

HYPNOTHERAPY TODAY

ASSOCIATION FOR SOLUTION FOCUSED HYPNOTHERAPY

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A happier note *The benefits of music*

Also in this issue:

**Safeguarding
and Supervision**

Super supporters

Member survey

AfSFH.com

**10
YEARS
SUPPORTING
SOLUTIONS**

Association for
SOLUTION FOCUSED HYPNOTHERAPY

SUPERVISORS' DIRECTORY

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

For the latest list of Supervisors, please refer to the AfSFH website.



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A Message from the Editor...

Welcome to the summer edition of Hypnotherapy Today, and my first as editor. I'm sure you'll join me in giving enormous thanks to Helen Green, our CEO, who has done such a fantastic job of producing the Journal over the years. She's a tough act to follow!

It's been a real pleasure getting up to speed with the processes of producing Hypnotherapy Today – and what an issue we have for you this time around. I'm a big music fan so found Trevor Eddolls' article on what it does to our brain fascinating, and Andy Hill's metaphor *To do or not to do* got me thinking, even without being in trance. On the professional side of things, Jane Pendry examines our responsibility to our clients regarding safeguarding and ethics, and the importance of Supervision – and in our regular Super Supporter slot we meet two more Supervisors offering that valuable service. We also get to meet Claire Corbett, our new Head of Membership – of course some of you may have met her already if you've had queries about yours! If that's not enough, *All about you* examines your responses to our survey on social media use. Don't know about you, but I always find it helpful to know what the SF community is up to!

Expanding the AfSFH Executive Committee means we'll be able to forge ahead with our plans to develop member support, widen our membership, and get the word out about SFH to other bodies and the world at large. I've

detailed some of these in *Shout it from the rooftops*, so get yourselves comfortable and dive in.

Many thanks to all our wonderful contributors to this edition, and don't forget, we're always looking for your articles, ideas and reviews for Hypnotherapy Today. You can email me at comms@afsfh.com with your submissions or ideas, and if seeing your name in print isn't a big enough incentive, we give a £10 'thank you' Amazon voucher to each author. I hope this latest edition finds you and your loved ones in good health and finding a way through these most interesting of times, to explore what new discoveries and opportunities lie towards the horizon.

Happy reading!

Sally

Sally Hare,
AfSFH Head of Communications



Super Support

In this feature we continue to get to know some of our fabulous Supervisors. All quotes printed with kind permission. Details of all our AfSFH Supervisors can be found in the Supervisor Directory at www.afsfh.com.

Super supporter: Paul Hancocks, AfSFH Supervisor

Q. What do you feel are the greatest benefits of attending Supervision?

I remember David Newton saying to us newbie therapists that the difference between successful practitioners and those who didn't make a go of it was having regular Supervision.

This was in the days before Zoom/Skype/Teams, etc, when seeing David in person meant a long train trek from Southampton to Bristol and back. I went as much as I could, but I still wish I could have gone more often. Why so? Well in David's case, it meant having the wisdom of a practitioner who had tens of thousands of hours of practice under his belt, a pioneer in psychotherapy and one of the few people I've encountered whom I would classify as a genius. In later years, I was fortunate enough to have Susan Rodrigues as my Supervisor.*

Of course, few if any of us can match David (or Susan's) record but I would contend that any Supervisor you meet will have experiences that you don't, experiences that you can learn from. However, being a Supervisor – certainly when you're dealing with someone who has been practising for years – isn't about having vastly greater knowledge than the supervisee. That was one of the revelations I had in training (with Alex Bronger) earlier this year, along with the realisation that, as a Supervisor, you don't have to know the answer every time. In essence, Supervision is about enabling the supervisee to focus on the work (ie the interaction) between the supervisee and their client, what is going well and what can be improved.

The bottom line is that Supervision will help ensure that the practitioner is working safely, ethically and in line with their modality. This is part of our duty of care, and it enhances the standing of hypnotherapy in the eyes of the general public, some of whom still struggle to take us seriously.

Being a therapist can feel like a lonely career choice at times. Having someone to talk to in a supportive, solution-focused way can help to keep you going when times are tough. It isn't all about problem-solving, though, as having someone to celebrate with when things go well, as they often do, is also great for the practitioner (and the Supervisor).

Group Supervision, particularly, can be marvellous for allowing practitioners to encounter situations through their

fellow supervisees before they experience themselves in the consulting room.

* My current Supervisor is Lisa Williams.

Q. What do you enjoy most in your role as a Supervisor?

While I have been a hypnotherapist for 13 years, I am a relative newcomer to Supervision, so after each session I feel I have learnt so much from my supervisees, which I hope will always be the case.

It is wonderful to speak to a supervisee who leaves Supervision sessions armed with new tools to assist a client after feeling totally 'stuck' beforehand. I should add that it is great when the supervisee returns at a future session to reveal the progress made. I feel that I am not only benefiting the practitioner, but all the clients they meet throughout their career.

In group situations, I ensure that all participants' contributions are valued and encouraged, regardless of their level of experience. This gives a safe space for new practitioners to give their opinion, which can be invaluable for all.

In short, I enjoy helping supervisees to tap into their expertise in their work with their clients. In the consulting room, I've always thought that therapy should be enjoyable, and I approach Supervision in the same way. It shouldn't be a chore that you have to do simply to fulfil your obligations, but an integral part of your practice.

Finally, some feedback from 'L':

'As a supervisee of Paul's, I not only get invaluable guidance, I feel respected and safe. Good Supervision is perhaps one of the most important aspects of being a successful and competent hypnotherapist. To be listened to, really listened to, with respect, is what I have found to be so important in my Supervision sessions. It paves a way for us to explore what can work for us, as practitioners, in order to help our clients. I always leave my time with Paul having had my best hopes met. Supervision for me is not only key, it is an enjoyable and inspiring process with Paul for my ongoing professional development and growth.'



About the writer:

Paul Hancocks trained at CPHT Bristol under the legendary David Newton and inspirational Susan Rodrigues. Together with Lisa Williams, Paul runs CPHT Hampshire. Paul offers one-to-one as well as group supervision via face-to-face, phone, email and Zoom.

Super Support

Super supporter: Andrew Jamison, AfSFH Supervisor

Q. What do you feel are the greatest benefits of attending supervision?

To me the greatest benefit comes from finding direction with clients. We can all sit with issues pertaining to clients, and what to do next. I used to sit and mull issues over for days at a time! We can ask other colleagues and even start looking for advice on forums (perish the thought). Supervision is the most effective way to help here. To me the greatest benefit is having that sounding board, that experienced practitioner to spend protected time with. Early on in my career I can remember speaking with my Supervisor and explaining a particular case. I still remember to this day that lightbulb moment, when the advice being reflected to me, and how it made complete sense, helped me identify what to do next.

This feeds into the second greatest benefit from having Supervision, which to me is that increasing level of confidence. As you become more experienced from having regular Supervision, this then can equip you with the tools to deal more effectively with clients as they present themselves. This increases your confidence. We can all read books and attend courses, but increasing your confidence is something that is more of an introspective journey. Effective Supervision has a direct impact on increasing your confidence, I can speak from experience!

The third greatest benefit to me would be keeping up to date with changes to practice. Solution Focused Hypnotherapy, like all modalities, is constantly evolving. Just because we have been taught a particular way does not mean that it stays static. During group Supervision there was always space made available for changes to practice, where new ideas could be disseminated and made sense of. I have also found that Supervision can really help you to ensure that you keep things pure. It's easy to get into bad habits (especially after we qualify). There's a reason why we do things the way we do, especially in the use of the Miracle Question. Talking things through with your Supervisor can ensure you're using the tenets of solution-focused work properly, and for the best benefits of the client.

The fourth greatest benefit to me is that development in terms of building your business and expanding your skill set. My Supervisor is always helping me develop my business in terms of my advertising, or what I need to do in reaching my goals. These goals can be in terms of my knowledge and skills, and to help identify any CPDs that will help enrich my practice. Depending on your arrangement with your Supervisor, you can have a way of getting that help in between regular Supervision. I know I have had that 'What do I do Now?' crisis, either from speaking to a new client or from a curveball being thrown into a session. Being able to contact and speak with my Supervisor

outside of planned sessions has really helped me to shape my skills and practice in real time.

Q. What do you enjoy most in your role as a Supervisor?

The most enjoyable aspect of this for me is seeing the progress of my supervisees, both in terms of their business and their role as practitioners. I can recall multiple moments when supervisees have had lightbulb moments and identified for themselves what they need to do next in terms of direction of cases and their business. Good Supervision should be non-prescriptive – we all have the answers (somewhere!) inside ourselves. Being a Supervisor can be very rewarding when a supervisee is unsure and perhaps a little stressed about a certain case; that feeling of seeing somebody leaving the safe space of Supervision in a different place to where they started is highly rewarding. Everyone I supervise will have different levels of experience, and, to a degree, different levels of enthusiasm. I enjoy the challenge, and the experience of working with such a diverse range of people. Being a Supervisor means I must keep myself up to date with current best practice, and Supervision is a way of sharing that knowledge with my supervisees, so this is a win-win for me. Supervision to me should never be about ticking a box. If that's all they're doing it for, change your Supervisor! Supervision should be above all about growth, but that does not mean that the Supervision I have had has been plain sailing. There have been times when, within the safe space of Supervision, I have had to challenge myself and the way I do things. That is what growth is about, after all. One of the core tenets of our work is relationship-building and rapport, and I enjoy nurturing positive, therapeutic relationships with my supervisees. I believe having this sound foundation is important to ensure effective Supervision. I would say the quality of your relationship with your Supervisor also has a direct impact on what you get from it. You don't have to just have one Supervisor; I know plenty of practitioners who use different Supervisors or rotate round them. I would encourage everybody to experiment a little here, we are paying for it after all!

Good Supervision gives us support and can motivate and inspire. It helps us consolidate our practice. It can be the difference in getting the next referral from a satisfied client's friend, or their Aunt Ethel!

Finally, some feedback from Jenny:

'I had numerous Zoom Supervision sessions with Andrew, and he assisted me with one of my clients, a teenage girl, who started to show signs of an eating disorder. He competently guided me through some useful strategies to use with her which really helped my client. This is one of many client issues I discussed with him.'

'I was also glad to discuss with him around my own worries/concerns with Covid, regarding keeping my business afloat here in N Ireland. He encouraged and reassured me and really helped me to remain positive that I would get through it.'



About the writer:

Andrew has a practice in Northern Ireland. He is an assistant lecturer with CPHT Belfast. Andrew offers individual and group Supervision sessions in person, as well as sessions over the phone or Zoom.



Music and the brain

By Trevor Eddolls

Why sax and violins are good for you!

Almost everyone likes music, and many people find themselves humming a tune to themselves when doing some boring tasks. People have a favourite genre of music, and many couples have 'our song'. But why do people like music and is it good for us?

What's happening in the brain?

Like all sound, music is heard by the ears and converted to electrical messages that go along nerves to the brain. Once in the brain, music seems to be 'decoded' by many different parts of the brain. The part of the brain associated with sound is the auditory cortex, which is located at the upper sides of the temporal lobes of the brain on both sides. The auditory cortex is divided into the core, the belt, and the parabelt.

So, what's going on in the brain when it hears music? The auditory cortex is stimulated, as we said, in addition, when listening to emotional music, the parts of the brain involved in emotion are activated and become synchronized. Music also activates a variety of memory regions. In addition, music activates the motor system. This, it has been suggested, allows us to pick out the beat of the music before we start tapping our foot.

Talking of which, music will usually have a rhythm, ie a pattern of beats or sounds and silence (rests). These are recognized

by the belt and parabelt. When a person creates a rhythm by tapping or banging, the motor cortex and cerebellum are also involved.

Pitch refers to the frequency of a sound. Tone refers to the colour or timbre of a note. It can be described as warm, strident, rich, etc. The brain uses the auditory cortex to recognize and understand pitch and tone. The auditory cortex also analyses a song's melody (defined as a satisfying sequence of notes) and harmony (defined as notes and chords that sound good together). The cerebellum and prefrontal cortex may also help with this.

The brain also seems to anticipate what will happen next in a tune and is pleased when it is surprised by smart quirky changes. It's the prefrontal cortex that's used for this analysis. The brain also remembers music. People can often recognize tunes after only a few notes (beating the intro!). The hippocampus is responsible for processing information that is stored in long-term memory.

When people read music, play an instrument, or even dance, the parts of the brain that are used include the cerebellum, the motor cortex, the sensory cortex, and the visual cortex. As mentioned earlier, the other thing about music is that it can trigger feelings. There are three areas of the brain associated with these emotional responses. They are the nucleus accumbens (part of the basal ganglia), the amygdala, and the cerebellum.

Mas-Herrero *et al* in an article entitled “Unravelling the Temporal Dynamics of Reward Signals in Music-Induced Pleasure with TMS” in the March 2021 issue of the *Journal of Neuroscience*, found that communication between the brain’s auditory and reward circuits is the reason why humans find music rewarding. Using fMRI scans, they found similarities between how the brain’s reward circuits processed music and other rewards such as food, money, and alcohol. When they excited the reward circuit prior to playing music, it increased the pleasure participants felt listening to the songs. If they inhibited the reward circuit, participants felt less pleasure. These induced pleasure changes were linked to changes in activity in the nucleus accumbens.

Various studies have shown that all people, including non-musicians, have some musical ability. Koelsch *et al* (2000) found that the human brain extrapolates expectations about what notes are coming next and these predictions are consistent with music theory rather than random. Koelsch *et al* (2002) also found that people can still hear music even when they are not paying any attention to it.

The right hemisphere of the brain seems important when listening to music. Stewart *et al* (2006) found that lesions following cerebral damage led to impairments in the appreciation of pitch, timbre, and rhythm. And brain imaging studies by Blood *et al* (1999) found that the right hemisphere is preferentially activated when listening to music in relation to the emotional experience, and that even imagining music activates areas on the right side of the brain.

Is music good for you?

So, what are the benefits of listening to music? A 2020 survey by the American Association of Retired Persons (AARP) on music and brain health found that:

- People who listened to music had higher scores for mental wellbeing and slightly reduced levels of anxiety and depression compared to people overall.
- Also, 69 percent of survey respondents who go to musical performances rated their brain health as ‘excellent’ or ‘very good’. This compared with 58 percent for those who had been in the past and 52 percent for those who never attended.
- Additionally, 68 percent of respondents who reported often being exposed to music as a child rated their ability to learn new things as ‘excellent’ or ‘very good’, compared to 50 percent of those who were not exposed to music.



- Adults without exposure to music early in life, but who currently engage in some music appreciation, scored above average for mental wellbeing.
- Active engagement with music, including people over 50, was associated with higher rates of happiness and good cognitive function.

It’s suggested that because music activates so many brain regions and networks, it keeps the connections between those neurons connected (Hebb’s Law). This includes the networks involved in wellbeing, learning, cognitive function, quality of life, and happiness. Although the results are very positive about music and did involve over three thousand responses, it’s worth noting that it was only a survey of people’s opinion rather than an objective measurement using an MRI scanner, for example. And the results are only correlations rather than proof. Other factors may have been at work when the youngsters were being exposed to music as children.

According to neuroscientist Kiminobu Sugaya, music can:

- Change your ability to perceive time
- Tap into primal fears
- Reduce seizures
- Make you a better communicator
- Make you stronger
- Boost your immune system
- Assist in repairing brain damage
- Make you smarter
- Evoke memories
- Help Parkinson’s patients.

There’s also evidence suggesting that music can decrease seizure frequency, stop refractory status epilepticus, and decrease electroencephalographic spike frequency in children with epilepsy. Research also shows that listening to music can reduce anxiety, blood pressure, and pain as well as improve sleep quality, mood, mental alertness, and memory. It can also help keep off the effects of ageing. For example, giving 13 older adults piano lessons improved their attention, memory, problem-solving abilities, mood, and quality of life.

People often listen to the same songs and genre of music as they did in their teens and 20s. It's suggested that new music challenges the brain, which has a positive effect on the brain.

Interestingly, Berthold-Losleben *et al* (2021) wrote in BMC Journal about the effects of a short-term musical training on implicit emotion regulation. They investigated whether, in a controlled environment, music could change people's emotional responses to unpleasant smells. They found that listening to music twice a day for three weeks can reduce negative emotions elicited by a bad odour, particularly if one hears music again. So, basically, music could improve wellbeing and help people to regulate negative emotions elicited by an external stimulus.

Why do we like music?

I guess the big question is "why does music play such a big part in human life, compared to, say the great apes?" One suggestion is that the evolution of humans involved the growth of groups of people, and this required some form of communication. It's been suggested by Susanne Langer (1951) in her book *Philosophy in a New Key* that music provided a way to communicate emotions and feelings when there weren't the words available. Music allowed connotational communication (feelings) before the denotational (a fixed literal meaning) language of words was available. That's why brains are still wired for music.

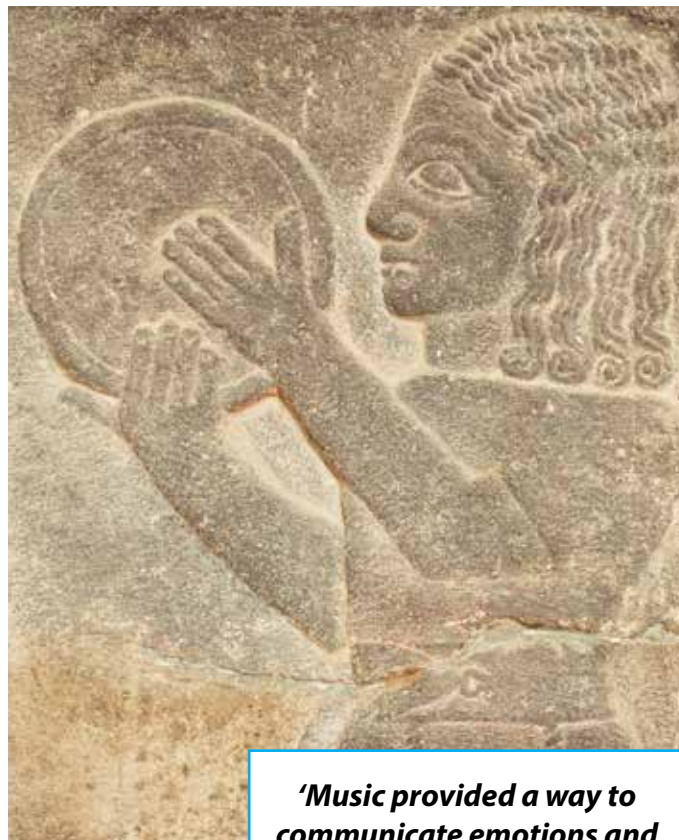
Interestingly, the sound frequencies used by parents to sing to babies and motherese (child-directed speech), with its exaggerated intonation and rhythm, are very similar to those traditionally used by composers in their melodies.

Finale

It seems that the human brain is wired for music. And the auditory cortex connects to many other parts of the brain. So, when we hear music, we can remember events from the past and feel emotions. It also seems that listening to music stimulates our brains in a very positive way making us happier, more alert, and generally feeling better. In addition, it seems humans have been responsive to music since the earliest times in their evolution. There's no doubt that listening to music is a positive activity ... and something we and our clients will benefit from.

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'Music provided a way to communicate emotions and feelings when there weren't the words available.'



About the writer:

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



To do or not to do? A metaphor

By Andy Hill

We all know that providing a good service to our clients and seeing them experience such positive changes takes a lot of time, effort and commitment on our parts in addition to our home, family and other lives. The following metaphor is offered as light relief – both as a reflection of a tendency we all see in others, and as a reminder to look after ourselves.

'What time is it?' asked The Hare, urgently galloping through today's 'to do' list.

'It depends,' said The Voice.

'Depends on what?' asked The Hare.

'It depends on what sort of time you are referring to,' said The Voice. 'If it were Bumble Bee time, then it would be 70 generations ago. If it were Hummingbird time, it would be ... yesterday at 3.40pm in 1974. If it happened to be Cat time, we would be 31 and three quarters. You really need to be more specific, you see. If it were Oak time, our hearts would beat once a day for 1,000 years and we'd be at the beginning (imagine such a heartbeat ... like a slow tide, what a luxurious pace to take things in!). And yet, if it were Moon time, or Sun time we would be in ... Long Time.'

'I really haven't got time for all this nonsense,' said The Hare. 'I need to get through my "to do" list so I can rest. Please tell me, which time is best for me to use?'

'What sort of "to do" list do you have?' said The Voice.

'What do you mean?'

'Well, is it a stationary "to do" list or a perpetual "to do" list? It makes a big difference you know. A stationary list stays still long enough for you to get to the end, whereas a perpetual list adds more items to the end as you complete tasks at the beginning. It's perpetual, you see, never ending.'

'Well in that case,' said The Hare, 'I definitely have a perpetual "to do" list. I can never get to the end, which is why I am so ... very ... tired ... and ... I find it difficult to sleep.'

'In that case,' said The Voice, 'you'll be needing one of these.'

'What is "one of these"?''

'It's a Stepper-Offer 250. It is the only way to solve your problem.'

'How does it work?'

'The instructions are fairly straightforward,' said The Voice. 'Let me show you.'

'You first switch that red toggle switch to the left and select Rest (if that's what you want – some people don't) or switch it to the right to Keep Going.'

'If you truly want to rest, turn it to the left, count to three and step off the list escalator in your mind. To step off, you simply pay attention to the One Thing that is really very important to you, and you jump into it with your imagination, fully in the moment. You can close your

eyes if you prefer. Once you've stepped off, you'll be able to see the escalator for what it really is. Then, and only then, can you decide what sort of time you'd like to be in.'

So, The Hare thought long and hard, about his nature, his habits and his way.

Should he switch to the right and Keep Going? Or should he switch to the left, submerge his thoughts into what matters most and really see the sky?

Only time will tell ... will it not?



About the writer:

Andy Hill is based in Somerset and qualified as a Solution Focused Hypnotherapist with CPHT in Plymouth in July 2020. He describes the course as 'life-affirming with a miraculous, healing quality,' and has since named his primitive brain Cyril.



Meet the Member:

Getting to know the AfSFH Head of Membership, Claire Corbett

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

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

I see myself as the interface between the AfSFH and its members. My job is to process applications quickly and help members out with any membership issues efficiently, so that they can enjoy the benefits of their membership. I aim to make things as smooth as possible for members so they can get on with the more important tasks of running their businesses and seeing clients.

What attracted you to work as a Solution Focused Hypnotherapist?

My first experience with hypnosis was when I was pregnant and I did a Hypnobirthing course. I found it changed not only my views towards pregnancy and birthing but also towards life in general. As a result of what I learned I felt generally calmer, more pragmatic, and able to cope better with the ups and downs of life. Redundancy prompted a bit of a life change. As a mum of a then 2-year-old I saw this as an opportunity to

do something that would allow me more flexibility and freedom, so that I could prioritise family life.

Still motivated by the Hypnobirthing course, I looked into training as a Hypnobirthing teacher. Through my research I discovered Solution Focused Hypnotherapy. I found a Clifton Practice Hypnotherapy Training course that was starting in a few weeks, and which would mean that I could complete most of my training whilst still employed. After the first day of training I was hooked, and have never looked back.

Why is the AfSFH important?

I think the AfSFH is so important for its members because it provides that extra layer of safety and security and is a bit like a virtual network or team. Working as a self-employed hypnotherapist can be a lonely business, especially when newly qualified, as you leave the safety of the CPHT nest and fly out in the world. The AfSFH is a great source of support, whether it be through clarification of standards or policies (such as a lifeline during Covid), inspiration for marketing, being able to access the closed Facebook group, or building knowledge through the blogs and journals. It means that members are not alone as they are part of this 'gang' and can always get the help and support they need.

It also means that clients can be sure that hypnotherapists who are members of the AfSFH are following the highest standards of professional conduct.

What is your background?

After finishing University, I joined Lloyds Banking Group on a graduate training programme. I worked my way around various departments from Business Banking, Service Management and Product Management until I eventually found myself in the world of Change Management. This is where I spent most of my career in a variety of roles within Project Management, ending in Portfolio Management where I was responsible for managing a team of project managers and prioritising and allocating the portfolio of work.

What motivates you?

I think what motivates me has changed as I have gotten older, or maybe it's the 'Solution Focused-ness' in me. I would have said for many years that I was motivated by success, and so was always driven to do well at school: work hard, get promoted etc. But that always left me with the constant need to be doing more and not 'settling'.

Now what motivates me is happiness. My family is the most important thing in my life and if we are all happy and healthy, that is all I need. For me there is no feeling that compares to seeing the joy on my son's face when he is happily running around enjoying life, so I am motivated by creating a nurturing and happy home environment.

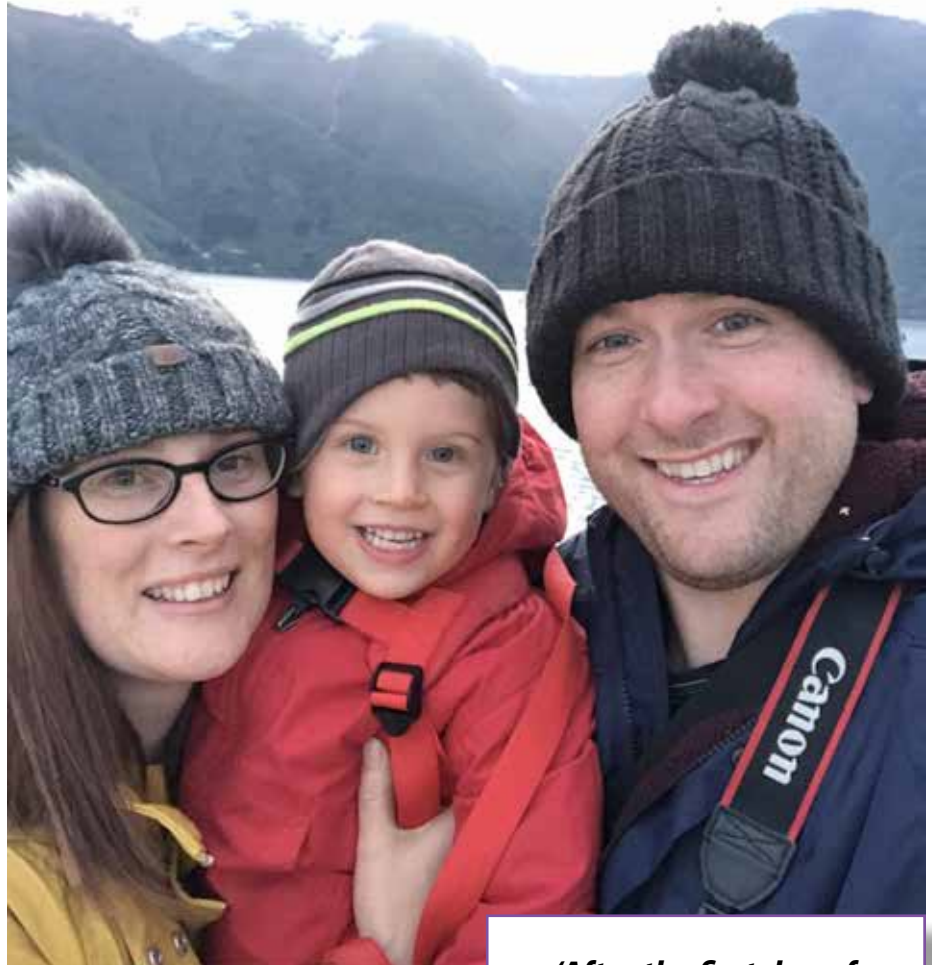
What do you like to do in your spare time?

My weekends are spent in a variety of child-friendly activities, visiting parks, farms or soft plays, but I love the times when we can do something as a family and let our hair down the most.

I started learning the piano last year before lockdown and have continued having online lessons throughout. It's certainly not easy and I am definitely not going to be putting on a performance any time soon, but I am much improved from my one-fingered *Twinkle, Twinkle Little Star* when I first started.

I also love theatre – both watching and performing. I am a member of a local theatre company, but a combination of motherhood and Covid have meant my stage time has been limited over the last few years.

My favourite way to wind down though (and what I look forward to all week) is



'After the first day of training I was hooked, and have never looked back.'

my Saturday nights in with my husband after my son has gone to bed ... PJs on, nice food, Saturday night TV or a film, a glass of prosecco and chocolate – heaven!

What have been the highlights as a SF Hypnotherapist so far?

For me, the highlights are always when you can see the lightbulb moment when a client 'gets' it; when they start to realise what they need to change or when they realise how well they have already done. I love seeing how clients improve week by week. Two recent highlights stand out for me though: a lady with severe driving anxiety, who would only drive to and from the station car park, happily drove from Newport to Abergavenny without any issues after a few sessions. Also I saw a little boy with a dog phobia – his mum sent me a picture of him stroking his nan's dog.



“Do No Harm”:

Safeguarding, Supervision and Ethics

By Jane Pendry

On 17th July 2021, Amelia Tait in her Guardian article: *‘It was devastating’: what happens when therapy makes things worse?* writes: ‘One 2016 survey led by the Royal College of Psychiatrists found that one in 20 people reported “lasting bad effects” from their therapy, with people from minority-ethnic and LGBTQ+ backgrounds more likely to encounter these problems.’

I read this hot on the heels of listening to the podcast, *The Shrink Next Door*, about psychiatrist Dr Isaac Hershkopf, who took over a client’s business, home and life, coercing and controlling him over many years.

Then, I learnt about psychotherapist, Dr Felix Polk, whose wife – his client from age 15 – killed him. She had been hypnotised and controlled by him throughout her married life.

All a bit extreme, I agree, but I was reminded of the potential therapists have to do harm.

Training, Accreditation and the AfSFH Code of Ethics

We are confident in our training, our accreditation and our sound AfSFH Code of Ethics. But have you ever gone *off piste*? Be honest! Have you ever inadvertently expressed a bias or a prejudice; made a judgement; given unwanted advice or failed a client in some way?

By creating strong ethical guidelines, the AfSFH has taken the horse to water. But neither Supervisors, nor the AfSFH, can make us drink. We have to take personal responsibility, ensure we understand the Code of Ethics, and continually reflect on our practice to ensure it is safe.

Overstepping the fine line

Despite taking care to work within the bounds of my knowledge, I sometimes worried that I was overstepping a fine line. As my practice has become more niched – I specialise in anxiety, complex phobias and trauma – I was feeling more concerned about safeguarding, boundaries, and the limits of my experience. I thought it would be helpful to chat my concerns through with a Supervisor.

I very much looked forward to my next group supervision session, however I knew that, dealing with more vulnerable clients, my duty of care would need to be higher. I found my first supervision session with Trevor, AfSFH Supervisor and the AfSFH Head of IT and Social Media, was hugely helpful in answering these questions:

- Did I offer an interpretation or analysis when that's not part of the solution-focused approach?
- Did I suggest a client might be grieving rather than ask questions to help them discover this for themselves? Why might that be problematic?
- Did I inadvertently show surprise at something a client said, which may have been read as a judgement? What would be the potential harm of doing so?
- Did I express an unhelpful bias or react to a stereotype rather than the person? Why might that be damaging or hurtful to the client?

Trevor helped me identify where the boundaries should lie, distinguishing between humour and warmth with a stable client with whom I have rapport, and an unhelpful judgement or opinion. He explained that we learn so much from our clients' reactions and comments, and that we do need to consider context.

By talking through my concerns, I was able to clarify where I needed to tighten my practice, and where I was doing well – this gave me so much more confidence.

Sticking to our Knitting

Solution Focused Hypnotherapy is usually a very safe process. What came out of my discussion with Trevor is that the more we 'stick to our knitting', the safer it is. At times, we might add in helpful details from our CPDs – explanations about the vasovagal theory or trauma perhaps – but we take care not to give 'advice'; nor do we analyse or interpret clients' symptoms or the cause of their problem.

Bill* was a vulnerable client who kept asking my opinion on what was wrong with him. I consistently replied with something like, 'I am not qualified to make that assessment nor to help you interpret the past. I can help you relax, become calmer, and I can ask you questions that help you find your own solutions.' After a while, thankfully, Bill trusted the process and is now making great progress.

CPDs do not make us experts in other modalities

A CPD in mindfulness, or vasovagal theory, or coercive control, doesn't make us an expert in these areas. CPDs inform, underpin or reinforce our practice, and perhaps add 'do no harm' tools that complement our practice, eg simple breathing or mindfulness exercises that the client can take home. The potential issue of giving advice based on a CPD was brought home to me recently. Gill*, a client with a needle phobia, asked if I thought she had an issue with the vasovagal response. I explained that, while symptoms indicated that it was a possibility, she needed an opinion from a medical professional. I am glad I did. My client discovered that the usual



NHS advice of drinking electrolytes or eating chocolate before an injection was not advised for the Covid-19 vaccine. In this case, it would have likely led to a bad headache!

Signposting, Guiding, but not Advising

Sometimes clients ask for information to help them understand their issue or problem. Rather than advise, I have learnt to ask questions like: 'Where might you look for information that could help you understand what happened in your marriage?' and 'If you understood what had happened, how would you know that was helpful?'

Occasionally, I signpost clients to reputable sources. Valerie* recognised she had suffered from domestic abuse but said 'It really wasn't that bad.' She was struggling to understand what had happened and to imagine a future. I signposted her to reputable sites and charities (eg the Government site on Domestic Abuse). I made it clear I wasn't recommending any sites (as I was no expert), and could not be sure whether they might be helpful, but that they were a starting point. Valerie soon started doing her own research and concluded she had been a victim of coercive control. By putting her past in perspective, she was soon able to take a more active part in Solution Focused conversations and to move forward.

Managing Bias and Avoiding Assumptions

Listening to and responding to our clients is an essential part of the SF approach. In her article, Amelia Tate explains how one therapist persisted in calling a female client's partner He or Him. Her partner was a woman. Even when this was pointed out several times, the therapist persisted. The client felt unheard and harmed by the therapist. By sticking to the SF process and

being mindful of our prejudices – apologising and addressing issues like this swiftly – we can rebuild trust and move on. The key to ‘doing no harm’ here is to listen to the client and to be sensitive to what matters to them, without judgement. My Facebook friend Shelly* explained that, when her counsellor used the phrase, ‘Everything happens for a reason’, it made her ‘feel horrible’. Shelly told me, ‘I addressed this with my therapist, and she apologised and we worked through the feelings I had. I don’t think the pain I went through was meant to be or had happened “for a reason” ...’ Luckily, Shelly’s therapist saw the conversation as a learning opportunity; she should not assume that what she had found helpful, would be helpful to her clients. This is a wonderful example of self-reflection that reminds us that we continuously learn from listening to our clients.

Mental Health Issues and Safety

Working with clients with mental health conditions requires an even higher ‘duty of care’. In my initial consultation and on my website, I explain: ‘If you are under the care of a psychiatrist, please consult them before having any complementary therapy to support you with enduring mental health issues.’ My consent form includes the same statement and elaborates on the sorts of mental health issues that might be contraindicated. I ask for permission to write to relevant medical professionals, if relevant. I don’t ask for the exact diagnosis (clients usually volunteer it though).

An email from a psychiatrist or medical health professional, the contact details of the Community Psychiatric Nurse and another emergency contact reassure me that I can contact professionals if something changes, eg I suspect my client is not taking medication or is showing signs of psychosis (which has happened). My consent form also makes it clear that I will do so if I believe my client is a danger to themselves or others.

Advice or Signposting?

I also discussed the issue of inadvertently giving advice with Trevor. Recently, my client James* said: ‘Thank you for the advice. It was really helpful.’ Oh dear! With Trevor, I reflected on how thoughtful questioning could have led James to solve the problem himself. I then thought about what solution focused questions I might have asked: ‘If you were able to grieve your father as you remember him before Alzheimer’s, how might it help you deal with his condition now?’ and ‘If you were to know how to grieve, how would you know it was making a difference?’ This line of questioning would likely lead to many potential solutions other than the one I inadvertently gave (luckily it worked out for James, but it might not have done). Asking the right questions protects clients from any inherent bias, potential judgement or lazy assumptions.

The Problem with Social Media

The Guardian article also mentions a hypnotherapist who breached an ethical guideline by muddling his personal life with his professional life on his social media sites. As we increasingly use social media to promote our work, the boundary between our profession and our personality can stretch a little thin. That requires an extra layer of watchfulness.

‘The key to “doing no harm” is to listen to the client and to be sensitive to what matters to them, without judgement.’





The Joy of Solution Focused Hypnotherapy

The joy of Solution Focused Hypnotherapy is that it is less open to abuse than some other talking therapies. In Solution Focused Hypnotherapy, what a client discloses is up to them. There's no digging or prodding. No value judgements. No labels. There's no analysis, diagnosis, or interpretations. The structure of the solution-focused approach allows the client to retain personal agency – control over decisions, choices and outcomes.

The AfSFH Ethical Guidelines

I recommend reading the AfSFH ethical guidelines prior to supervision sessions so you can reflect on the safety of your practice. Focus on those 'woolly areas' that you feel most unsure about. It's well worth the time and you can never read them too often. Amelia Tait's Guardian article reminds us that even trained and accredited therapists can breach trust, and demonstrates how prejudice or bias can impact negatively on our clients. She reminds us that therapists are all too human. How do we keep our clients safe? Stay humble. Keep learning. Keep discussing safeguarding and the AfSFH Code of Ethics with your Supervisor.

*not the client's real name.

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'I was able to clarify where I needed to tighten my practice, and where I was doing well – this gave me so much more confidence.'



About the writer:

Jane Pendry trained with CPHT Oxford and works online across the UK, Europe and the USA in unregulated states. She focuses primarily on anxiety and complex phobias, especially emetophobia, and trauma.



Shout it from the rooftops!

By Sally Hare

I'm so excited to be settling into the new role of Head of Communications at the Association for Solution Focused Hypnotherapy (AfSFH). The post has two priorities.

Supporting and informing our members

The first is supporting our members, and an important part of that is curating this fine journal – bringing you engaging and practical articles and information to support your careers in Solution Focused Hypnotherapy. Expect a survey or two landing in your inbox to find out how you see Hypnotherapy Today developing soon! We're also working on redeveloping the AfSFH website, to make it more dynamic and user-friendly: a welcoming, informative first point of contact, a comprehensive, more visible, therapist directory, and an even more useful members' resource.

Spreading the word

The second priority is spreading the word about the AfSFH. We're looking to inform potential members about the benefits of joining – how the Association offers ongoing support and a set of standards and guidelines to ensure best practice, in turn reassuring potential customers that they are in professional hands. We'll be developing information packs, videos etc to inform students and practitioners of what they can expect from their membership subscriptions, and the benefits of being part of our brilliant SFH community.

We're also exploring ways to spread the SFH word to the public as well as to other professional organisations – to get our important message to the widest possible audience and dispel the myths and assumptions made about hypnotherapy in general, and our fantastic SFH branch of it in particular. The world needs to know how powerful a therapy this is! In this current acknowledged mental health crisis, why are some of us struggling to find customers when we know we can make such a positive impact on people's lives?

We know we're onto something special

Confession time: I'm a fairly recent graduate of the Clifton Practice – a lockdown student! What I lack in experience, however, I make up for in zealotry. I vividly remember Susan Rodrigues delivering that lecture on how the brain works – the basis of the Initial Consultation – in week one. When I first heard about the caveman and the polar bear my own challenges suddenly made so much sense. Now, when I see customers go through that same moment of realisation during the Initial Consultation, I feel fired up to spread the word far and wide ... why isn't this stuff in the National Curriculum? Surely, it's more relevant than learning about the development of oxbow lakes? (Apologies to any geographers out there, but you know what I mean.) I never tire of spreading the SFH word. In training, one of my guinea pigs was a mental healthcare professional who works very much at the sharp end of things, with clients at risk of suicide. I was a little nervous and

apologetic about giving my spiel. It was, I was sure, a granny/egg-sucking situation. Afterwards, they said they had never heard the brain's workings described in that way before and said they would use parts of what I had said with their own clients. And that's before the Solution Focused Hypnotherapy got going. This is powerful stuff – and more people need to know about it.

In my evolving career as a SF Hypnotherapist, I've already seen more than enough evidence of how this approach benefits customers – and the advantages it has over 'traditional', problem-focused approaches. One person I worked with was making steady, impressive progress with their anxiety and resultant unhelpful coping mechanisms. They were in a stronger, more positive, forward-looking place ... until they took advantage of a free traditional counselling scheme. The change in their attitude between our sessions, before and after the counselling, was marked. Suddenly this brave, resourceful, determined individual was listing all the things they struggled with, how their childhood had affected them, and why they weren't coping ... because, suddenly, in their opinion, they weren't coping again. By the end of their session, I had gently reminded them of all their strengths and resourcefulness, and of how far they had come by using that resourcefulness and focusing on looking forward. We were back on track, but I'll confess a little caveman-like anger at how that problem-focused counselling had negatively affected them (kept to myself, of course!).

Getting our light out from under that bushel

I'm preaching to the converted, I know. You'll all have similar experiences of helping people move to better places in their life, and the wonderful moments that make this such a rewarding career. I guess that's the point – we need to get the word out to those who've not heard of SFH, and to those who think of hypnotherapy as a limited approach for specific problems. (Yes, it can help with weight management, nail-biting and fear of heights, but isn't it so much more?) Let's be solution focused here! We've all come to SFH from different lives, different careers. Together we have the resources to get our message out there, raise our profile, get us into the therapy mainstream. Another survey alert – for a skills bank, so we can create a pool of volunteers ready to further our cause. If you're happy interacting with the media, writing articles, talking to the public etc, get your name down. What other experience might you have that can get the SFH message out there? Don't be shy! We have lots of plans moving forward, and all of us can play our part in getting the word out. If you're feeling fired up you can contact me now at comms@afsfh.com.

Let's aim high. Let's aim for Solution Focused Hypnotherapy to be the hot new topic lighting up the media; to be the therapy everyone's talking about; to be the therapy people consider alongside the 'biggies'. Let's aim for the solution-focused approach to become the norm for therapy. Together, we can work towards that becoming a reality – and enjoy the resultant boost to our customer base. Who's with me?



'Let's aim for Solution Focused Hypnotherapy to be the hot new topic lighting up the media.'



About the writer:

Sally Hare is Head of Communications at the AfSFH. She lives in Bristol and is currently building her hypnotherapy practice there, and online.

All about you!

Over the course of the pandemic, many of us have adapted our way of working, and our use of online applications may have increased. As we move forwards, we sent out a survey to ask members about their social media use. This is what we found:

Survey results...

Firstly, we asked members which social media platforms they utilised regularly for personal use. Of those who responded, 90.6% said they used Facebook, followed by Instagram (50%), Twitter (28%) LinkedIn (25%) and YouTube (21.8%). Other platforms that members said they used included TikTok, Reddit and Nextdoor. We then asked members which online platforms they used for their hypnotherapy business:

Q. Which social media platforms do you use/post in for your Hypnotherapy business? (Multiple selections possible)	Response rate (% of all votes)
Facebook	87.5
Instagram	43.7
LinkedIn	34.3
Twitter	31.2
YouTube	12.5

An additional platform mentioned was Reddit. When then asked which social media platform had yielded the most new clients, Facebook was voted for the most (56%), with Twitter and LinkedIn also selected (3%). However, some of those who completed the survey (37.5%) said that no specific social media platform use had led to an increase in clients. We then asked how often people posted in social media for their business:

Q. How often do you post on social media for your Hypnotherapy business?	Response rate (% of all votes)
More than once a day	3
Once a day	12.5
Once a week	12.5
Once a month	9.37
More than weekly	21.9
More than monthly	21.9
More than yearly	9.53
Less than yearly	3
I don't use social media for my business	6.3

We also asked how members interacted with technology for their AfSFH membership. Of those surveyed, 75% of members said they used PayPal to pay for their membership subscription, with the rest using a bank transfer. When asked about receiving the AfSFH newsletter, 45% said they read it immediately upon receipt, 34% said they read it eventually, and 21% said they glanced at the main content first before reading thoroughly later on. No one said they just deleted it when received, which we are very glad to hear!

Thank you to everyone who took part in the survey – it will help us to shape our online strategies and communications as we move forward.

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

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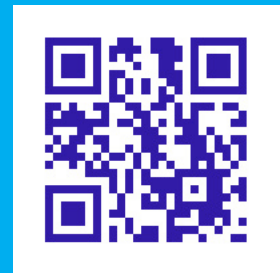
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Help us continue to spread the SFH word!

Join us on Twitter: @afsfh

We are now on Instagram!
Follow us: @afsfhofficial

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



If you are a Registered member, or a Student in your 8th month of training, you can also join the closed AfSFH Facebook group at: www.facebook.com/groups/Afsfh/. Once we receive your request to join, we will verify your membership and add you to the group!



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Committee Members



Chair and Trustee: Susan Rodrigues

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



CEO and Editor: Helen Green

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

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Head of Finance: Sacha Taylor

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

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Head of Communications: Sally Hare

Sally is a graduate of CPHT Bristol and has a background in writing, editing and proofreading. Training and practice experience have enthused her to spread the Solution Focused message to as wide a public as possible.

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Head of IT and Social Media: Trevor Eddolls

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

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Head of Membership: Claire Corbett

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

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Head of Professional Standards: Nicola Taylor

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

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Head of Marketing: Andrew Major

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

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