HYPNOTHERAPY TODAY

Association For Solution Focused Hypnotherapy Edition 42, Spring 2024

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Our new series on best professional practice

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Association for SOLUTION FOCUSED HYPNOTHERAPY

All about you!

Annual General Meeting (AGM)

Once again it is time to review the Association's work over the past year, and to set out the Executive Committee's plans for the future. Our AGM will be held over Zoom on 17 May 2024, and we will be pleased to announce our next cohort of Fellows from the nominations received. We will distribute our Annual Report and member's voting form prior to the meeting. This will allow members to vote on the roles held by existing Executive Committee members, as this is a requirement for our organisation. Members can vote online or nominate the Chair to vote as a proxy on their behalf. Please take the time to do this, it is an important part of being a member of the AfSFH and ensures that we will be quorate.

A recording of the AGM will be posted on our website soon after.

Our new Supervisors

Congratulations to our new cohort of Supervisors who have completed their training:

Lisa Blackwell
Katie Churms
Dawn Ibbetson
Katie Leitzell
Sharon Mortimer
Amy Odd
Lydia Offen
Jessica Townend

Reciprocal therapy: new website function

We all know how important it is to take care of our own wellbeing, and it is now easy to add or remove your details to our online list of practitioners who offer reciprocal therapy (**www.afsfh.com/self-care**).

Log in and go to 'Your AfSFH Profile'. Go to 'Edit your details', then scroll down to 'Self-care/Reciprocal listing' towards the bottom. Use the drop-down box to select 'Show' or 'Hide', and the website will update accordingly when you save.

Help us continue to spread the SFH word!

Follow us:
Twitter: **@afsfh**
Instagram: **@afsfhofficial**
LinkedIn: **Association for Solution Focused Hypnotherapy**

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 follow:

If you are a Registered member, or a Student in your eighth 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!

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

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

Email: comms@afsfh.com Editor: Sally Hare

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A Message from the Editor…

Hello, and welcome to our spring edition of *Hypnotherapy Today*.

We start with the sad news that our Chief Executive Officer, Helen Green, has decided to step down from her role on the Executive Committee after six very successful years. Helen was initially Editor of this Journal, before becoming CEO of the AfSFH on 1st June 2018. Since then, she has steered the Association through many challenges, staging our inaugural Members' Event just before the country went into lockdown in 2020. We're all so grateful for the support and guidance she gave to the membership over those difficult months. Emerging from the shadow of COVID, Helen has overseen the evolution of our new website, the establishment of our Fellow designation, and many other developments at the Association. I'm sure you will join me in thanking Helen for all the hard work she has put in over the years, and wish her well in her next adventure!

Helen is leaving us in the more than capable hands of Sacha Taylor, who until recently was our long-standing Head of Finance. Sacha introduces herself and her plans for the role of CEO on page 5, and let's all unite in welcoming her back to the team in her new role!

We've the usual mix of interesting articles for you in this issue of the Journal, and many thanks to everyone who has contributed. I'm always pleased to hear from potential contributors, so if you have an idea for an article then do get in touch at **comms@afsfh.com**. Pieces should be around 500-1,800 words long and aimed at our professional membership. They can be about anything you think will be of interest to your fellow SFHs, so do get creative! You can find more details on the website at **afsfh.com/publications-journals/**. If you have an idea for a contribution but aren't sure if it's appropriate, or how to take it further, do get in touch. I am more than happy to advise and support you to turn that spark into a published piece for a future issue of *Hypnotherapy Today*.

Happy reading!

Sally

Sally Hare,
AfSFH Head of Communications

Super support!

Super supporter: Caron Iley, AfSFH Supervisor

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 afsfh.com.

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

There are so many great benefits to attending Supervision, but the one that I think is super important is the emotional wellbeing and support element for the supervisee. Being a therapist can be a lonely job. There are so many factors to running a business, and having nobody to bounce ideas from as you would in an employed workplace setting can leave you feeling isolated and short in confidence. Our job is not something we can chat to the family or our friends about, because of the confidential nature of the role, so it can feel very isolating, and can very easily lead to despondency and demotivation.

When I first graduated in June 2018 I was fortunate to have a Supervisor who lived close by, and she held small group sessions for four of us once a month. I very much looked forward to these, as I always left with more knowledge than I arrived with, and felt recharged and raring to go! The four of us were all at differing stages of our Hypnotherapy career, either part time, full time or not really planning on practicing just yet, however we all contributed, and took something away from the session.

One of the things I stress to my students when lecturing is that, no matter what plans you have for your Hypnotherapy career, you must attend regular Supervision, especially in that first year after graduation, when you are not meeting up with your fellow students every month. You need to be a sponge, as the real learning comes when you are set up in your practice and are seeing clients regularly.

Whether you choose one-to-one or group Supervision, you will achieve the most if you come to the session prepared. Sometimes you may not have any questions regarding clients or ethics and that's OK, some will come just for the interactions with like-minded folk. I believe the biggest mistake a Hypnotherapist can make is thinking that if they have nothing to offer the Supervision session they don't need to go. Wrong! You will always learn something that you didn't know, whether from your Supervisor or from other attendees. We should be continually learning, and the best way to develop is to attend Supervision.

I must add that I don't claim to know everything, but what I will always do is go away and find out for you – my favourite saying is 'if I don't know the answer, I know someone who does.' That confidence comes from having Supervision myself on a regular basis throughout the last six years.

Regular Supervision helps you to become a confident, proficient Hypnotherapist. It helps you to develop your practice, stay in business and most importantly, stay compliant.

What do you enjoy most in your role as Supervisor?

I love watching the journey of a supervisee from graduation, to attending regular Supervision, developing confidence, and then, in time, supporting new graduates joining the group. It is very similar to watching a client develop in confidence and achieve their goals. The sense of community and peer support in our group sessions leaves us all feeling inspired and raring to go. The one-to-one sessions allow for a more in-depth conversation and personal support, which leaves the supervisee feeling positive and in control again. When we hold group Supervision I like to be mindful of the varying commitment to Hypnotherapy in practice, it is important that everyone has a voice and feels included.

Whether it be conditions we can help with, marketing tools and tips, or just to have positive interaction, group or one-to-one Supervision should leave the supervisee feeling re-energised for their craft, with a page full of notes to refer to, whether that be immediate or for in the future.

My very favourite thing is to use our solution-focused techniques to help the supervisee to come up with the answer themselves – it's always lovely to see that smile and 'lightbulb moment', when they realise their knowledge and instincts were the way to go with a client.

About the writer:
Caron currently lectures for SFTA Manchester. Her practice is in Bolton, Greater Manchester. She offers one-to-one, group, online and telephone Supervision.

Meet the CEO

Getting to know our new Chief Executive Officer, Sacha Taylor

I joined the AfSFH Executive as Head of Finance back in November 2016, and loved being part of the team. In October 2023 however, I felt the time was right to focus on different priorities, so with some reluctance, I stepped down. It seems that the Universe had other ideas for me! Getting the call to take on the CEO role when Helen Green decided to resign was a surprise, but also a privilege – I am honoured to steer the AfSFH safely through the coming years.

How do you see your role as CEO?

As an opportunity to continue the excellent work of the CEOs that have preceded me. As our membership grows, I will do what I can to get the very best out of our current Executive Team, ensuring they feel happy and supported, and this may mean recruiting additional roles. I will also prioritise finishing projects that have been ticking along recently. This will enable us to engage in new projects, potentially including another membership event in 2025. We can expect changes as we expand our membership, and ensuring our members remain happy and confident in what we do will be my priority as we navigate those changes.

Being CEO also means staying impartial, and always supporting our members in a solution-focused way. Whether it's related to website functions, marketing materials or protecting our community, it's important that I ensure we still provide the best value for money of membership organisations available to colleagues.

What attracted you to become a Solution Focused Hypnotherapist?

I first became a Hypnobirthing Practitioner back in 2012. The couples I supported were not just benefiting in relation to pregnancy and birth, but were reducing stress levels, feeling calmer, and generally experiencing an improved quality of life. One dad told me he'd stopped having panic attacks simply because of the work we were doing together, and this made me realise that there were so many more people I could help. So, in 2014, I took the plunge and trained with CPHT in Bristol. From the first meeting with David Newton, I knew I was in the right place. I realised I have always instinctively been solution focused, so quickly took on board everything we were learning, and applied it to my personal and professional life, helping me better navigate the stresses and challenges of being a working wife and mum ever since.

> ***The AfSFH provides a haven for graduates and experienced Hypnotherapists alike.***

Why is the AfSFH important?

During training, we have a safe place to learn our craft, but in any profession, when the training stops, we are generally left to forge our own career. The AfSFH provides a haven for graduates and experienced Hypnotherapists alike. It offers structure and support, including policies, information and a fantastic community where we feel connected as we evolve in our own practices.

What do you like to do in your spare time?

Being a wife and mother with two businesses to run, I don't have any spare time! However, we all know the importance of engaging in the 3 P's and I am keen to maintain mine. Surprisingly, for someone who knows nothing about football, I am the manager of my daughter's football team, and we are enjoying a fantastic season – top of our league! I enjoy reading, and mentally challenging pursuits such as crossword puzzles and suduko – anything that gives me a few moments of quiet focus helps me unwind and allows my subconscious to process all the things going on. I love socialising, spending time with friends and colleagues whenever I can.

What have been your highlights of being a SFH so far?

In a career of nearly 10 years, there have been so many! Success with anorexic, alcohol-dependent and OCD clients is particularly special because of the improvement it makes to their lives and the lives of those close to them. I have been fortunate to support clients dealing with cancer, helping them navigate their journeys with calm, proactive confidence. And I love it whenever I get a 'cheerleader' client, who loves our work together so much they tell EVERYONE – and I get lots of referrals as a result!

Informed Consent

The first in a new series
By AfSFH Head of Professional Standards, Nicola Taylor

Our Code of Conduct, Performance and Ethics has recently been updated. Over the next few issues of *Hypnotherapy Today* we thought it would be helpful to highlight key areas where there have been changes, and to take the opportunity to explore these issues in more depth.

In this article we explore item 5.1 of the Code: *Gain informed consent from your clients*, where it is stated:

You must explain to the client what you are proposing to do, your reasons for doing this and discuss any possible alternatives in a way that is easy for them to follow and understand.

All clients and prospective clients should provide fully informed signed consent prior to undertaking therapy including the Initial Consultation. This applies whether therapy is conducted in person with a client or held remotely.

So, what do we mean by consent, and most importantly, *fully informed consent*? Information sharing is key to gaining consent from your client. Your client should be able to make an informed decision about what they are participating in from the very start of their working relationship with you. In the beginning you may guide your client towards information on your website, send them your terms and conditions and privacy policy. It is also important to explain what happens during an Initial Consultation, so they know what to expect from their time with you. Informed consent, therefore, can be viewed as an ongoing process. The Initial Consultation provides the opportunity to explain what happens during further sessions so that, again, the client has enough information to know whether Solution Focused Hypnotherapy is for them.

The code states: *In order for clients and prospective clients to give fully informed consent, they must be given sufficient information to allow them to make an informed decision including:*

- *what the therapy involves (including session duration)*
- *any possible risks*
- *any more appropriate alternatives*
- *financial implications of the therapy (including possible/likely number of sessions)*
- *their right to ask questions at any time*
- *their right to discontinue the therapy at any time*
- *any involvement in a research program*
- *inclusion on mailing lists*

Why is it important to gain fully informed consent? It may seem obvious that individuals should know what they are getting into before they try something new, so that they can prepare. Your potential client may be approaching you with preconceptions about what it means to be hypnotised. Are you going to regress them

into a past life or make them cluck like a chicken? Passing on information prior to the Initial Consultation demystifies the experience for clients, and helps them to feel in control and empowered. This is particularly important for clients experiencing issues such as fear or anxiety, which are characterised by feeling out of control. Anxious clients who feel apprehensive about new situations will be reassured if they know what is going to happen. There is also the added benefit of setting the scene for your working relationship and putting boundaries in place. It should be clear what the expectations are on both sides during your time together, and providing that level of clarity from the outset avoids any later issues.

How do we know that a client is capable of giving fully informed consent? Consent should be given voluntarily (ie without pressure from family, friends or the therapist), and by a client who is considered to have the capacity to do so. Both physical and cognitive capacity needs to be considered. If you have a client with a sight or hearing impairment, think about how you will ensure the information they need is delivered accurately. You may also need to consider cultural and language differences so that there is no loss of meaning when information is translated or adapted.

For children under the age of 16 it is a given that written parental consent is in place from the outset, and this is also preferable for those aged over 16. However, you may encounter a situation where a young person doesn't have parental consent or does not wish to divulge to their parents that they are seeking therapy. Caution needs to be exercised here, especially as you are a private therapist and there is a fee involved. Most banks these days allow 16-year-olds to open a bank account without the countersignature of a parent, and in order to ensure that financial transactions are recorded it would be best to accept a bank transfer or card payment for the sessions.

> **Our Code states:** *Children over the age of 16 are entitled to consent to their own treatment if they are deemed competent to do so and capable of making a reasonable assessment of the possible implications (including UK GDPR and the content of the contract/ terms and conditions of the working relationship) and outcomes of therapy. This is known as Gillick competence. It is the responsibility of the therapist to follow appropriate guidance and information provided, for example by the NSPCC, when assessing Gillick competence.*

Taking responsibility for judging competence can be challenging, as it involves assessing the ability of a young person fully to comprehend your privacy policy, contract and any information given during the Initial Consultation and beyond. More than 'read and sign' could be required, and it may be diligent to take time and care to explain the information to the client and reiterate in adapted language where necessary to aid comprehension. You may need to redact some elements of your terms and conditions to ensure, for example, that you are not including consent to take part in a research project or to be added to a mailing list, as this would not be appropriate.

The NSPCC states that *there is no set of defined questions to assess Gillick competency*, although they do recommend considering the following:

- *the child's age, maturity and mental capacity*
- *their understanding of the issue and what it involves – including advantages, disadvantages and potential long-term impact*
- *their understanding of the risks, implications and consequences that may arise from their decision*

- *how well they understand any advice or information they have been given*
- *their understanding of any alternative options, if available*
- *their ability to explain a rationale around their reasoning and decision making.*

Always err on the side of caution to protect both yourself and the client. If you have any doubts at all regarding the competence of the young person you should not go ahead; take time to seek advice from your Supervisor or professional association.

And finally, Our Code of Conduct states that: *Gaining consent should also be in line with any additional requirements stipulated by your professional insurance provider*. It is always important to check with your insurance provider for anything that they require in relation to consent given by your client. This will be of particular importance if you are working with young people, or any client considered at risk or potentially at risk.

On the face of it, gaining consent may seem like a pretty simple act of giving information and asking for permission, and for the most part it should be straightforward. However, as an Association we are always looking at ways to raise standards in the practice of Solution Focused Hypnotherapy, which means giving careful consideration from the very outset of your relationship with your client and asking yourself 'is this the best that it can be?'

If you have any questions about informed consent, please contact **standards@afsfh.com**.

References:
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https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines#skip-to-content

About the writer:
Nicola qualified as a SFH in 2017 and as a Supervisor in 2020. She runs her Hypnotherapy practice in Abergavenny.

The intellectual brain

By AfSFH Fellow and Head of IT and Social Media, Trevor Eddolls

The intellectual brain is made up of small identical components – lots of them.

It was a few years ago, near the start of session four or five, when a client turned to me and said: 'You know a lot about the brain …'. I wondered where this sentence was going. Obviously, we had talked about the emotional brain, including the amygdala, and other relevant parts, and we talked about the intellectual brain. He continued, 'You talk a lot about the parts of the emotional brain, but you don't talk much about what's in the intellectual brain. So, what's in it?' The truth is, I didn't know then. Obviously, I recapped on executive function and the prefrontal cortex. I also talked about the parietal lobe and receiving sensations like touch. But that was all I knew then. And, because I was making a big deal about using the intellectual brain, I felt that I should know a bit more about it.

The reason I didn't know very much was because there aren't any obvious subcomponents to the intellectual brain apart from the prefrontal cortex. It all looks very similar – the usual mixture of neurons, glial cells, and cerebrospinal fluid. There's also the glymphatic system. So, how does it work? Well, it appears that the intellectual brain is made up of small identical components – lots of them. It's what allowed humans to evolve to their current form – the ability to grow the intellectual brain by adding more of these tiny components. These tiny groupings of neurons are called cortical columns, and there are about 150,000 columns in the intellectual brain.

Each cortical column has sides under one square millimetre, and contains about one hundred thousand neurons (different types) and five hundred million synapses. Visual regions, touch regions, and language regions of the intellectual brain all look very similar. As well as receiving sensory messages and sending motor messages, they can have connections to the emotional brain. Each part of the intellectual brain is able to perform sensory and motor tasks, and some parts can perform high-level thinking and planning.

Regions of the brain

Brain regions do different tasks. Each region is composed of thousands of cortical columns, and each column is composed of hair-like mini-columns containing just over 100 neurons. All the regions of the intellectual brain are connected with bundles of nerve fibres. Each region functions internally the same way, but its ultimate job depends on what it is connected to, eg if it's connected to the eyes, its function is sight, if it's connected to the ears, its function is hearing, etc.

Our model of the brain suggests that a person's thoughts, ideas, and perceptions depend on the activity of their neurons. Everything they know is stored in synapses.

Predicting

The intellectual brain makes multiple simultaneous predictions about what it is about to see, hear, and feel. To be able to make predictions, the brain must learn what's normal in its environment, which it does based on past experience. It creates a model of the world, and it does this through movement, and by noticing how sensory inputs change as the person moves. As a consequence, with each movement, the intellectual brain can predict what the next sensation will be. If the prediction isn't correct, the model in the brain can be updated.

Researchers know that messages travel along neurons as spikes of electrical information. More recently, they have discovered mini-spikes travelling along neurons that don't get passed on to the next neuron. These are thought to be predictive spikes. The neuron is getting ready to receive an expected message. When a signal reaches the mini-columns, only those that predicted it become active, and do so more quickly than if they weren't in a ready state. Of course, if it's a different signal, then the model will be updated.

Mapping

Another interesting new idea is that the brain uses reference frames to know the shape and size of an object, eg a teacup. This gives the brain the relative position and structure of an object, and allows the model to be three-dimensional. So, the brain can manipulate the whole object at once, and plan and create movements. It knows the position of the object in relation to, for example, the position of my hand, and can easily control the movement of my hand to the object. Not only does the brain have a map of an object, it also needs to know its orientation. It's suggested that the cortical columns contain cells equivalent to grid cells (on a map), place cells, and head direction cells. In effect, each cortical column is a sensory-motor system that is capable of learning about and recognising complete objects.

This is the *Thousand Brains Theory of Intelligence (*see *References* below). It assumes cortical columns are not only learning machines, but that they are predictive. It also assumes that they do this using reference frames. Reference frames are used to model everything a person knows, and are found everywhere in the intellectual brain.

Voting

According to the theory, cortical columns vote on what they think they are perceiving, and the option with the most votes wins. Obviously, not every cortical column knows everything, so only the relevant ones will vote. This can explain visual illusions – why sometimes you see two faces and sometimes a candlestick when looking at a Rubin's vase illusion. It also explains why people can identify objects after seeing them for only the briefest period of time. And, also, why they get things wrong if what they see/hear/feel isn't what they expected.

Rubin's vase illusion

According to the theory, cortical columns vote on what they think they are perceiving, and the option with the most votes wins.

So, now I have a much better model of the intellectual brain to share with clients, should they ask. It's simply multiple cortical columns that handle sensory-motor activities, while at the same time using a model of the world to predict what will happen next. Using reference frames allows a person to know where things are in their world and move around them or pick them up. Lastly, cortical column voting allows the brain to decide quickly what's the best way to move to achieve a goal – like picking up a cup. And it's the multiple replication of these near-identical cortical columns that has made humans so intelligent!

Reference:
Jeff Hawkins. A Thousand Brains: A New Theory of Intelligence. ISBN-10: 1541675797

About the writer:
Trevor was made a Fellow of the AfSFH in 2022. He is Head of IT and Social Media for the AfSFH and regularly contributes to the Journal and the website. He runs his Hypnotherapy practice in Chippenham, runs CPD sessions, and offers one-to-one Supervision sessions over Zoom.

Transference – and countertransference

By Karina Blunn

Issue

I was discussing a client with sleep issues in a session with my Supervisor. The discussion was not around their progress, as they were doing well. It was, however, centred around my feelings and reactions at the end of the session. Once the client had left, I realised I felt uncomfortable and anxious.

This case study will explore my belief that I was allowing a client subconsciously to transfer their negative emotions onto me.

Background

Many years ago, I was in a physically and emotionally abusive relationship with – let's call them 'John' for the purposes of this case study. It ended and I have had a happy life since.

More recently I met an acquaintance of John. We chatted briefly about some of the last 30 plus years, including the abusive ex. I recognised that reliving the past caused some minor discomfort: 'our brains believe what we tell them'. I brushed it off, telling myself that I needed to be careful talking about John as it was making me feel uncomfortable. Talk moved on to our careers and I explained I am a Nurse Practitioner, Hypnotherapist and breathwork instructor.

The acquaintance asked if I could help them improve their sleep with Hypnotherapy. I considered the AfSFH Code[1] as we were newly re-acquainted, and was happy that I would maintain a professional relationship and professional boundaries.

The acquaintance – now client – had a few appointments prior to my scheduled Supervision session, in which we both agreed progress was being made. We managed to turn around negative experiences and move towards solutions. After each session I felt uncomfortable, sad, and a bit anxious, despite the consultation having a positive outcome. I am familiar with the concept of transference of emotions from the client to the therapist. Although the client raised some unhappy issues, we addressed them in a solution-focused way, and all seemed positive.

I spoke to my Supervisor and asked for help with preventing transference, briefing them around my history of knowing the client. I described the situation whereby I perceived that I was allowing the client's negative emotions to transfer to me, leaving me feeling sad and with symptoms of anxiety. I went on to say that in my nursing and Hypnotherapy roles I prided myself on preventing transference of negativity, especially as I have matured in my career.

As therapists we are exposed to a range of emotions from our clients. To be objective – for the client's benefit and for the therapist's wellbeing – it is important to prevent transference of unhelpful emotions from the client to the therapist. Freud[2] seems to have first described transference in the 19th century as being when a client projects an emotion, feelings or attitude, often from the past, onto people in the present. This may be a traumatic event, such as the emotions established because of a death, or abuse.

Recognition

I explained the scenario, maintaining anonymity around my client. My Supervisor referred me back to my original sentence where I set the scene, and I was reminded of the abusive relationship with John and the connection with the client. This is when it dawned on me that I was creating these emotions and sensations myself, by associating my client with my former abusive ex and past experiences. It was as though someone had switched a light on in my mind. I had a consultation with the client later that day which went well, and I felt as I would expect to feel following a consultation. I reflected on the situation and my feelings, and how I managed to change my feelings towards the situation. I became self-aware and understood that my feelings were not a result of the client's negativity, but because I had manifested them myself.

Self-awareness

There is much published on self-awareness in psychology, specific therapies, and in nursing journals and publications. Essentially self-awareness enables us to communicate better, be more confident and make better decisions. The Johari window[3] discusses the different types of knowledge we have:

- Open: information about you that both you and others know.
- Blind: information about you that you don't know but others do.
- Hidden: information about you that you know but others don't.
- Unknown: information about you that neither you or others know.

In brief it helps us to understand our relationship with ourselves, and subsequently others. From reading around the subject I realised that I had negatively associated my feelings around my own experience of John, and attached them to the client at some point during or after their consultation.

My Supervisor referred me to Professor of Psychiatry Irvin Yalom's book[4], which contains a chapter called *The Fat Lady*. In it, Yalom confesses he was repelled by an overweight woman, and analyses the possible origins for this. He describes being revolted by 'Betty', a client he describes as being 'fat', and so because of past issues with overweight family members he associates negative feelings towards Betty. Yalom resolves the issue with a degree of honesty which enables Betty to change her behaviour and therefore facilitate a therapeutic relationship with Yalom. Yalom was experiencing countertransference – an emotional reaction to the client's contribution.

Gabbard[5] states that the original definition of countertransference from Freud in 1910 is that the person providing therapy *unconsciously experienced the patient as someone from his/her past*. Heimann in 1960 describes countertransference as being an unconscious transference of emotions back to the client *having been influenced by the client's emotions*[6]. I wasn't consciously aware of having negative thoughts directed to or from the client; it was more of a negative feeling that I believed was coming from the client.

Erickson[7] acknowledges countertransference's potential to provide insight; therapists can use it as a tool to enable deeper understanding, developing the therapeutic relationship. Erickson emphasises *the importance of therapists' self-awareness and responsiveness in facilitating positive therapeutic outcomes.*

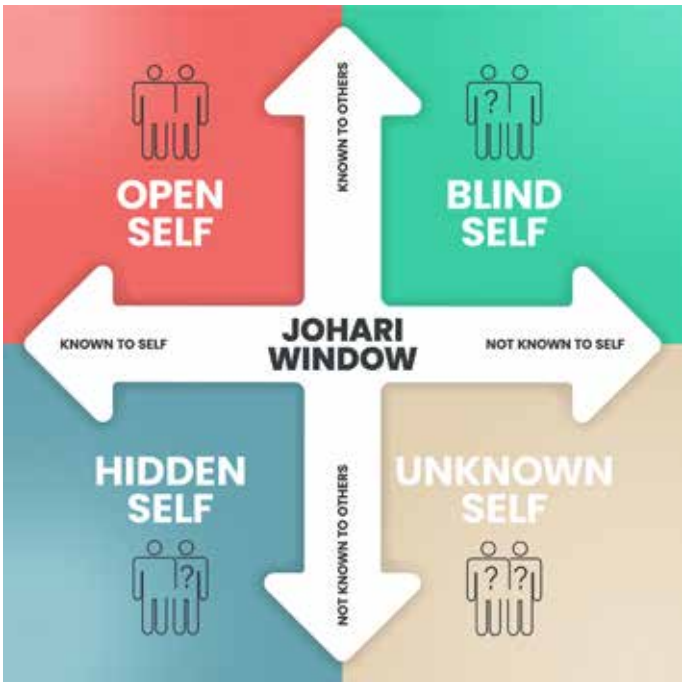
This case highlights the benefits of regular Supervision and of being a reflective practitioner. Supervision provided me with the opportunity and support to reflect and become self-aware, thus changing how I felt internally, and preventing transference of my negative emotions onto the client.

Going forward in a solution-focused way

By revisiting the concept of self-awareness, I am reminded of the impact I may have on the client, and am able to recognise the difference between their feelings and my own; this will prevent me from transferring my personal views onto the client. Practicing self-awareness promotes personal growth and development for therapists. This can be achieved through self-reflection and introspection, identifying our own personal feelings by reflecting on the day.

Self-awareness also enables me to protect my own personal boundaries to maintain a safe and therapeutic environment. By having this understanding, it can also prevent me from unconsciously projecting any unresolved issues onto the client,

Supervision provided me with the opportunity and support to reflect and become self-aware.



and avoid developing a personal bias towards them. I allow 15 minutes before appointments to practice positive affirmations, emptying my mind of anything unhelpful by meditating, and listening to some music so I am in a neutral frame of mind. In summary, this case has demonstrated that we are all feeling and thinking humans and have the potential for this to happen unexpectedly at any time. By helping ourselves and attending Supervision, we can be the best version of ourselves and benefit our clients most effectively.

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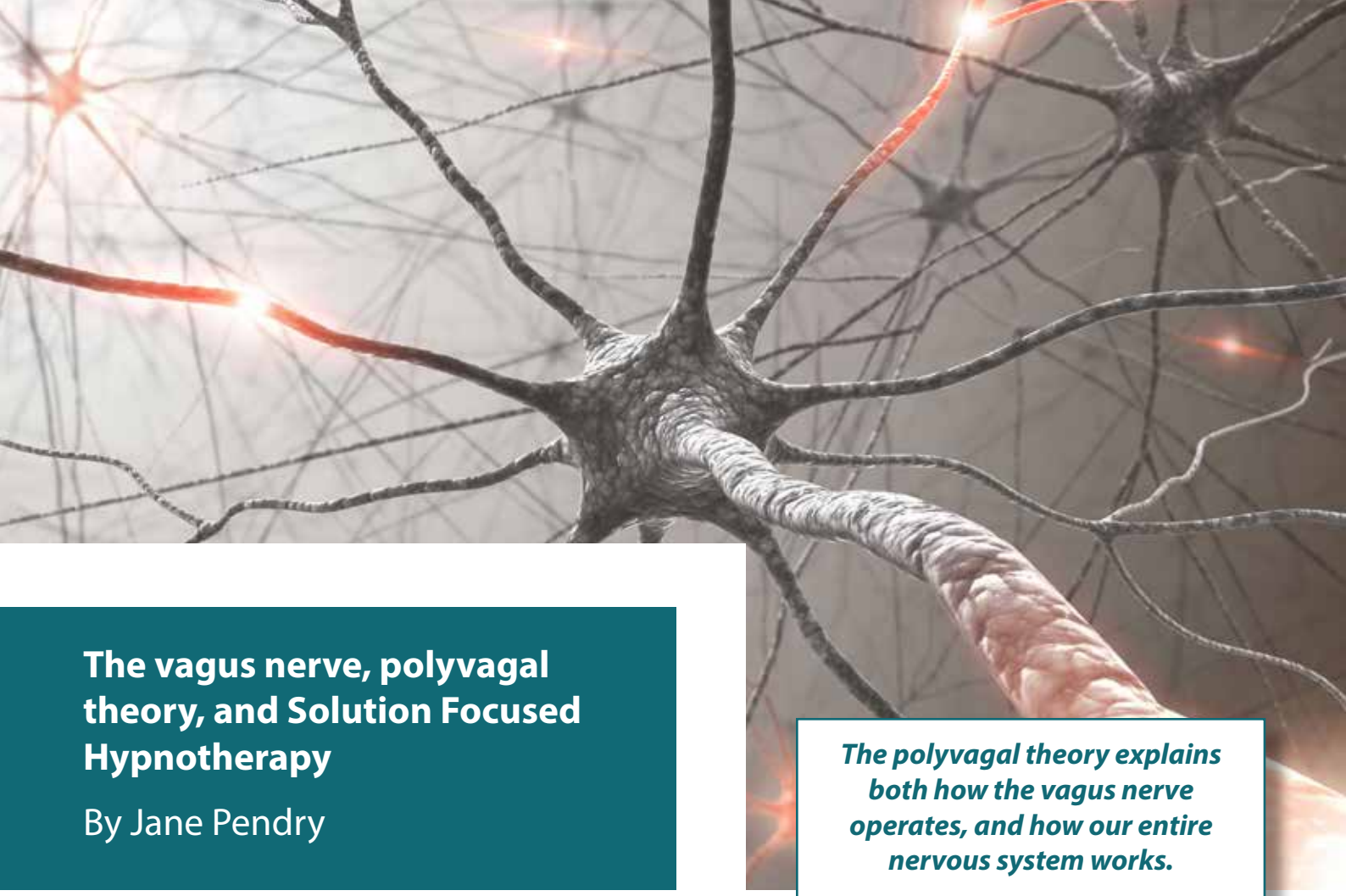
About the writer:
Karina qualified as a SFH at CPHT Clifton in 2020. She has been nursing since 1986 and now works as an (advanced) Nurse Practitioner in primary care in Hereford.



The vagus nerve, polyvagal theory, and Solution Focused Hypnotherapy

By Jane Pendry

The polyvagal theory explains both how the vagus nerve operates, and how our entire nervous system works.

As Solution Focused Hypnotherapists, we can attest to the rapid transformations of many of our clients. However, genetics, trauma, environmental stressors, hormones, and chemical imbalances can impact the functioning of our vagus nerve – the core driver of our parasympathetic nervous system that strives to keep us calm and in control.

The polyvagal theory explains both how the vagus nerve operates, and how our entire nervous system works. It also explains just how and why Solution Focused Hypnotherapy is so effective.

What is the vagus nerve?

The vagus nerve, the 10th cranial nerve, is the main information highway, responsible for 85% of the functioning of our parasympathetic nervous system.

In Latin, *vagus* means 'wandering'. It is, by far, the longest cranial nerve, meandering from the front of the brain and down the spine to our tailbone. The vagus nerve helps to control our autonomic (automatic) nervous system functions: breathing, heart variability, hormones, digestion, and even sweating. In addition, it plays a key role in stimulating saliva production, regulating blood pressure, and plays a part in producing tears.

According to polyvagal theory, the vagus nerve has two different motor pathways that travel through the vagus nerve: the ventral (front) and the dorsal (back) branches.

The ventral vagus

The ventral vagus is the area of the brainstem which affects organs above the diaphragm, and is involved in regulating the heart, bronchi in the lungs, and face and head muscles, the larynx, pharynx and neck. It responds to cues of safety. When we feel physically safe, calm, socially or emotionally connected, the ventral vagus nerve is dominant. Ventral vagus activity does not involve chemical reactions and can happen in milliseconds.

The resulting social engagement system is a kind of playful communication which we experience when we feel psychologically safe. When we are in this state, we are barely aware of the functioning of our body because it just feels 'normal'.

The Dorsal Vagus

The dorsal branch of the vagus nerve affects organs below the diaphragm. It is located in the brainstem, and integrates and coordinates sensory information received from the lungs, heart, digestive organs, bowel, reproductive organs and circulatory systems.

The shut down, freeze or faint response operates through the dorsal branch of the vagus nerve. This reaction includes muscles feeling tired or weak, and light-headedness much like mild 'flu when we are stressed. At the other extreme, the body and mind can shut down completely when we are faced with an overwhelming or enduring threat.

Our nervous system

Each person's nervous system is different. Much of our innate resilience is down to a healthily functioning vagus nerve. A Formula One driver has a highly efficient nervous system, with reaction times estimated to be three times faster than the average person's. Someone who has experienced enduring trauma, or who has a developmental delay, may be overwhelmed quite easily.

Luckily, we can tone our vagus nerve, and strengthen our parasympathetic nervous system, just like we can train our mind and our muscles, with Hypnosis.

The autonomic nervous system

To understand polyvagal theory, let's start with the autonomic nervous system. We know the autonomic nervous system regulates the internal organs in the body without us being consciously aware. We breathe. Our heart beats. We produce hormones. Our blood circulates. All until our nervous system is disrupted.

The sympathetic nervous system

We are familiar with the sympathetic nervous system which drives the 'fight or flight' response. When we face a threat – real or imagined – the amygdala acts like an alarm, sending signals to other parts of the brain: the body goes into battle, or we run away. The hypothalamus pumps out stress hormones to help us take action. We act fast.

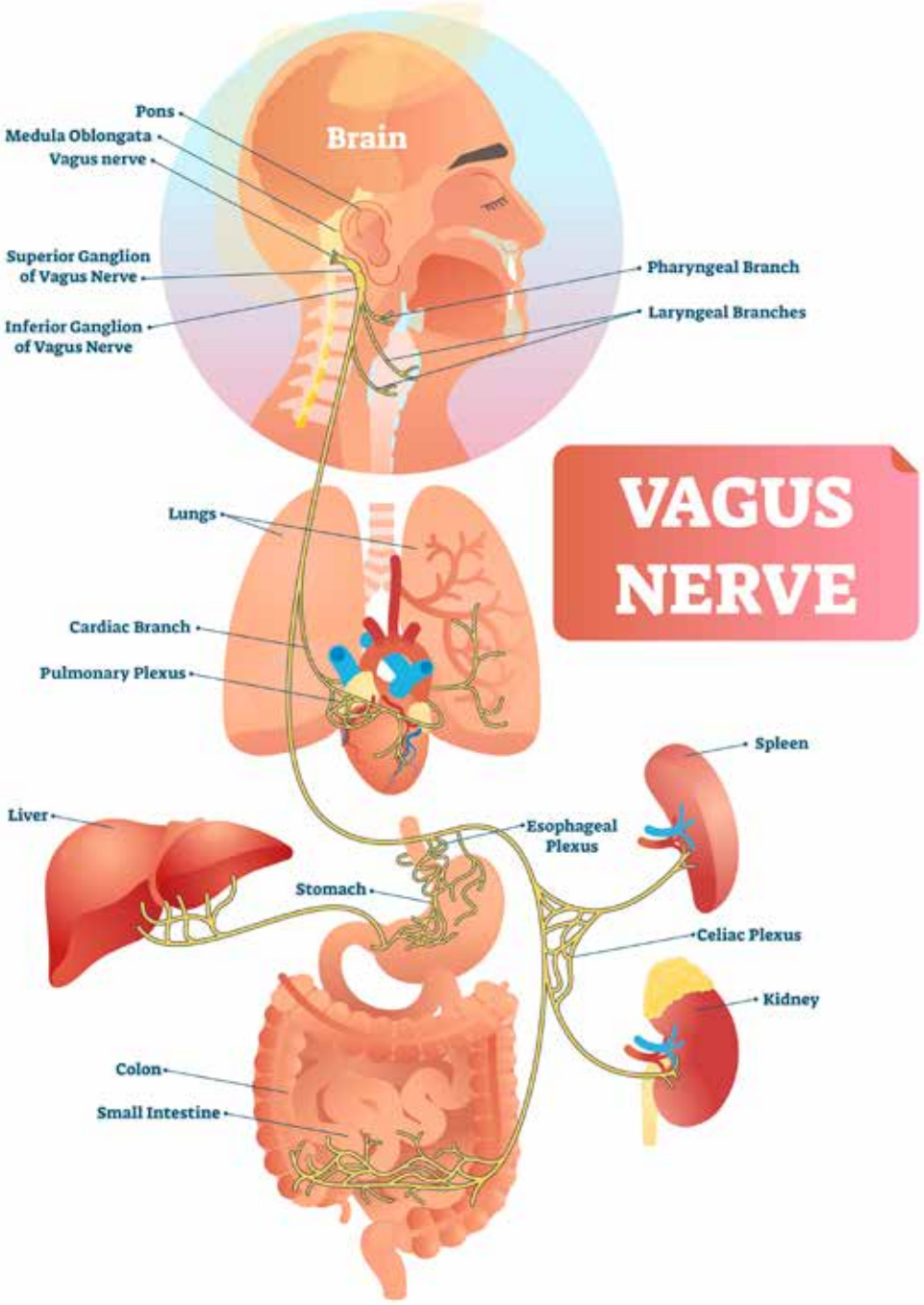
When pushed into fight or flight, the vagus nerve, to a greater or lesser extent, becomes less active. Although our heart pumps vigorously to get enough oxygen to our muscles, to help us run from or fight the 'predator', the functioning of our digestive organs slows down – a partial immobilisation response. Our throat constricts, our eyes can become blurry, we feel clammy, our stomach 'drops', we produce more bile, and we want to empty our bladder and bowels (presumably to lighten us as we face the fight). When the threat has passed, our brain sends signals through the vagus nerve that we can now stand down, and rest. Our body returns to normal.

The parasympathetic nervous system

When the parasympathetic nervous system is dominant, we are in the 'rest and digest' state. We are calm, in control, and ready to connect with others. The vagus nerve is primarily responsible for the functioning of our parasympathetic nervous system. When the vagus nerve is 'toned' and functioning well, our bodily systems function well, and we can return to a calm, relaxed state much faster.

Polyvagal theory

When we used to talk about the sympathetic and parasympathetic nervous systems, the emphasis was always on the motor pathways of both systems travelling down to the organs. One way traffic. Expert on developmental psychophysiology and behavioural neuroscience, Dr Stephen Porges, developed the polyvagal theory from his experiments with the vagus nerve. Porges observed bi-directional communications from the brain down to the organs, and from the organs back up to the brain. Two-way traffic!



From this, Porges deduced that motor pathways govern communication from the brain to the organs, and sensory pathways communicate information from the organs to the brain.

Porges' polyvagal theory also describes how our autonomic nervous system evolved. As mammals evolved from reptiles, our autonomic nervous system developed to help us defend ourselves from a variety of threats, and to co-regulate and connect with other mammals and each other.

The third nervous system

The traditional model of the nervous system was a two-part 'antagonistic' system where the two systems – sympathetic and parasympathetic – have opposing actions and balance each other out.

- Activation of the sympathetic nervous system signals a flight or fight response – agitated and active.

- Activation of the parasympathetic nervous system signals the feed and breed response – calm and connected.

Porges added a third nervous system response called the social engagement system, where activation and calming operations adapt and change as a result of nerve influences through the vagus nerve.

Three evolutionary stages

In his polyvagal theory, Stephen Porges describes three evolutionary stages involved in the development of the autonomic nervous system. He describes a hierarchy of responses.

- **Immobilisation:** Extreme danger resulting in being frozen in fear, numb or shut down is associated with the dorsal vagus nerve. This oldest evolutionary pathway helps us survive.

- **Mobilisation:** The nervous system response linked to our sympathetic nervous system helps us mobilise in the face of potential danger. This pathway evolved next.

- **Social engagement:** The ventral (front) side of the vagus nerve, which largely governs the activity of the parasympathetic nervous system, responds to cues of safety and connection, allowing us to feel anchored, safe, engaged, calm and connected. This pathway evolved most recently.

When our vagus nerve is operating well, we are able to move away from immobilisation or mobilisation, towards social engagement, when any threat has passed. To do that effectively we need good vagal tone.

What is good vagal tone?

Good vagal tone is associated with physical and mental wellbeing. When stimulated to work well for us, the vagus nerve releases a neurotransmitter called acetylcholine. This in turn, is experienced as increased focus and a sense of wellbeing and calm, and improves:

- **Heart health:** heart rate variability improves, which increases resilience to stress.

- **Emotional regulation:** we become more emotionally resilient.

- **Digestion:** nutrients are better absorbed, gut health improves.

- **Inflammation:** risk of inflammatory conditions reduces and immunity improves.

What impacts our vagal tone?

When we are locked in a state of self defence, or we are chronically engaged with ever-present perceived threats, we don't connect with others. The systems designed to keep us safe become maladapted. Often, long after threats have gone, and when we recognise perceived threats are no longer dangerous, we continue to stay locked in fight or flight, or stuck in immobilisation. This is one reason why clients can become 'stuck'. The body has developed an adaptive self-defence state, and becomes locked into experiencing intense physiological symptoms, sometimes without negative thoughts or obvious reasons.

Understanding how the vagus nerve operates helps us explain how conditions like persistent generalised anxiety, complex phobias, Obsessive Compulsive Disorder, complex trauma and PTSD can become embedded, and why changing our thoughts alone does not always change our body's reactions and responses, which have taken on a life of their own!

Knowing about the vagus nerve can be helpful for clients struggling to make rapid progress, helping them stay committed to the Solution Focused Hypnotherapy process.

The plasticity of the nervous system

People who have experienced enduring trauma, high anxiety or Obsessive Compulsive Disorder (OCD) have shifted their nervous system into a state of hyper-vigilance. With trauma, the past is in the present. It's not thoughts about the trauma that create the response; the response happens automatically. The body has taken over.

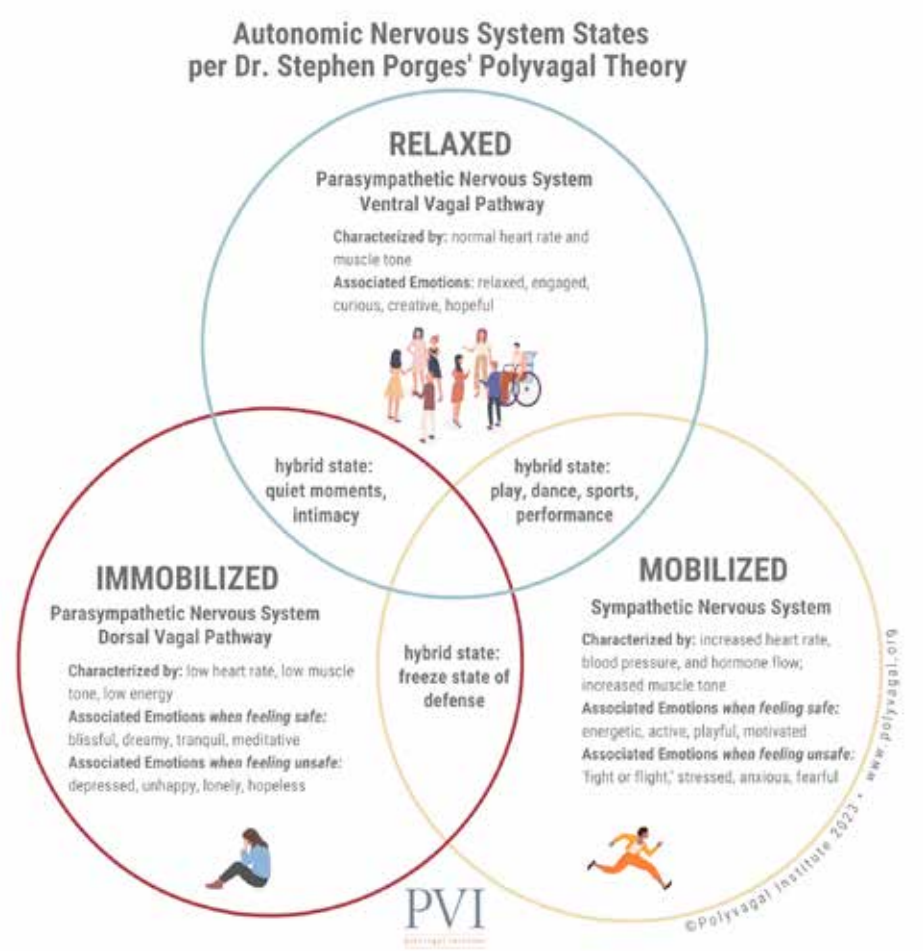
It can be difficult for some clients to change their thinking. By calming the nervous system (through Hypnosis for example), it's easier to help them access their minds (primitive and conscious), and to help them change the thoughts that feed the fears. For some clients, it may take more time for them to learn to 'stand down' and relax at all. These are the clients that need more sessions and more patience.

Impact of trauma

It is important to remember that trauma is an adaptation that happens because of the functioning of the vagus nerve and nervous system in the face of extreme stress and threat. Solution Focused Hypnotherapy is suitable for almost everyone who does not have a diagnosed psychiatric medical condition involving psychosis.

Working with neurodivergence: taking our time

Vagal tone might explain why some clients respond to our methods with ease and speed, and some work with us over a much longer period. For neurodivergent, traumatised or highly dysregulated clients, we can adapt our language to



Pic credit: polyvagalinstitute.org

open up the possibility of relaxation and safety, for example: 'You may find yourself experiencing moments of relaxation. There are no wrong feelings. You are retraining your body to feel safe. That might happen now, or next week. You will know when you are ready.'

How polyvagal theory benefits our clients

By including the vagus nerve in our considerations, we can explore whether our clients are experiencing 'fight or flight', or 'immobilisation', or a stuck state of hyper-vigilance, which may take more time. Solution Focused Hypnotherapy is about our clients finding their way into safety. Some clients need smaller incremental steps. Some require adjustments – checking there are no trauma triggers in scripts, and using more permissive language, for example. Longer inductions can be helpful too. As a therapist, if you are not experienced at dealing with high levels of immobilisation or hyper-alert anxiety, please explain that the limitation is yours, not theirs. We must never shame our clients by saying something like 'I can fix you' (it implies they are broken), or 'Why have you been in therapy so long?' This implies something is wrong with them.

By understanding the hierarchy of response, and the operation of the vagus nerve, we can help take away so much shame and open the door to healing. By sticking to the process of Solution Focused Hypnotherapy, holding the space and believing in our clients' capacity to heal, we will likely move our clients towards healing. You may not be the whole answer however, so always work with humility.

Solution Focused Hypnotherapy and the vagus nerve

Solution Focused Hypnotherapy helps to deactivate our sympathetic nervous system fight or flight response. SFH also activates and strengthens our parasympathetic nervous system response by toning the vagus nerve. That's a message of hope for all our clients, even the most distressed, overwhelmed and traumatised. You can trust the process.

Good vagal tone is associated with physical and mental wellbeing.

About the writer:
Jane specialises in emetophobia, complex phobias and trauma; issues with which she has had personal experience.

You can change your style of Hypnotherapy to match that of your client, so they get the most out of the treatment.

What sort of Hypnotherapist are you?

By AfSFH Fellow and Head of IT and Social Media, Trevor Eddolls

When I ask what kind of Hypnotherapist you are, I'm thinking in terms of personality rather than modality. How would you describe your personality?

Testing personality types

The trouble with personality inventories like Cattell's 16 PF test and similar is that they only allow for a small number of personality traits. The Myers-Briggs Type Indicator (MBTI) is much loved by HR departments, but generally derided by the scientific community. Even Wikipedia describes it as a pseudoscientific self-report questionnaire that claims to indicate differing personality types. The test attempts to assign a binary value to each of four categories: introversion or extraversion, sensing or intuition, thinking or feeling, and judging or perceiving. One letter from each category is taken to produce a four-letter test result representing one of sixteen possible personalities, such as 'INFP' or 'ESTJ'. Other personality descriptions often include opposites like, 'you are generally an outgoing person, but at times you like to take a back seat.' And, I guess, the truth is that people change their behaviour to suit their mood, and we can only infer another person's personality from their behaviour. However, let's assume that there is some kind of personality that each person has that simply gets expressed differently in different situations.

The Merrill-Reid method

That brings me to the Merrill-Reid method, which allows you to profile yourself or your client. The Merrill-Reid model identifies four key personality types, which are: analytical, driver, amiable, and expressive. The idea is that you can change your style of Hypnotherapy to match that of your client, so they get the most out of the treatment. But what kind of person are you in the first place?

The truth is that the technique is often used in selling, so the vendor changes their style to match their client's personality style. But that doesn't matter.

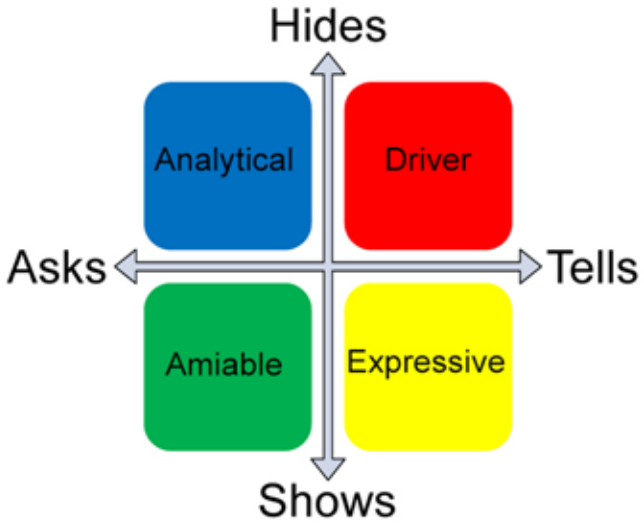
David Merrill and Roger Reid were psychologists, who used factor analysis to identify two scales: assertiveness and responsiveness:

- Assertiveness is a measure of how outwardly people try to influence others. People who are high on assertiveness tend to reveal their opinions, try to persuade others, and have things their own way. People who are low on assertiveness tend to keep their views to themselves, fit in with others, and avoid conflict.

- Responsiveness is more about how outwardly emotional people appear to be. People who are high on responsiveness are more socially engaged and aware of the needs of others. How they feel about things depends on interpersonal relationships. People who are low on responsiveness tend to be more socially distant, and primarily think about work.

This can be used to create a 2x2 matrix, with four personality types – see Figure 1.

Figure 1: The Merrill-Reid matrix



What different personality types mean

If you are analytical, you will ask 'why' questions, which means you will expect people to have all the facts and be ready to answer your questions. You will like objective information and have a low tolerance for ambiguity, and you will be more concerned with work than people. You will also tend to be reserved and logical in your behaviour. You like to be right and can appear to be very critical.

If you are a driver personality type, you will display assertive and direct behaviour. Your focus will be on results and achieving your goals. You very much like to feel that you are in control.

If you are an amiable personality type, you will display friendly and cooperative behaviour. Your focus is on harmony and maintaining relationships, and you have a low need for control.

If you are an expressive personality type, you will display outgoing and enthusiastic behaviour. You are competitive, your focus is on being creative and optimistic, and you will have a need for self-expression.

The trouble with reading any kind of personality summary like this, is that you may feel you're like all four of them, or a bit like each of them. If you really want to find out what personality style you have, there are questionnaires on the internet, for example at the **bradvordvts.co.uk** link in *References* below. How accurate the questionnaires are, I can't say.

Using personality types to improve our practice

If you know what kind of personality type you are, you can also identify what kind you aren't. It sounds obvious, but stay with me for a moment. Knowing which personality traits you're missing allows you to work on those aspects and make sure you use them when working with clients. No traits are particularly good or bad, but if you never considered a particular trait, it may be worth trying it on for size, to see whether it makes a difference with some clients. Being more outgoing, or cooperative, or focused on results, or showing lots of graphs, may help your client to achieve their goals more quickly and easily than they otherwise might. Just try to modify the way you ask questions or recap on the brain, etc.

And clients?

Having identified what kind of therapist you are, you can then try to identify the personality type of your client. Obviously, you can't get them to do a personality test, but knowing the four main categories can help to assign people to one or other. And if you're not sure, you can always practice – at first, on your friends and family, to see which of the four domains you think they are in, and then check with their assessment of their own personality.

Here's how the different personality types of clients like to work:

- **Analytical** – they like information to be organised and have some kind of structure. They will show little or no emotion, and make decisions slowly, because they need time to think.

- **Driver** – they like you to get straight to the point. Explain how their level of satisfaction will rise – they don't care about other people. They may appear to be arrogant and standoffish. They are action people who like results, but aren't great listeners.

- **Amiable** – ask them questions to make sure they are with you, and talk about the successes of similar clients you've seen previously. They like to go along with whatever is happening. Explain how helping them achieve their goals will have a positive impact on their friends and family. They like to feel safe and aren't good at taking action on their own, which means that they can seem obstinate or apathetic.

- **Expressive** – rather than focusing on the facts, be empathic, be their friend while they are seeing you as a client. Don't be surprised if they arrive late for a session because they have lots of commitments and a rushed lifestyle. They like to be the centre of attention. They are quite animated when they speak and don't like to be bored. They prefer spontaneity and can be impulsive, but they do like approval.

Knowing what kind of Hypnotherapist you are, and knowing what personality type your client is, can help you modify the way you work to achieve better results.

I wonder what type of therapist you thought you were?

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About the writer:
Trevor was made a Fellow of the AfSFH in 2022. He is Head of IT and Social Media for the AfSFH and regularly contributes to the Journal and the website. He runs his Hypnotherapy practice in Chippenham, runs CPD sessions, and offers one-to-one Supervision sessions over Zoom.

SUPERVISORS' DIRECTORY

ST: Supervision type (eg online, one to one, group)

Tiffany Armitage
Location: Ivybridge, Devon
M: 07396 209103
E: tiff@tiffanyarmitage.co.uk
W: www.tiffanyarmitage.co.uk/therapists-area
ST: Group, One to One, Online

Alina Bialek
Location: London
M: 07725 521804
E: info@alinabialek.co.uk
W: www.alinabialek.co.uk
ST: Group, One to One, Skype, Phone

Alex Brounger
Location: Stroud, Gloucestershire
M: 07917415926
E: alex@brounger.co.uk
W: www.abhypnotherapy.co.uk
ST: Group, One to One, Skype, Phone

Cathy Cartwright
Location: Rochdale
M: 07716 145 122
E: cathy@freshthinkinghypnotherapy.co.uk
W: www.freshthinkinghypnotherapy.co.uk
ST: Phone, One-to-One, Skype and group sessions.

Katie Churms
Location: Bedfordshire and online
M: 07933 359563
Email- katie@songbirdhypnotherapy.co.uk
W: www.songbirdhypnotherapy.co.uk
ST: 1:1 and/or group, Zoom or in person if local

Sandra Churchill
Location: Trowbridge
M: 07515441825
E: sandrachurchill@virginmedia.com
W: www.churchillhypnotherapy.co.uk
ST: Group, One to One, E-mail, Phone, Skype

Melanie Cook
Location: Bristol, Bath, Radstock, Paulton
M: 07746 438276
E: melaniecookhypnotherapy@gmail.com
W: www.melaniecookhypnotherapy.com
ST: One to One, Group, Phone, Zoom

Debbie Daltrey
Location: Manchester & Cheshire
M: 07724 855395
E: hello@greatmindsclinic.co.uk
W: www.greatmindsclinic.co.uk
ST: Group, One to One, Skype, Phone

Rachel Dimond
Location: Glasgow
M: 07882 659582
E: rachel@focused-mind.co.uk
W: http://www.focused-mind.co.uk/
ST: online/face to face one to one/group

Karen Dunnet
Location: Skipton, North Yorkshire
M: 07850 732761
E: karen@kdhypnotherapyskipton.co.uk
W: www.kdhypnotherapyskipton.co.uk
ST: Group, One to One, Zoom

Jennifer Dunseath
Location: Belfast
M: 07775 871119
E: info@solutionhypnotherapyNI.co.uk
W: www.solutionhypnotherapyNI.co.uk
ST: Phone, Zoom, Group, One to One

Kim Dyke
Location: Trowbridge
M: 07825957013
E: kimdykehypnotherapy@hotmail.co.uk
W: www.kimdykehypnotherapy.co.uk
ST: Group, One to One, Phone, Zoom, E-mail

Sharon Dyke
Location: Taunton
M: 07766250113
E: sdhypnotherapy@yahoo.co.uk
W: www.sdykehypnotherapy.co.uk
ST: Group, One to One, Skype

Trevor Eddolls
Location: Chippenham
T: 01249 443256
E: trevor@ihypno.biz
W: ihypno.biz
ST: Zoom, Phone, Email, One to one

Catherine Eland
Location: Southport / Chorley / Leeds
M: 07825047849
E: Catherine.eland@birkdale-hypnotherapy.co.uk
W: www.birkdale-hypnotherapy.co.uk
ST: Group, One to One, E-mail, Skype, Phone

Jane Fox
Location: Stockport, Manchester, Cheshire, Sheffield
M: 07870 882234
E: janefox2012@sky.com
W: janefoxhypnotherapy.co.uk
ST: Group, One to One, Zoom, Phone, Email

Rachel Gillibrand
Location: North Somerset
M: 07905 527719
E: rachel@seaviewtherapies.com
W: www.seaviewtherapies.com
ST: Phone, Skype/Zoom, Group, One to One

Lucy Gilroy
Location: Wantage, Oxfordshire
M: 07811 071342
E: lucy@thechildreypractice.co.uk
W: www.thechildreypractice.co.uk
ST: Group, One to One, phone, Skype

Nicola Griffiths
Location: Online
M: 0773 855 5172
E: info@nicolagriffithshypnotherapy.co.uk
W: www.nicolagriffithshypnotherapy.co.uk
ST: One to One & Group Online + Phone

Paul Hancocks
Location: Hampshire
M: 07534571362
E: info@hancockshypnotherapy.co.uk
W: www.hancockshypnotherapy.co.uk
ST: Phone, One to One, Group, Zoom

Heidi Hardy
Location: North Devon
M: 077121 82787
E: heidihypno@gmail.com
W: www.heidihardyhypnotherapist.co.uk
ST: Online (Group & One to One), Phone

Jennifer Higgins
Location: Lancashire, Merseyside
M: 07379 988653
E: hello@aughtonhypnotherapy.co.uk
W: www.aughtonhypnotherapy.co.uk
ST: Group, One to One, Online, Phone.

Ali Hollands
Location: Online (UK)
M: 07957 573681
E: ali@inspiredtochange.biz
W: www.inspiredtochange.biz
ST: One to One, Online with Email and phone

Caron Iley
Location: Bolton, Greater Manchester
M: 07580 041394
E: ci@havishamhypnotherapy.co.uk
W: www.havishamhypnotherapy.co.uk
ST: Zoom, Group, one to one, Phone

Andrew Jamison
Location: Belfast
M: 07846382768
E: binaryhypnotics@googlemail.com
W: www.binaryhypnotics.com
ST: In person. Phone, One to One, Group, Zoom

Alison Jones
Location: Bristol, Oxford and Birmingham
M: 07730747772
E: alison@solutionshypnotherapy.co.uk
W: www.solutionshypnotherapy.co.uk
ST: One to One, Phone

Liane Ulbricht-Kazan
Location: Online
T: 07825286550
E: Liane@changeswelcome.co.uk
W: www.changeswelcome.com
ST: Group, One to One, Phone, Skype, E-mail (English & German)

Penny Ling
Location: Abingdon and Reading
M: 07759820674
E: solutionshypno@yahoo.co.uk
W: www.pennyling.co.uk
ST: Group, Skype, Phone, E-mail

Jon Lowson
Location: Halifax, West Yorkshire
M:07532 719402
E: john@halifax-hypnotherapy.org
W: www.halifax-hypnotherapy.org
ST: Phone, One to One, Group, Zoom

Sarah Maitland
Location: Liverpool, Southport, Merseyside
M: 07766 0098021
E: sarah@hebehypnotherapy.co.uk
W: www.hebehypnotherapy.co.uk
ST: Face to Face One to One, Email, Zoom, Phone

Julie May
Location: Mid Somerset and Kingston Upon Themes
M: 07889777901
E: juliemay.solutionfocused1@gmail.com
W: currently being updated
ST: Group, One to One, Phone

Jenny Mellenchip
Location: Stafford, Staffodrshire & Northwich, Cheshire, Leeds, West Yorkshire
M: 07748511841
E: info@jennymellenchip.co.uk
W: www.jennymellenchip.co.uk
ST: Group, One to One, Phone, Skype, E-mail

Sharon Mortimer
Location: Online (based in Bradford but supervision will only be on zoom)
M: 07498 657064
E: B_A1900@hotmail.com
W: Www.believeachieve.com
ST: One to one or group on Zoom

Deirdriu Murray
Location: Online (Ireland/ UK)
M: 00353 87 1178386
E: Deirdriu@breeze-hypnotherapy.com
W: www.breeze-hypnotherapy.com
ST: One-to-one, Zoom, phone, email

Elaine Neale
Location: Falkirk, Stirlingshire
M: 07976 661994
E: elaine.neale@happy-hypnotherapy.co.uk
W: www.happy-hypnotherapy.co.uk
ST: One-to-one, group, Zoom, face-to-face, phone

Claire Noyelle
Location: Maidstone, Kent
M: 07712 220880
E: claire@inspiredtochange.biz
W: www.inspiredtochange.biz
ST: Group, Zoom, with online support.

Deborah Pearce
Location: Sidmouth
M: 07939840788
E: dpearcehypno@gmail.com
W: www.deborahpearce.co.uk
ST: Group

Lynda Phillips
Location: Otley, West Yorkshire
M: 07809 106189
E: lynda-marie.phillips@hotmail.co.uk
W: www.lyndaphillipshypnotherapy.co.uk
ST: Zoom, Group, One to One, Phone

Caroline Prout
Location: Peterborough
M: 07729801247
E: caroline@inspiredtochange.biz
W: www.inspiredtochange.biz
ST: Group, Skype

Susan Rodrigues
Location: Bristol and Yate, South Gloucestershire
M: 07743895513
E: info@susanrodrigueshypnotherapy.co.uk
W: susanrodrigueshypnotherapy.co.uk
ST: Group, One to One, Skype, Phone

Laura Smith
Location: Plymouth, Devon
M: 07904 271655
E: laura@laurasmithhypnotherapy.co.uk
W:www.laurasmithhypnotherapy.co.uk
ST: Individual, group, in person, online

Charlotte Spillane
Location: Online (UK)
M: 07787 833867
E: charlotte@sparkhypnotherapy.co.uk
W: www.sparkhypnotherapy.co.uk
ST: One to One, Zoom, Phone, Email.

Holly Stone
Location: Billingshurst, West Sussex
M: 07909 951338
E: holly@hollystonehypnotherapy.co.uk
W: www.hollystonehypnotherapy.co.uk
ST: phone, skype/zoom, group, one to one

Sacha Taylor
Location: Bath
T: 07957 397291
E: taylor.sacha@gmail.com
W: www.purehypnotherapy.co.uk
ST: Group, One to One, Phone, Skype, Email

Nicola Taylor
Location: Abergavenny, South Wales
M: 07802 286386
E: eclipsesfh@gmail.com
W: www.eclipsesfh.com
ST: phone, zoom, group, one to one

Stuart Taylor
Location: Horfield, Bristol
M: 07840269555
E: info@taylorhypnotherapy.co.uk
W: www.taylorhypnotherapy.co.uk
ST: Group, E-mail, Phone, One to One

Jessica Townend
Location: Leeds
M: 07580 025514
E: Jessica@mindgardenhypnotherapy.co.uk
W: www.mindgardenhypnotherapy.co.uk
ST: One to one, group, in person/Zoom/phone

Lisa Williams
Location: Wrington, North Somerset
M: 07920 147101
E: enquiries@lisawilliamstherapy.co.uk
W: www.lisawilliamstherapy.com
ST: One to One, Skype, Phone

Nicole Woodcock
Location: Lincolnshire
M: 07540873928
E: Info@hummingbirdhypnotherapy.co.uk
W: www.hummingbirdhypnotherapy.co.uk
ST: One to one.

Anne Wyatt
Location: Banchory, Aberdeenshire
M: 07584 414715
E: anne@bonaccordhypnotherapy.com
W: www.bonaccordhypnotherapy.com
ST: Group, One to One, Skype, Phone, Email

Committee Members

Chair and Trustee: Susan Rodrigues

Susan is the key interface between Clifton Practice Hypnotherapy Training (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: Sacha Taylor

Sacha trained at CPHT in Bristol in 2014, became a Supervisor in 2018, and served the AfSFH as Head of Finance from 2016-2023. As CEO, she is committed to supporting members and the rest of the Executive Team, and ensuring the AfSFH continues to lead the way in promoting SFH to its members and the wider public.
Contact email: ceo@afsfh.com

Head of Finance: Sarah Coward

Sarah graduated from CPHT Bristol in June 2023, and has since set up her own busy SFH practice based in North Somerset. Sarah has a background in marketing, PR, proofreading, and business administration, and she loves helping others. She's passionate about SFH and the AfSFH and is delighted to keep the finance affairs for the Association in order.
Contact email: finance@afsfh.com

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.
Contact email: comms@afsfh.com

Head of IT and Social Media: Trevor Eddolls

Trevor, a Fellow of the AfSFH and 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, Instagram and LinkedIn accounts). You will probably have seen his posts on Facebook - both the closed group and the public-facing page.
Contact email: it@afsfh.com

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.
Contact email: membership@afsfh.com

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.
Contact email: standards@afsfh.com

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.
Contact email: marketing@afsfh.com