comes up time and time again in supervision. And it's only natural for us to question ourselves: 'Is it something I did – or didn't do?' So, it's great that one of the tools we have as therapists is the ability to stand back and be the observer, and step out of our own feelings. Because there are so many genuine reasons that could be behind this.

- The first one, of course, is that they may have got the results they were looking for. We know that shifts can happen really quickly at times, and often between sessions. Yay! Time to celebrate.
- Fear could be a factor. Remember that, for most of the issues we

work with using hypnotherapy, the behaviour has a positive intention for the client – and that means there is bound to be a part of them resisting. Their unconscious mind doesn't want to let go of something it is convinced is giving them something positive. This is something we can pre-empt. Explain this upfront to your client as part of the discovery call or intake session, so that they understand about unconscious positive intention and that sometimes the unconscious mind may resist the change (without suggesting that it will happen, of course). Do it in such a way that, if it happens, it is perfectly normal and to be expected and make it part of the solution from your client's perspective.

- There could be something else going on that they are reluctant to talk to you about. Let them know that you are more than happy to have a chat on the phone to talk over anything – without any pressure.
- Your client may have been just going through the motions. I suspect we have all had some clients who don't really engage with us or the process and may have their own, unknown reasons for coming to therapy. Possibly because they were asked to by someone else and are just ticking the boxes. Again, make it very clear that you are open to a chat, with no agenda and unconditional positive regard for your client.
- It may simply be financial. We never really know someone's real circumstances, and what other

pressure they may be under.

- Of course, I believe that there are times when hypnotherapy is not the best or most appropriate approach for a person at a given point in time. And that's okay – and it means nothing about you.
- And if you genuinely feel that you were working in an area that was beyond your current skill set or experience, then please reach out to your supervisor. They are there to help you and this is how we learn and grow. We've all been there!

There are many, many reasons why they may have cancelled, and I believe it's always worth reaching out, with love, to let them know that you are there to listen if they need you.

Stay in observer mode and be open to the possibility that they have already got the results they were looking for!

Q: Should I get in touch with clients after therapy has ended to monitor progress? I'd like to know how they've got on, but I'm worried they will think I am going to pressure them to sign up for more sessions.

This is such a great question, and one thing struck me as being in common with the previous one, and that is the importance of the client onboarding process.

Make it part of your onboarding conversation to let them know that after you've finished working together, you routinely get back in touch with a no-pressure 'How are you doing?' call or

email because you love to hear all about the successes of your clients, and also want to know if there are any challenges that have come up since working together. Who would be unhappy with that? It shows that you care.

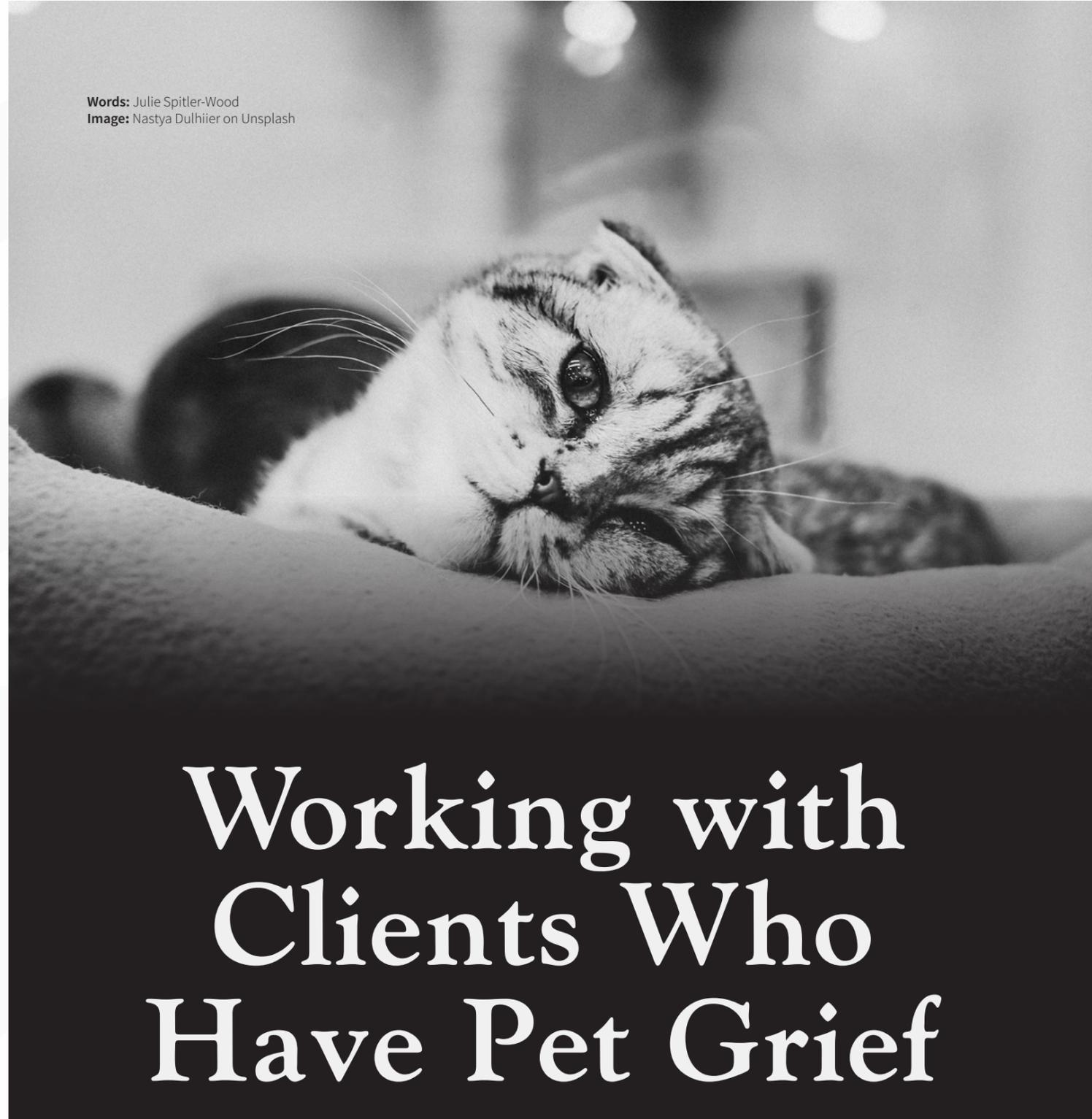
And if you haven't already let them know in advance? Then step back and come from a place of love and unconditional regard.

Firstly, if they are not a therapist, they don't know what the whole process is supposed to look like. When you get back in touch, do it from a place of confidence, as the professional doing your job well. We cannot ever know how someone else is going to think, so what's the point of worrying about it when we have no evidence backing it up? As with every interaction with current, past, future and potential clients, if you always come from a place of unconditional, positive regard then you cannot get this wrong.

Sometimes it's only when we follow up that we find out what's going on for a previous client. Maybe they are desperate for your help, but are afraid to ask, or are feeling that they have somehow failed by not getting the results and are ashamed or embarrassed to get back in touch, especially if the issue itself has some inherent shame associated with it: addiction is a good example of this.

From that place of unconditional positive regard for your client, you will be in the best position to decide whether or not it is appropriate to follow up, and if you do, it will be seen as something that any caring, professional would do. They will thank you for it.

Words: Julie Spittler-Wood
Image: Nastya Dulhiier on Unsplash



Working with Clients Who Have Pet Grief



From a background in investment banking technology, Cathy specialised in helping City professionals get free from drug use and addiction, after qualifying as a cognitive hypnotherapist with the Quest Institute. Over the years, Cathy has worked with and learned from some of the best heart-centred marketing and business experts and loves to support fellow therapists by sharing her knowledge of both marketing and technology. It is now her passion to show inspiring therapists who have something amazing to give, how to find their uniqueness and get their talents out to more of the people they love to help, whilst building and keeping a full and flourishing practice doing what they love.

Why pet grief? Although I still see the occasional client for other issues, especially if I have been recommended by someone they know, I mostly help clients who are grieving for their pets. The death of a pet may have been recent, but quite often the grief stems from a bereavement that was years ago.

The main reason I started to look more closely at issues caused by pet

death is because it was something that kept cropping up when clients came for help with other problems. I always take a thorough history, and quite often their anxiety or over-eating and drinking started, or worsened, after the death of a pet.

An example was a client who came because she couldn't sleep without several glasses of wine. As it turned out she missed her dog that used to lie on the bed with her at night.

Another client came to see me with a sleep problem was a woman who, at the age of 5 had been told her dog had been put to sleep – and, of course, the dog had been taken to the vets and had not come home. In her mind, sleep and death had become linked. We know the importance of language and how the subconscious reacts, but your client might not. Using the word 'lost' can be problematic too, as if something is lost maybe it can be found, and it can be even more difficult

to let go.

A colleague told me about one of her clients who came to her looking for help with his relationship problems. When her client was a little boy of around 7 years old, he had a goldfish. He'd won it at the fair, back in the day when you used to be able to do that sort of thing, and every day he would come home from school, feed his fish and watch it. One day while he was at school, the fish died and his mum, thinking she was doing the right thing, flushed it down the loo and bought him a replacement. Everyone agreed that was the best thing to do. They didn't want to see the little boy upset and thought he would never know the difference. But he did know the difference, straight away, and he did get upset.

Where was *his* fish? What was *this* fish doing here? He started crying and shouting and his dad, who'd had a long day at work and was not a particularly sympathetic man, put down his paper and said, 'For goodness sake, be quiet. The fish died; your mother flushed it down the toilet. You know what women are like. You never know what they're up to when you are not there to keep an eye on them. Everyone knows that.' And went back to reading his paper.

Because the little boy was 7, and believed everything his dad says must literally be true, and was in a state of shock because not only has his fish died but *it's been flushed down the toilet*, he took on board the suggestion that you never know what women are up to when you are not there to keep your eye on them. So when he got old enough to have a girlfriend he would go through her pockets and bags looking for evidence that they were up to no good – because you never know what women are up to when you are not there to keep an eye on them.

He did meet someone he loved and he got married, but instead of feeling more secure, he felt worse. He kept phoning his wife at work to see what she was up to and who she was with. Eventually, he became so unreasonable that she left him, but all this did was confirm what he thought he already knew. 'I knew she was no good, she's left me.' The same with wives number two and three but, when he got to fiancée number four and realised none of his mates seemed to have this problem, he went to see a therapist. It was during the therapy he had his light bulb moment and his adult self was able to realise that his younger self had taken what his dad had said completely out of context.

These are some examples where grief has not been dealt with appropriately and, if we can help our clients say goodbye at the time, or shortly after, their pet passes away, it makes life a little easier and more comfortable for them.

There is often a great deal of guilt around the death of a pet, perhaps because the owners have difficult decisions to make.

If a pet is ill and you are not sure whether they can be helped, you don't want to see them suffer but you also don't want to have them euthanised if there is something that can be done. Maybe it's too soon? Maybe they are in too much pain already? Sometimes, members of the household disagree with the next course of action, and sometimes money is a factor too. If you don't have insurance how much is too much to pay?

I had a client who was suffering terrible guilt because he had taken his dog to the vets knowing that the dog was going to be put down. He told me that his dog looked at him trustingly and that he felt that he had deceived his dog by reassuring him. We reframed that so that he could see it not as deceiving his dog, but as being with him, comforting him and caring for him at the time his dog needed him the most.

Another kind of guilt happens when a client feels more upset about the death of a pet than the death of a relative. It's worth pointing out to your client that they saw their pet every day and asking how often they saw their relative. This quite often puts it in some sort of context for your client.

A client with a cat who had been run over blamed her boyfriend for leaving the door open and herself for trusting him to look after it. This client had initially come to see me because she wanted help with

When clients stifle their grief to get on with normal life, problems can resurface much later. As therapists, we regularly deal with clients who have buried their feelings, and we know those feelings never really go away.

her own 'control freakery' as she put it.

Religious or spiritual beliefs are something to bear in mind when helping with any sort of grief, including pet grief. What does your client think happens after death? Does their pet have a soul? If it does, where does it go? Will their beloved pet be waiting for them or enjoying a new life over the rainbow bridge? If the animal had been ill, will they be well again? When you understand your client's beliefs you can help them to imagine their best outcome.

How does your client refer to their pet? Do they use phrases like 'fur baby' or 'baby'? Whatever you personally think about what they call them, use your client's language when describing their pet. Reassure them that grieving is a perfectly natural response. Sometimes well-meaning friends or family don't understand. They may have attempted to minimise your client's distress by telling them that 'it's only an animal' or suggest that they can just get another one. While clients sometimes do go on to get another pet, it needs to be in their own time. Employers can also be unsympathetic and may not treat the loss of a pet as a serious emotional problem. When clients stifle their grief to get on with normal life, problems can resurface much later. As therapists, we regularly deal with clients who have buried their feelings, and we know those

feelings never really go away.

Buried grief (relating to a human or an animal) can suddenly become overwhelming if another form of loss occurs in your client's life. This could be another death or something like losing a job or children leaving home. It's like a snowball gathering speed as it rolls down a hill, collecting more snow and becoming bigger as it goes. Your client may not recognise that how they are feeling now is because of unresolved grief from the past.

Letting your client say goodbye and explain all their thoughts and feelings to their pet, in a safe therapeutic setting, can help immeasurably. I generally use hypnotherapy or BWRT, depending on the client. Sometimes I ask them to bring a photo to show me, or a toy or lead for them to hold. The sessions are usually very emotional but, afterwards, the client is left feeling much better.



Before Julie became a therapist, she had a long-standing career in retail management. Although she enjoyed it, the hours were getting longer and longer, and the stress levels were rocketing higher and higher. Then she went for some hypnotherapy as a client and had a light bulb moment – this was it! This is what she wanted to do.

Julie studied at the Essex Institute of Clinical Hypnosis and qualified in hypnotherapy and psychotherapy in 2011. She opened her first full-time practice in Covent Garden, London.

In recent months, like so many others, Julie has been working online from home and is surprised at how easily she has adapted and how much she enjoys it. Julie says, 'I thank my lucky stars every day that I joined this wonderful profession.'

There is often a great deal of guilt around the death of a pet, perhaps because the owners have difficult decisions to make.



Cats and Dogs

Words: Dr Philip Shelton Image: Freepik

We were in lockdown and, like everyone else, having to learn new ways of communicating that meant relying on technology.

I'm staring at the screen but can't make out the image. It looks really strange, almost like the end of a feather duster, and then it moves, and I can just about see an outline of fur with something in the middle. The image becomes clearer as the object steps further away from the lens. I can just make out what now appears to be a cat's bum. The feline then rubs itself against the corner of the laptop and purrs. Beyond this image I can see the student still in a state of hypnosis unaware of what's unfolding before her.

When I graduated from the hypnotherapy course, I always wanted to apply what I had learned at my place of work as a teacher at a university. There were many instances when I witnessed students getting anxious over assignments, exams, presentations and placements amongst other things. So, when I qualified in February 2020, I set about getting permission from various gatekeepers to offer a free service to students. Fortunately, the relevant people seemed to warm to the idea,

and I was ready to start. Then Covid-19 struck.

We were in lockdown and, like everyone else, having to learn new ways of communicating that meant relying on technology. Unfortunately for me, I wasn't in possession of a laptop and was reliant on my ten-year-old Kindle, which could only answer emails. After six weeks, I was given permission to enter the university and borrow a laptop.

I attended my first virtual group supervision related to hypnotherapy over Zoom and found people who were managing the process and adjusting to the new climate admirably well. They were keen to share their experience and offer advice, which gave me confidence. I then contacted the previous parties at university, who were still keen for the hypnotherapy to go ahead, only this time the sessions would have to be undertaken through Teams.

My very first trial session over Teams was inauspicious. A colleague from work had kindly agreed to take part, and so I forwarded some information on how to

prepare for the session. When I contacted her, she had decided to provide her own backdrop which made her appear to be in Miami, giving the impression of one of those 'sorry I couldn't be there' acceptance speeches. After some initial chat, my colleague elected to lie down on her bed. Half-way through the session, her arm began to rise up and sway for a moment whilst holding a phone, (not part of the induction) and then descended. For a brief moment. I wondered if she was doing something I'd seen at concerts, holding a phone aloft in acknowledgement of a well-known song or, in this case, an ironic tribute to a novice hypnotherapist. Still I ploughed on. At the end of the session, I asked how it had gone and mentioned the arm levitation. I was told that she was trying to get a signal before messaging her cousin in the next room telling her to keep the noise down. I wondered if my colleague felt any more relaxed after the session, only to be informed she was having difficulty feeling calm, no doubt compounded by the two cups of coffee

and cigarette taken just prior the session. Not an ideal start.

To see how the service would be received, I piloted the idea over the summer and got a number of course leaders to advertise the service. During this period, it tends to be quiet apart from students undertaking resits. However, given the circumstances, a good number of students responded.

I found that the advantage of using Teams was that this method brought flexibility into the service. I did not have to book any rooms, which would have been horrendous due to the ratio of students and available space. If some of the students were wary of conducting a session over Teams, as in one sense it required a great deal of trust on their part, they appeared to be put at their ease and maybe felt more disinhibited by the medium and able to speak freely. One of the disadvantages was when Teams crashed and I had to cancel a number of student appointments. Obviously not ideal, but the students were very understanding.

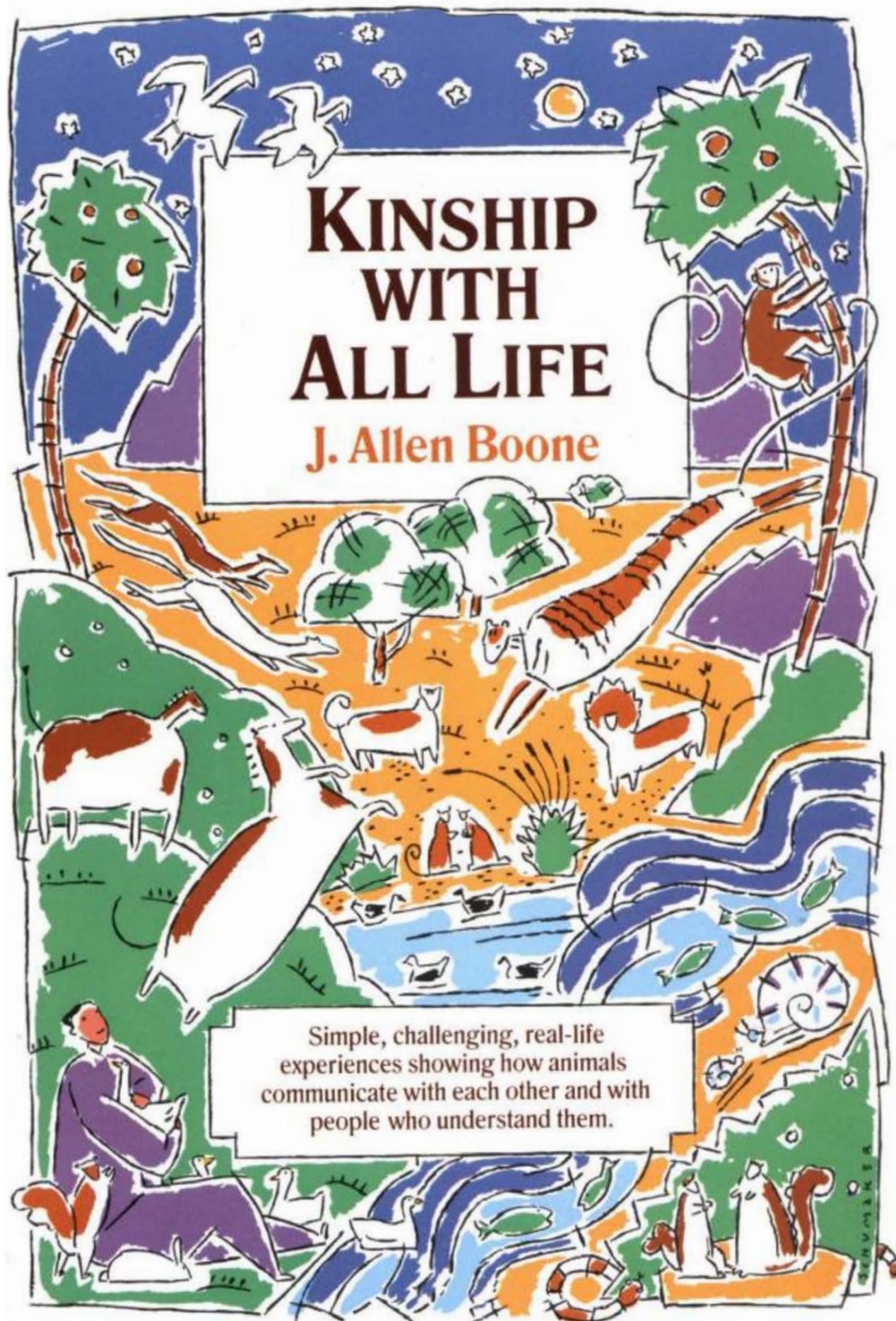
Having a window into other people's homes can be interesting, but I've had to factor in a number of unknowns that can occur during a session. Like the time a student was awakened by their own dishwasher starting up in the kitchen, promptly followed by a ring of the doorbell announcing the arrival an Amazon delivery. In addition, there has been a toilet being regularly flushed, hopefully in a separate room and, more disturbingly, a fire alarm going off. Fortunately, it was eventually managed by the person who had burnt the toast downstairs.

The feedback so far has been encouraging to the extent that the service is currently being rolled out across the whole university, which is good news.

It's the end of another session. The student has been moved to tears and tells me they have felt a release, as if they could finally breathe again. I feel touched by this, and she goes on to describe an emotion that had been snagged and has now been released. However, she also

mentioned that at the start, when I had introduced some breathing exercises to relax, her elderly dog was sitting just out of view and unfortunately had flatulence, which made breathing and relaxing somewhat challenging!

Dr Phil Shelton PhD is a senior lecturer at Birmingham City University, and has worked in higher education for many decades. He recently qualified as a hypnotherapist.



Book Cover: Copyright Harper One

BOOK REVIEW

J. Allen Boone, *Kinship with All Life* (Harper One)

This book was written in the 1950s and starts with a description of the author's relationship with a dog, the star of *White Fang* and several other successful Hollywood films in which an intelligent dog is the star. 'What has this to do with therapy?' was my first question when it was recommended to me in an article by Larry Garrett in the *American Hypnosis Journal*. But because I enjoy his articles and reflections, I bought the book.

This particular dog was trained as a police dog in Germany and chosen for his exceptional strength and intelligence. He was affable and cooperative with human beings but could spot criminals immediately and had to be prevented from attacking them. He spotted a particular conman before anybody even suspected the man of fraud. The book explores this non-verbal communication in the animal world and gives some pointers as to how to develop it. I think this is what all exceptional therapists – notably Milton Erickson – do without being fully aware of it, because it comes naturally to them.

The first chapters are about the dog and the author and their growing connection. Once the human learns to meet the dog on an equal footing and not look down on him as an inferior creature, it becomes an enriching experience for the author and leads him down other paths of enquiry about

the connections between living things which are non-verbal, and need time and patience to develop.

He explores the reasons why rattlesnakes do not attack Native Americans and go for white people, and how the Native Americans can ride ponies without saddles or bridles and never fall off because they are at one with their ponies – the same goes for Bedouin riders. There are also chapters about group creatures – worms and ants. The final pages are devoted to Freddie the Fly, trained by the author to land on his finger and jump off again as a game.

What the book did for me is to help me understand the word sympathy in a new way. Not the sentimental imaginary connection we have with others based on our own experience, but a sincere, horizontal and affectionate meeting of minds.



Gloria has been a hypnotherapist since 1980 and has worked with individuals and groups in the NHS, Wormwood Scrubs Prison. She's taught meditation methods in adult education establishments. Currently, she is in private practice near Baker Street and, having trained in EMDR in 2000, now works with PTSD sufferers. She has spoken to the James Braid Society in the use of EMDR combined with hypnotherapy

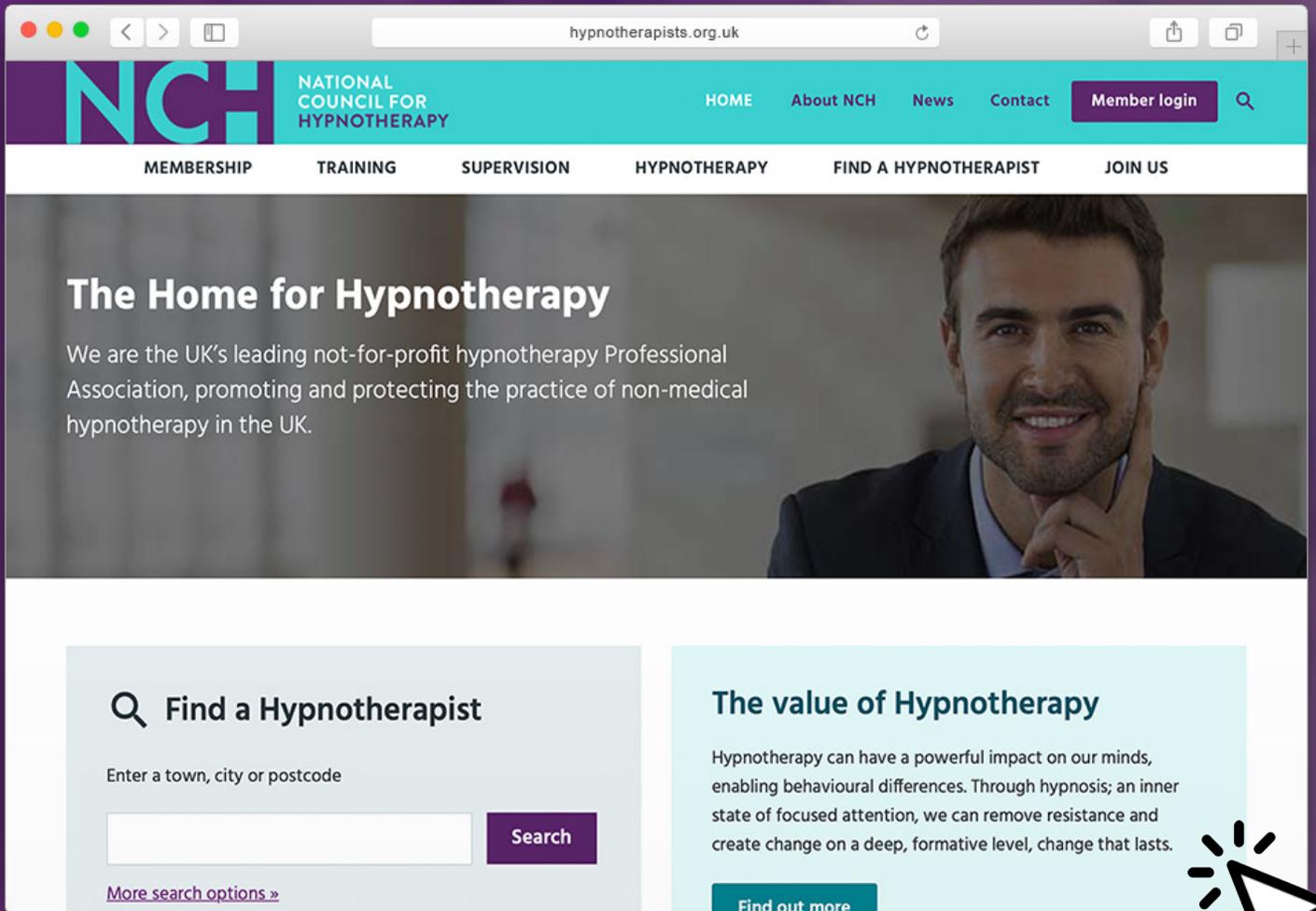
What are you reading that others would enjoy?

Can you write a book review for us?

Books are convenient and cost-effective CPD, and recommendations are the best way to find the right ones. If you've enjoyed a book, or found it useful, you can be sure others would too.

Book reviews should be around 500 words, and should be submitted to journal@hypnotherapists.org.uk

Why not check us out online!



**THE UK'S LEADING NOT-FOR-PROFIT
HYPNOTHERAPY ASSOCIATION**

Keep up to date with all the latest hypnotherapy news on our new NCH website!
You can find out all about membership, training and supervision.

hypnotherapists.org.uk

