

HYPNOTHERAPY TODAY

Association for Solution Focused Hypnotherapy

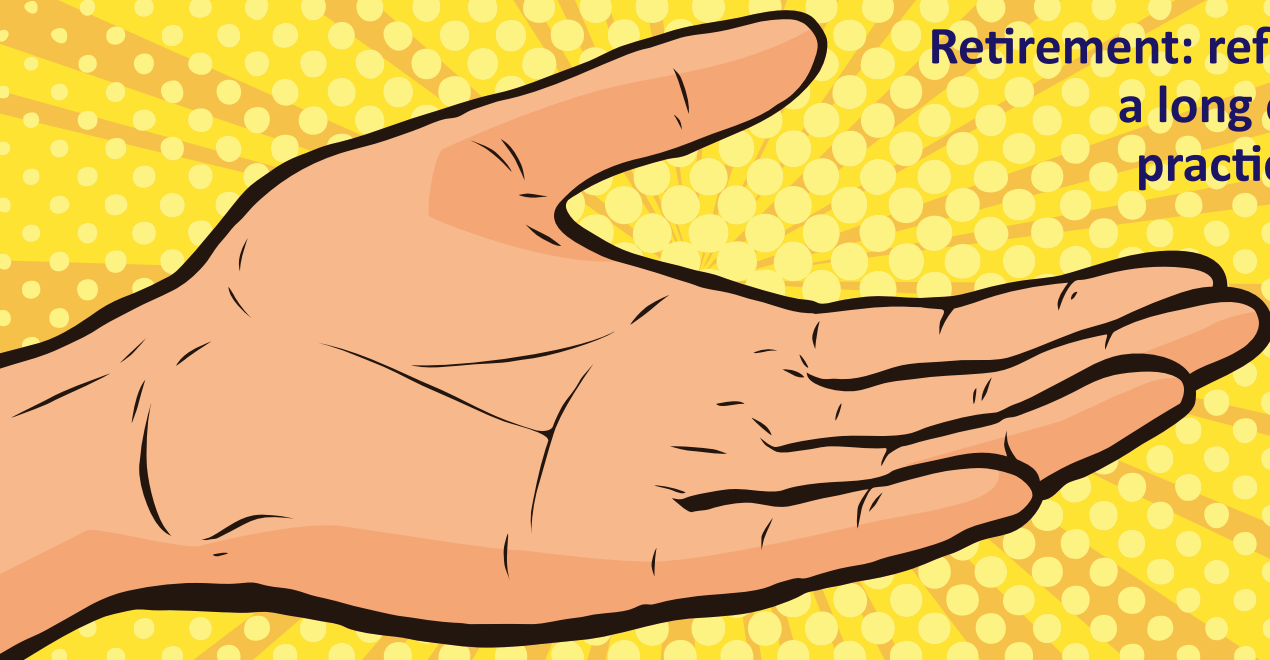
Edition 45, Spring 2025

***Getting to know you ...
... meet our new Chair and CEO***

Also in this issue:

Staying safe

**Retirement: reflections on
a long career, and
practical support**



AfSFH.com



Association for
SOLUTION FOCUSED HYPNOTHERAPY

All about you!

Notice of AfSFH 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 20th June 2025, 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:

Abigail Rogers

Angela Brown

Benn Baker-Pollard

Caroline Parsons

Elizabeth Newton

Helen Thompson

Jaspreet Purewal

Naomi Deaville

Sara Caselton-Bone

Vicki Lowe

Jason Langley

How do you do SFH?

In our latest fun Facebook group poll I asked if there were particular issues or clients our members gravitate towards. As SFH is a non-specific approach perhaps it shouldn't come as a surprise that a whopping majority of respondents, 38%, reported that they enjoy working with all issues equally. Of other respondents, 21% particularly enjoy working with clients with a wide range of issues (so, also non-specific!), 20% particularly enjoy working with individuals from a particular age group, 12% have a particular specialism which they promote, and 6% particularly enjoy specific issues eg phobia, smoking cessation. Nobody said they preferred working with groups! Perhaps that reflects on the intense nature of the therapeutic relationship, rather than any negativity on group work.

Help us continue to spread the SFH word!

Follow us:

X: @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 join:



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.

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A Message from the Editor ...

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

There are more arrivals and departures to report within the Trustees and Executive Team. In February our Chair of five years, Susan Rodrigues, decided to step down from the role to focus on her therapy practice and spend more time with her family. We wish Susan all the best going forward and send enormous thanks for everything she has done for the Association during her tenure. We welcome Jane Fox into the role going forward. Jane is an experienced Solution Focused Hypnotherapist, lecturer for CPHT, and heads the CPHT research project into the efficacy of Solution Focused Hypnotherapy. She brings a wealth of experience and knowledge to the role, and you can find out more about her in *Meet the member* on page 8. In addition you can find out more about our incoming CEO, Brian Noon, in his *Meet the member* article on page 12. We'll be getting to know our new Head of Finance, Rebekah Cohen, in the next issue.

In addition, our Head of Marketing, Andrew Major, has decided to step down from the role to focus on his thriving practice. One of the longest-standing members of the team, Andrew has been overseeing our marketing strategies and website regeneration since 2018 and will be sorely missed – we would like to thank him for all his hard work and dedication over the period. Moving forward, the role of Head of Marketing will now be merged with Emma Naughton's existing role as Head of Social Media and Digital Platforms – initially on a trial basis, with a view to honing the role and making it permanent in the coming months.

Many thanks to all this issue's contributors. Alongside the opportunity to say hello to our new Chair and CEO, this issue brings an opportunity to reflect on goodbyes – two experienced SFHs, Trevor Eddolls and Janet Dowling, give personal reflection and practical advice at the end of their professional careers. Also, after recent discussions online, our Head of Professional Standards, Nicola Taylor, has contributed an article on staying safe for our *Spotlight on ...* series.

Our summer issue is just about full already but I do hold a bank of articles and am always pleased to hear from potential contributors. If you have an idea for a piece 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!



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.

Super supporter: Caroline Parsons, AfSFH Supervisor

Hi! I'm Caroline, a Solution Focused Hypnotherapist, Supervisor, Solution Focused Brief Therapist, and an Anxiety UK Approved Therapist. I am also proud to be co-author of *The Art of Solution-Focused Hypnotherapy*.

Before becoming a Hypnotherapist, I worked as a pharmacist for 28 years. During that time, I saw countless prescriptions for conditions such as anxiety, depression, insomnia, and stress-related issues. Whilst medication certainly has its place, I felt I would like to help people with non-drug interventions. After completing a Psychology degree and researching the variety of counselling interventions available, I discovered Solution Focused Hypnotherapy and knew that this was the right path for me. I qualified in 2015 at CPHT Plymouth.

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

I believe that Supervision motivates us, builds confidence and enables us to be the best SFH we can for our clients. To be honest, when I was newly qualified, I just wanted my Supervisor to give me the answers. I was enthusiastic, but I also felt impatient and a bit anxious. Over time, I came to appreciate the benefits of solution-focused Supervision. The ability to recognise your own strengths and skills is empowering.

Working from home can be isolating. I found that Supervision helped me to feel, not just supported, but also a sense of belonging. Attending regular Supervision helps build rapport with your Supervisor and colleagues so you do not feel so alone. My second Supervisor ran face-to-face Supervision from her home, and I really enjoyed meeting up with SFHs in my area.

One of the many benefits of Supervision is sharing experiences with other SFHs. I think that we have all had experience of 'imposter syndrome' at some time, I certainly have. Supervision helps to reassure us.

I think that, even if you do not have any queries or case studies to bring to Supervision, you always learn something new. I have benefitted from discussions about marketing, book and podcast recommendations. It is also a great way to identify your learning needs for your professional development, and to identify appropriate training.

What do you enjoy most in your role as Supervisor?

When I first considered training as a Supervisor, I had two main concerns: what if I could not answer my supervisees'

questions? and what would we talk about if they did not bring any case studies to discuss?

I recognise that I may not have all the answers, and I am OK with that. If I do not know the answer, I will do my best to find it out for you. Supervision is a collaborative process, and I embrace not knowing what supervisees will bring to the session, and the variety of discussions within Supervision. I aim to create a safe, supportive space where supervisees can reflect on their practice, share ideas, explore any concerns and leave feeling motivated and confident. There is always plenty to talk about, from case studies to marketing tips, technique refreshers, and success stories that keep us motivated. I also like to check in on supervisees' self-care, share interesting articles, and, time permitting, include a short relaxation at the end of the session to help process and consolidate new learning.

One of the most rewarding aspects of being a Supervisor is helping others recognise their strengths and abilities. It is a privilege to support them as they build confidence and shift their focus from problems to small, actionable steps that lead to positive outcomes.

Knowing that I am helping supervisees provide the best possible support to their clients is so rewarding. I look forward to continuing this journey, watching supervisees grow, and welcoming new ones along the way.

Here are a few comments from supervisees with whom I have had the pleasure of working:

You are magnificent Caroline. Your personality is perfect for this. Non-judgmental. Zero arrogance. So easy and natural, you bring out the best in people.

I really enjoyed Caroline's Supervision sessions. She is very personable and encouraging and left me feeling motivated and more confident in approaching various situations.

I enjoyed the Supervision, felt very welcome from the first moment and felt that others and I took value from the discussions.



About the writer:

Caroline is based in Plymouth, Devon. She offers group and 1:1 sessions online, face to face, and via email and phone.



Retiring from Hypnotherapy practice

A practical guide to the administrative side of stopping work

By Janet Dowling

I initially thought it would just be a case of stopping and not taking on any new clients. However, I soon realised that there was a bit more to it than that.

A bit about me first. I was a primary school teacher for 25 years before retraining at CPHT Bristol in 2014-2015, and I am so grateful to David Newton and Susan Rodrigues, my main tutors. I absolutely fell in love with Solution Focused Hypnotherapy and feel that it benefitted not only my many clients, but me, too. I thought I'd be doing this into my 80s, but circumstances caused a rethink.

After a rather tumultuous couple of years managing the emotional loss of my mum, dad and aunt, and then dealing with the closure of their estates, I made the decision to take a six-month sabbatical from SFH from December 2023. By May 2024 I decided that I would retire completely. Although I do miss meeting with clients and formal networking (a great passion of mine), I also love being retired, and the freedom that comes with it. Maintaining my membership of the AfSFH helps; I like hearing what everyone is up to and supporting newbies in an informal capacity. I discovered that public speaking, leading workshops, and networking came naturally to me, and I am always happy to share my experience to those in need of support.

Once I had decided to retire, I began the process of winding up my business. I initially thought it would just be a case of stopping and not taking on any new clients. However, I soon realised that there was a bit more to it than that, which is why I offered to write this article – to help anyone else at this stage.

This is a very practical guide, and also a checklist. There may be things I've forgotten but I've tried to be as accurate as I can.

With regards to any legalities, it is always advisable to contact your insurance company and whichever associations of which you are a member.

I needed to think about how to continue my duty of care to previous clients. I didn't have many returning clients but did have lots of word-of-mouth clients. I didn't want to 'abandon' these people. For many people it takes a lot of courage to start therapy. I already had a good network of fellow Hypnotherapists who I had referred clients onto, so I wrote down their details in a message ready to send to anyone who asked for a recommendation. I also referred people to the AfSFH website.

I can be super-organised and think ahead (possibly too much?), so I am aware that many people retiring from their Hypnotherapy practice might not do all the things I did. There are some things that we really need to consider, however. Although we are not a regulated profession, we do have legal responsibility, so one of the first calls I made was to my liability insurance. This was due to reading a chance article in the news about someone not having a car insurance claim paid because they hadn't told their insurance company that they'd retired. This information was invaluable, not only regarding motoring, but because I also hadn't really thought too much about my client notes. I'll go into that in more detail below.

I also woke in the middle of the night suddenly realising that when my business email expired I wouldn't have access to clients' T and C

consent forms. Then I thought about all the accounts I had that used my business email and business phone number as contact details. That snowballed into lots of other tasks to add to the list!

So here's my list of things you might like to consider when you retire. First of all, tell people! I told existing clients, and a few individuals who had said they had recommended me to a family member or friend. I gave them my retirement timescale and also gave recommendations.

Some things were very simple to address:

- **Canva:** cancel through account
- **Zoom:** cancel through account
- **Networking fees:** cancel by phone call
- **Hypnotherapy Directory:** cancel by email
- **Car insurance:** inform change of circumstances
- **House insurance:** inform change of circumstances
- **Google Business (or other search engine eg Bing):** delete listing
- **Contact details:** I changed various accounts' contact details from my business email and business phone number to my personal one so I could still receive messages and access the accounts.

Some things took a bit more thought:

- **Liability Insurance:** I rang my provider for advice. My paid insurance has now run out. However, I must renew it each year, at no fee, until the last of my client notes have been destroyed. Depending on which associations and insurance company you are with, this can be about seven or eight years after a client has finished sessions, or, in the case of minors, when they are 25 years old. My last client notes will be destroyed in 2040. So, I will need to renew until then. The reason for this is because, as long as we retain client notes, we need to have insurance in case there are any historical claims. As part of my contract with clients (and GDPR) they can also request a copy of their notes until then.
- **Information Commissioner's Office (ICO):** I hold clients' signed consent forms electronically, as emails, so discovered I need to continue to pay my yearly fee to ICO.

- **Client notes:** I have filed them all into folders according to the year in which they will be destroyed. The children's notes I have filed alphabetically by first name and then, on a spreadsheet, written their names and sorted it into the year order that they need to be destroyed. I needed a way of being able to access them easily if a client wanted a copy of their notes, and also a clear timescale for their destruction. I know the chances of a client wanting their notes is low, but it would be a challenge to go through thousands of notes to find the right ones should that happen.
- **Disclosure and Barring Service (DBS):** I intend to volunteer reading calming stories at the local nursing home, so I have kept my yearly re-registering with DBS. I may well have to have a new one for that setting, but as it is only £13 a year I have decided not to close it.
- **AfSFH:** I have continued as an Associate Member because I wanted to stay within the community.
- **Website:** before closing it completely I added a banner saying I was retiring and not taking any more clients. My website manager suggested that I kept the website for a while just in case I changed my mind, as it would be much easier and cheaper to reinstate the existing website than start again.
- **Facebook page:** I have kept my business Facebook page running and intend to leave it there as a way for previous clients to contact me should they want access to their notes. I changed my opening hours to permanently closed, and my cover photo says:

I have retired from my Hypnotherapy practice. If you would like recommendations for help or you are a previous client and would like access to your records please message me through Facebook. My work phone number and email address will be closed.

***As long as we retain client notes,
we need to have insurance in case
there are any historical claims.***





It would be much easier and cheaper to reinstate the existing website than start again

- **Linkedin profile:** I wanted to stay connected to people with whom I'd networked, so decided to keep my LinkedIn profile active. My description is:

Enjoying retirement and very grateful to have met so many wonderful people through networking. Still happy to connect.

Business accounts:

- **Business bank account:** I kept this open whilst I changed any direct debits to my personal bank account.
- **Accountant:** I have kept my accountant as I undertook some paid corporate work in May 2024.
- **Work mobile:** I maintained this for a year, just in case I decided to return to work, and to support previous clients if they contacted me. My voicemail message was:

Hi this is Janet Dowling. I am now retired from my Hypnotherapy practice. If you're ringing about Hypnotherapy sessions please leave a message and, if I'm able to, I will recommend one of my colleagues to you. If there's any other reason that you want to leave a message, please do as I will be picking up my messages now and then. Thank you, goodbye.

- **Email:** my work email will cease when I don't renew Office 365 Business. I created a free Outlook email address so I could transfer important Hypnotherapy emails to the new inbox and still have access to them. I have worked solely online since 2020, so all my signed consent forms were digital. I added an autoreply to the account similar

to my voicemail and including links to the AfSFH and Hypnotherapy Directories.

- **Business WhatsApp and Messenger:** I used the autoreply function to send a brief message similar to my voicemail.

The final stages of retiring from Hypnotherapy will be closing my business email next month, and completing my tax return for 2024-2025. While I have stepped back from seeing clients, I certainly haven't retired from Hypnotherapy, as I think it's in my blood now. We will all reach this stage in our careers eventually, and, while I would not claim the above list is exhaustive, it may give those considering retirement a few helpful pointers!



About the writer:

Janet qualified in 2015 and practiced in Gloucestershire and online globally. Although she retired in 2024 she is still involved in the AfSFH, sharing her experiences and encouraging practicing Hypnotherapists.



Meet the member

Our new Chair, Jane Fox

I was delighted, honoured, and somewhat daunted to be asked to be Chair of the AfSFH.

How do you see your role within the AfSFH?

I was delighted, honoured, and somewhat daunted to be asked to be Chair of the AfSFH, stepping into the role previously held by the highly esteemed Susan Rodrigues. But I was happy to accept, and I am looking forward to working with and for the Association. I will be available to support the CEO, Brian Noon, and any other members of the Executive Team if required. As Chair of the AfSFH, I also get a voice within UKCHO, the UK Committee of Hypnotherapy Organisations. UKCHO aims to promote knowledge about the efficacy and range of therapy available utilising Hypnosis. The organisation is supporting research in Hypnotherapy, and I will be consulting with them to drive research forward, and to promote SFH as much as possible.

What attracted you to work as a Solution Focused Hypnotherapist?

I would love to say that I researched all the distinct types of Hypnotherapy, and the various training schools, but I will be perfectly honest, I did not do that. I did not know how different and special SFH was until I was on the training course. I had seen Hypnotherapy work with IBS patients in a past

employment, and I also had Hypnotherapy myself on a couple of occasions, but I had not anticipated being so blown away by the SFH process. That combination of SF talking therapy, the explanation of the brain, and Hypnosis is so powerful and effective, and the empowerment of the client was refreshing to see. It was not very long before I realised what an amazing therapy it is, and I am so pleased that I came across the training course – I like to think that it was just meant to be!

Why is the AfSFH important?

As self-employed therapists, we do tend to work alone, and the AfSFH provides a hub for SFHs to get to know one another, to share information, and receive support. The training course is brilliant, but we can feel rather isolated once regular monthly attendance has finished. Within AfSFH we can find well-qualified and experienced Supervisors, other SFH practitioners that have specialist areas of expertise, and supportive colleagues who have basically 'been there, done that.' As an unregulated profession, it is important also that we provide a professional and ethical service, and the AfSFH Professional Standards guide us and provide wonderful individual support when required.

What is your background?

After graduating from Aston University, I worked in university labs for a few years in London and Sheffield without much direction in my career. Then I moved to Manchester to work as Research Assistant for Professor Peter Whorwell at the University of South Manchester. This is where I first encountered Clinical Hypnotherapy. Professor Whorwell's work using Hypnotherapy with IBS patients was crucial in getting Hypnotherapy accepted by NICE as a treatment for IBS. Although I did not train in Hypnotherapy at that time, it piqued an interest that stayed with me throughout my career in Clinical Research. Here I finally found a direction. I spent the next 30 years working on the development of pharmaceuticals and medical devices, always with the intention of 'someday' training to become a Hypnotherapist. The opportunity arose in 2014 when my children were older, and the time just seemed right. That is when I came across CPHT Manchester, and I did not look back.

What motivates you?

There are many things that motivate me – seeing clients get their lives back is probably the main motivator. Experience tells us that this stuff works – and the responses we see from clients can be incredibly rewarding. I also find teaching hugely motivating – to see students get that same experience as I got on the training course feels amazing, along with knowing that they will go on to help more people. Also, the continuous learning about the brain and the body holds a tremendous amount of interest – there is so much information out there in modern neuroscience that supports what we do, and it never stops coming!

What do you like to do in your spare time?

I have two grown-up sons and I really enjoy spending time with them and their partners – they lead busy lives, so family Sunday dinners are a real source of pleasure to me. My husband and I love the countryside, and we take off into the Peak District or the Lake District as much as we can. We also love live music, and we are lucky to be close to Manchester to take advantage of concerts in the city centre – I am still a Prog Rock chick at heart! My husband and I travel as much as possible and have had some wonderful experiences over the years – forget the big flash car, I would rather spend a night in the Icehotel, or dangle over Victoria Falls! I also love animals, and although I do not have any myself, I love dog-sitting and enjoy the occasional horse ride.

What have been your highlights as a Solution Focused Hypnotherapist so far?

The first highlight I would say was being able to give up the 'day job' and concentrate on building my own Hypnotherapy business. Another would be discovering that I could actually teach this stuff to others. I fell into teaching in a way – firstly supporting the teaching course in Manchester, and gradually realising that I could do this. A big highlight was setting up the MYCaW Service Evaluation, where a number of our practitioners are collecting outcomes from their clients on an online platform. The results so far are good and support basically what we already know – that SFH works. Finally, a massive highlight was being invited to take this role as Chair of the AfSFH. I have been a member from the start of my training, and I was delighted and indeed humbled to be asked. I am aware of what a significant role the Association plays in developing and supporting members, and I hope to play my part in helping with this.



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Spotlight on ...

maintaining the highest standards
in our professional practice

Staying Safe

By AfSFH Head of Professional Standards,
Nicola Taylor

*Most of the time we
feel perfectly safe.*

Last year we updated our Code of Conduct, Performance and Ethics. In the fourth of our series of articles from Head of Professional Standards, Nicola Taylor, we broaden our scope to examine another important aspect of working as a Solution Focused Hypnotherapist.

We are all therapists. We do what we do because we want to help people. Most of the time we find ourselves working with wonderful clients of all ages, presenting with a wide variety of issues. Most of the time we feel perfectly safe. It is important to recognise that the vast majority of people pose no threat to us whatsoever, and I want to stress from the outset that this article is about the tiny minority. I wouldn't want you to think that, because this is an issue that is being highlighted, we are talking about regular occurrences here. We are not. However, as your Head of Professional Standards, I feel it is important to help you, as far as possible, to be prepared for any times when you are made to feel uncomfortable, when you receive an inappropriate message, when a phone call takes an unsavoury turn. In the AfSFH Policy Library (via the Professional Standards tab on your dashboard) you have access to a number of guidance documents including; *How to Deal with Inappropriate Calls*, and *How to Protect Yourself and your Business*, as well as information on working safely online, and safeguarding (in the Professional Standards menu). I highly recommend that you spend some time accessing this information to ensure that you are taking the best steps towards staying safe in your practice.

The background to this article

With over 800 registered members seeing clients on a regular basis, there are bound to be times when a member asks me for help with issues of safety. Just recently, a number of you (myself included) were contacted either by email or text by an individual claiming to be a 'nudist' or 'naturist' and asking that he receive therapy online whilst naked. When I received the message, I had no cause to assume that the individual had 'scatter gunned' colleagues and has, in fact, repeated this request to many therapists (not just SFH!) over several years. It was only when I alerted our members in the Facebook group that I learned of the extent of his messaging and the duration over which he has repeated this behaviour. It was also clear that, in engaging with his messages, he continued down the inappropriate route of requesting online 'full frontal nudity' as a pre-requisite for therapy. Clearly this person was intent on deliberately shocking the recipient of the message. Under the *Protection of Harassment Act (1997)* this is considered 'causing a person alarm or distress.' If there is one thing I have learned from this experience and the research I have done, including meeting a former expert from the Metropolitan Police, it is that it is NOT OK! It would be easy to dismiss a message like this, to put it down to experience; a one-off; 'no harm done.' We should never take that approach. As we have seen with this individual, one message was just the tip of the iceberg. There is a possibility that his behaviour could escalate, and although no crime has been committed, the police should still be notified.



Document everything, take screenshots as necessary.

The more therapists flag his behaviour and report his phone number and email, the more likely the police are to be able to act upon the information.

What to do

As a rule of thumb, if you are in receipt of an unwanted text or email: document everything, take screenshots as necessary. Never respond directly to the individual and call 101 to pass on the information. If you have the individual's email address or phone number you can also find out who their provider is and contact them directly to report the inappropriate behaviour. Again, the more therapists that highlight the same individual, the more pressure there is on the provider to act.

When the distressing message arrives by text or email, we have time to pause and contemplate our response. What if you are in receipt of a 'nuisance' call, however? You may be required to think on your feet a bit more, especially if a seemingly regular call begins to escalate. An offensive caller may begin with low-level conversation and then build up to become offensive or obscene. If you feel that a caller is crossing boundaries, you have every right to terminate the call without explanation. You can offer a warning, if you feel this is appropriate, and let them know that you will end the call. Make a note of everything that was said in as much detail as you can. Include date, time, call duration and, if you have the person's number, report them, then block the number to prevent further contact. For this reason it is a good idea never to answer a withheld number. Ask yourself why a person would withhold their number if they are seeking help. If a person has a good reason then they will leave a message and explain why they don't want to be called back.

It is only on very rare occasions that a member has contacted me because they have felt unsafe whilst working with a face-to-face client. As professionals it is very important that our conditions of work are clear from the outset of the therapeutic relationship. Before a client walks into our therapy room they should be in no doubt about the boundaries of sessions, and they should have signed an agreement to that effect. Your terms and conditions are there to protect you, as well as the client. Remember that your client may be experiencing therapy for the first time, and putting clear expectations in place from the beginning will leave them well informed about what to expect. Set the professional tone of your relationship by clearly advising on expectations of punctuality, payment and cancellations. Let clients know how to contact you between sessions and

when you are available; you may consider it inappropriate, for example, to respond to text messages or emails after a certain time in the evening. Responding to a text at 11pm may be sending the message that you are available at their demand.

In-person safety

You have a right to refuse to see a client if you feel that their behaviour is inappropriate, or if they appear to be under the influence of alcohol or drugs. Make this clear in your contract. When it comes to meeting the client, take sensible precautions. Many of us are lone workers or perhaps work from our own homes. Consider the appropriateness of seeing clients later in the evening. Will there be someone else in your building? Is your car parked nearby? Personally, as a matter of course, I have my seat placed closest to the door of my therapy room with my bag and phone right next to me. I reserve the right to keep my phone switched on, switched to silent, and I always tell my partner what time to expect me home. If I have felt in any way even slightly uncomfortable, I have checked that a colleague is still in the building while I conduct my client session and I do the same for them, just to be on the safe side. It is important to look out for one another.

Trust your instincts. If a client begins to make comments that are uncomfortable for you, or behaves in any way that is inappropriate, do not think 'this goes with the territory,' or 'it is probably just a one-off.' It is never OK for a person to make you feel uncomfortable, distressed, alarmed or harassed. Always take steps to record and report inappropriate behaviour whether this is to the authorities, your Supervisor, or to myself as Head of Professional Standards. You are not alone, and we will always do the very best we can to support you.



About the writer:

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



Meet the member

Our new CEO, Brian Noon

One of my main goals is to raise public awareness of Solution Focused Hypnotherapy.

How do you see your role within the AfSFH?

I'm incredibly fortunate to experience Solution Focused Hypnotherapy from multiple perspectives. I run a busy practice, teach in several schools, and Supervise a wonderful group of Hypnotherapists. These different viewpoints allow me, as CEO, to understand what our members need most and to shape the AfSFH in a way that best supports them.

One of my main goals is to raise public awareness of Solution Focused Hypnotherapy. The more people understand its benefits, the more clients our Hypnotherapists can help. I also have a vision of hosting another SFH conference. Those who attended our 2019 event will remember what a fantastic experience it was, and I'd love to bring you more high-quality talks and learning opportunities in the future.

It's my role to lead the Executive Team at the AfSFH, but the truth is that it's a group effort and we're very lucky to have some amazingly talented people in the team.

What attracted you to work as a Solution Focused Hypnotherapist?

Honestly, I initially saw SFH as a useful addition to my NLP training. However, once I started working with clients during my studies, I was blown away by the results. I quickly realised that

SFH was the approach on which I wanted to focus.

I explored several courses when choosing my Hypnotherapy training, but the idea of helping clients move forward, rather than revisiting the past, really resonated with me.

Even as a child, I had a solution-focused mindset. When I wanted a hamster, but my parents couldn't afford one, I started a car-washing business to raise the money. Later, when I aspired to become a radio producer, but the nearest station was an hour away, I took on a paper round to pay for bus fares so I could gain work experience. The belief that we can shape our future has always been part of my personal ethos, and I bring that same philosophy into every client session.

Why is the AfSFH important?

Where do I begin?! I've always seen the AfSFH as a strong advocate for Solution Focused Hypnotherapy, and as it's the only association exclusively representing SFH, I think that's incredibly important. It also plays a key role in maintaining professional standards. While SFH is classed as a complementary therapy, we all want it to be recognised as a credible and respected approach.

The AfSFH ensures that members adhere to its Code of Conduct, Performance and Ethics, that they engage in regular

Supervision, and commit to ongoing professional development. This gives clients confidence in our profession.

Finally – though I could go on – the AfSFH provides invaluable support for its members. From a wealth of resources on the website to an active Facebook peer support group, it offers a fantastic sense of community for SFHs. It also provides crucial guidance should a therapist ever encounter challenges in their practice.

What is your background?

Before training as a Hypnotherapist, I worked as a radio producer for Kiss and Heart FM. As I looked to transition into radio management, I explored NLP and coaching to develop my leadership skills. However, during my training, I found that helping people overcome their challenges was far more fulfilling than coaching radio presenters who didn't want to be coached!

That realisation led me towards therapy. I initially juggled both careers – working on the breakfast show from 5am to 1pm, then seeing clients in the afternoon after a quick power nap! While I loved radio (and still present a weekly 90s show for fun), I knew that helping people transform their lives was my true calling.

What motivates you?

I want to make a difference in the world, even in small ways. When we help clients, we don't just change their lives – we also impact the lives of those around them.

With students, I love watching their confidence grow throughout their training. With supervisees, I get a huge buzz when they have a breakthrough in a session and return to their client feeling reinvigorated. And in my role at the AfSFH, I'm passionate about raising awareness of SFH, because I truly believe it is an incredible therapy that can help so many people.

What do you like to do in your spare time?

Spare time? What's that?!

Seriously though, family is my top priority. I love going on bike rides along the river with my children and escaping in our camper van whenever we get the chance.

I also am a keen kickboxer. I'm currently a second brown belt (just two away from black!) and on top of that, I take ice baths whenever possible. It's an exhilarating experience!

Finally, I'm Nottingham Forest's number one fan, though my son disputes this, and any opportunity for me to take him to a game is always a special moment.

What have been your highlights as a Solution Focused Hypnotherapist so far?

There are so many! Every client overcoming their challenges is a highlight in itself.

A couple of cases stand out. One was a client living with tics and Tourette's Syndrome who had become agoraphobic, fearing people's reactions. After our sessions, they had a partner, a job, and their tics had significantly reduced – it was an incredible transformation.

I've also worked with clients experiencing suicidal thoughts who have gone on to rediscover their joy in life. Having lost my father to lung cancer, I also feel especially passionate about helping people quit smoking

Outside the clinic, I feel privileged to train new Solution Focused Hypnotherapists. It's particularly rewarding to watch students who lack confidence at first gradually grow into incredible practitioners. Seeing that transformation gives me such a buzz!



It's particularly rewarding to watch students who lack confidence at first gradually grow into incredible practitioners.

I soon learned to listen to everything clients had to say.



Retirement thoughts of a Solution Focused Hypnotherapist

By AfSFH Fellow, Trevor Eddolls

As I come to the end of my career as a Hypnotherapist, I thought I would pass on some of my thoughts about how to work with clients successfully and help them achieve their goals.

Therapy sessions

The first thing to say is that everyone is different. When I first started seeing clients, during the Initial Consultation, I would be waiting for them to say one of those key words – depression, anxiety, stress, phobia, etc – and I would then confidently know what to do next. After all, I had been trained to work with these and other conditions. I soon learned to listen to everything clients had to say. I also soon realised that, once a client trusted me, they would often reveal much more about how they felt and what was happening in their life, perhaps in session three or four.

I also soon realised that there was no point planning exactly what should happen during a session because the whole point is to help the client, and they may need to take things in a completely different direction. So, I plan for a session, but I'm also prepared to be very flexible – whatever it takes to help them move towards their goal.

If clients are going to trust the therapist, they need to feel safe. So, the consulting room, the whole clinic (if that's where you're working), and the area around needs to feel safe and welcoming. It's also crucial to build a rapport with your clients, which helps them to trust you and speak honestly about their life, feelings, and the reasons that brought them to see you. It's estimated, by Assay and Lambert, that 30% of the success a client has with a therapist comes from the therapeutic

relationship, but only 15% comes from the modality used (eg SFH). You can't underestimate the importance of rapport.

It's important to talk to your clients and not just repeat a generic script at them. They'll know if what you're saying is pre-rehearsed. It won't feel personal to them. Also, you need to know more about the brain than you are telling them, so that you can answer their questions. And you need to modify the information you give them in the Initial Consultation to suit them and their needs at that time.

I wish that I had been able to spend time looking at solution focused brief therapy (SFBT) questions and how to formulate them. In fact, when I trained, I don't think 'when doesn't it happen' and 'what strengths did you use to ...' were mentioned. I certainly feel that there were some clients whose goals would have been achieved more readily if I had used SFBT questions in those early days.

When it comes to language patterns (scripts) during the trance session, try to become very familiar with the contents so that you can modify them as you go along – introducing information that the client might have discussed with you earlier (a technique called utilisation). When you get more confident, move away from using scripts, and make up what you're saying during trance. Of course, you can use ideas from the scripts you know so well, but you can also introduce other ideas and word images from your own and your client's experience – eg being in a large garden, walking in the wood in springtime, etc. Choose locations that the client has said that they like and avoid ones they don't. I always check whether they like water or the idea of sailing before using scripts where they relax on a boat!

The brain

When it comes to the brain and the latest neuroscience thinking, like most SFHs, I read avidly and widely. I learned that the rational brain acts as a prediction machine which speeds up the way it responds to situations. I also learned that the emotional brain isn't primitive at all, and is, in fact, a very important part of our brain and decision-making process.

Also, because I trained to be a Hypnotherapist in 2008, our knowledge of the brain has grown hugely since then. For example, I was taught that the emotional brain is negative, and will create negative thoughts based on the worst possible outcome. Of course, we know that's not true because the emotional brain doesn't create thoughts in that way. It's the right prefrontal cortex that creates those kinds of thoughts. I was taught that the emotional brain is obsessive, whereas scientists currently think of it as being reactive to messages coming to it from the senses and other parts of the brain. Its role can be summarized as the 4Fs – fight, flight, feeding, and reproductive behaviour! All good things. And, thirdly, I was taught that it was vigilant. It's the Reticular Activating System (RAS) that monitors incoming messages from the senses and filters out the unimportant ones. It's the RAS that can be vigilant in some circumstances, and that's located in the brainstem.

Without the emotional brain, no-one would be able to get 'in the zone' or enter a flow state. And it's the rational brain that seems to be responsible for yips, dartsitis, and similar sporting failures. Once a person is good at a sport and, for golfers, their putting habits are stored in the basal ganglia (along with their other habits), and their cerebellum is able to control fine motor skills, there's no need for their rational brain to get involved in the putting process. However, if it is an important match, the rational brain thinks that it had better make sure everything is done properly, and it interferes with these well-honed pathways. The result is a miss hit (or miss throw for other sports).

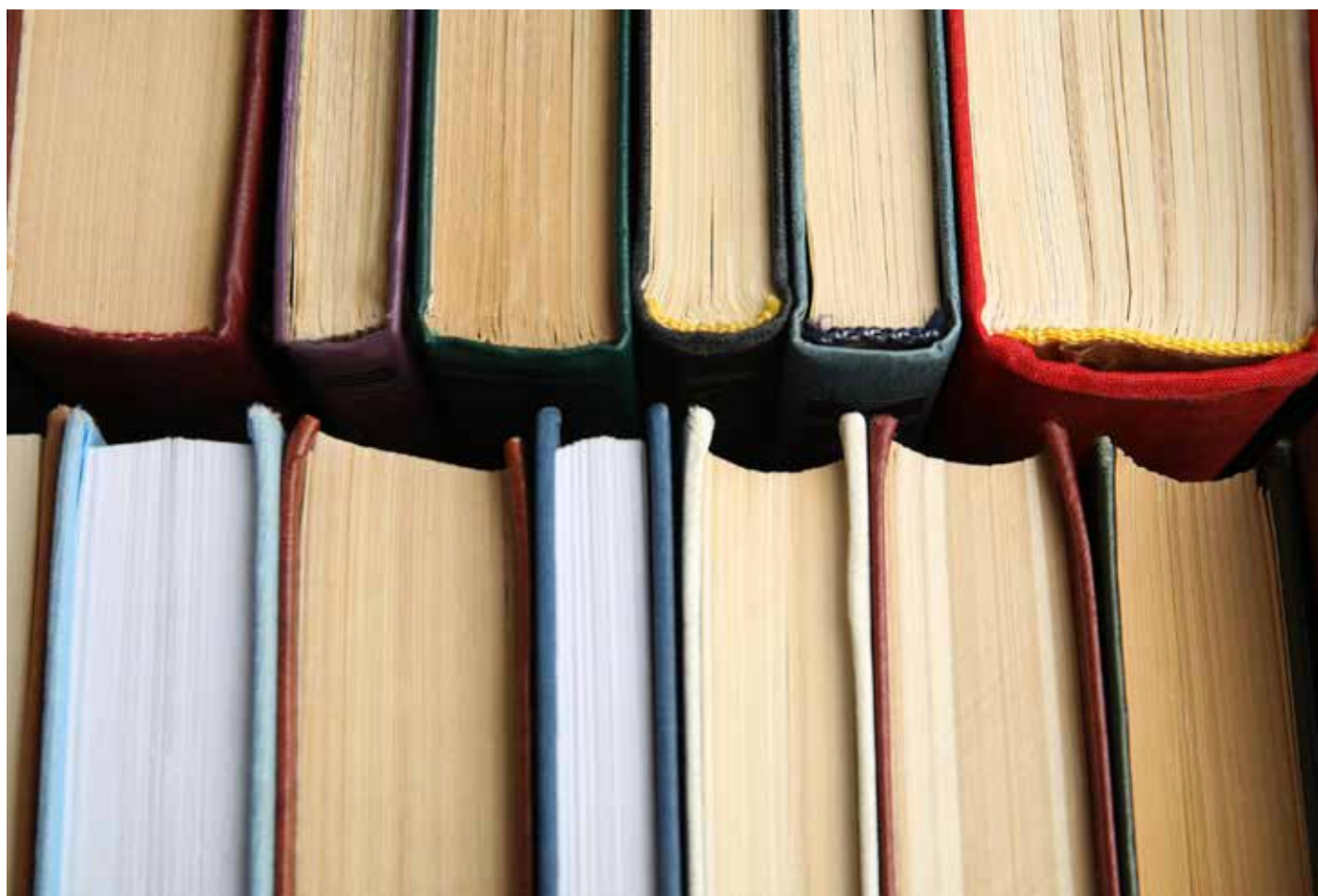
I was also never taught about executive function in those days. Executive function refers to the higher-level cognitive skills a person uses to control and coordinate their other cognitive abilities and behaviours. It facilitates the behaviours required to plan and achieve goals. The fundamental skills include proficiency in adaptable thinking, planning, self-monitoring, self-control, working memory, time management, and organisation. It seems to be located in the prefrontal cortex.

I was also focused, in those days, on different areas of the brain and their function (eg the amygdala), thinking that they were discrete parts, which might be connected to other parts, but that was not important. As we now know, the brain has many networks that link areas of the brain together, and this is very important to the way that the brain as a whole works. I'm thinking about the default mode network (DMN), the sensorimotor network (SMN), the dorsal attention network (DAN), and others.

I also didn't know about the structure of the cerebral cortex. I would definitely have told clients how important it was to use their intellectual or rational brain, but I wouldn't have been able to explain how it works.

Now I know that the rational brain is made up of small, identical components called neurons, which are grouped into cortical columns. There are around 150,000 cortical columns in the human brain. Any area (or the whole thing) can grow in size by adding more of these tiny cortical columns. It's this Lego-like ability to grow that has allowed human brains to evolve to their current form.

*Like most SFHs, I read avidly
and widely.*



Other important new(ish) information is that the rational brain makes multiple simultaneous predictions about what it is about to see, hear, and feel. This helps explain the placebo effect – people get the results that they expect (predict). To be able to make predictions, the brain must learn what's normal in its environment using past experiences. It creates a model of the world as the person moves, and notices how sensory inputs change. With each movement, the rational brain can predict what the next sensation will be. If the prediction isn't correct, the model in the brain is updated. You can read more on this subject in my article, *The Intellectual Brain*, which you can find on page 8 of issue 42 of *Hypnotherapy Today*.

The vagus nerve

I wish I'd known about the vagus nerve in more detail, and polyvagal theory, and how the vagus nerve is behaviourally linked to social communication (eg facial expression, vocalisation, listening), mobilisation (eg fight-or-flight behaviours), and immobilisation (eg feigning death, vasovagal syncope, and behavioural shutdown). It shows the importance of the environment on people – from safe to life threatening – and gave us the word 'neuroception', which describes how neural circuits distinguish whether situations or people are safe, dangerous, or life threatening. I feel that information would have helped, if I had shared it with some clients.

The body

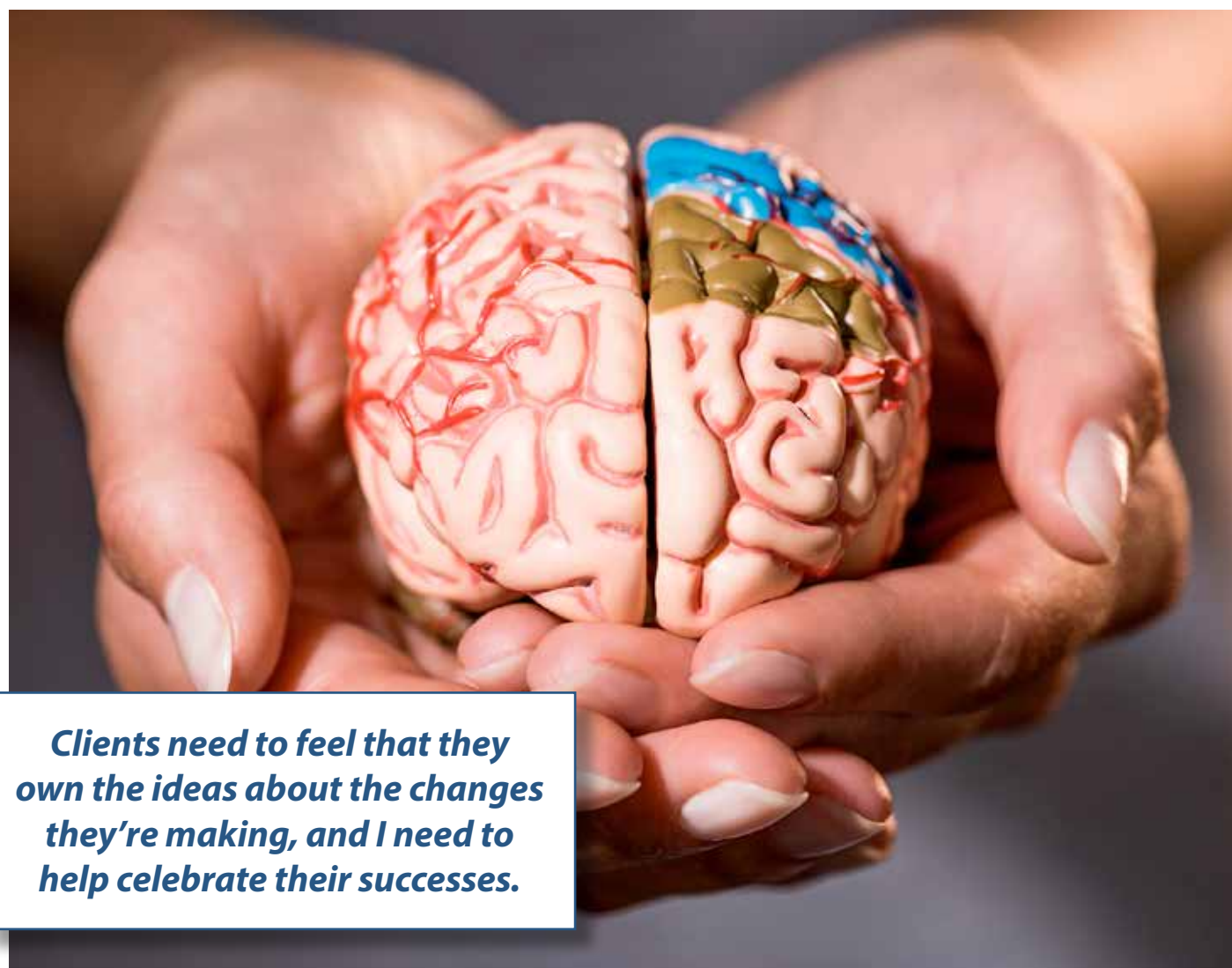
Descartes in the 1600s gave us Cartesian dualism, separating the immaterial mind from the material body, which, clearly, isn't the case. I wish I'd known far more about the gastrointestinal

(GI) tract and about the importance of the gut biome and its effects on the brain.


These days, most people seem to know about the millions of bacteria and fungi that live in the intestines, that help to digest food, making more calories available to us (perhaps leading to obesity). In fact, over half the cells in a person's body do not belong to them! Importantly for Hypnotherapists, there is a connection between the gut and the brain called the gut-brain axis that can impact how a person feels. The types of bacteria present in a person's gut and their relative proportions can lead to a person feeling depressed, and some bacteria have been linked to OCD. Stress affects the composition of the gut biome. Psychobiotics are gut bacteria that communicate with the brain through the enteric nervous system, the vagus nerve, the immune system, and hormones in the gut.

It makes you think that just talking to a client may not be enough in some cases to make the changes they want. Similarly, it would have been useful to know that the brain and the immune system have a two-way link. The body's natural response to an infection is inflammation – flooding an area with white cells that can attack it. Stress can also cause inflammation. And inflammation has been found in some people with depression. In fact, many of the outward symptoms of 'flu – feeling tired, lacking energy, etc – are also found in depression.

A person's diet (especially how much ultra-processed food – UPF – they eat), how much they exercise, and how much sleep they get can all impact on that person's mental health. It would have been useful to know much more about these three areas before I first started seeing clients.



Clients need to feel that they own the ideas about the changes they're making, and I need to help celebrate their successes.



Be prepared to modify the way [you] work with clients to help the individual achieve their goals.

I also don't think genetics was ever mentioned, and yet, it seems that, while there aren't particular genes for anxiety or depression, etc, the conditions do run in families. There is a huge genetic (or epigenetic) component to mental health issues, although family members may be diagnosed with different, though similar, conditions.

I also keep in mind the importance of autonomy and competence (ideas from self-determination theory) when working with a client. Clients need to feel that they own the ideas about the changes they're making, and I need to help celebrate their successes.

I find I'm getting more interested in how external factors affect a person in terms of physical and mental health. By external factors I mean the quality of the housing they live in, the kind of TV programmes they watch and the music they listen to, the comments or expectations of them that their friends and family have, as well as what's happening to them at work, etc. All these factors, and more, over time can affect what behaviours they adopt to cope with those factors. That can lead to, as I said, physical and mental health issues. These external perceptions are called exteroception (the opposite of interoception, which are internal perceptions). The long-term solution to the problems caused by people's adaptations to external stimuli might sometimes be better dealt with by

a political solution than six or more sessions with a SFH.

There are plenty of other bits and pieces that I have picked up over the years that I have incorporated in my standard therapy sessions, but I'm not sure how they would have fitted into a standard training course.

Conclusion

I guess there is only so much that can be included in any training course or else it would go on for an incredibly long time. I'm certainly glad that I became an NLP (neuro-linguistic programming) master practitioner (another training course) because I often use techniques like anchoring with clients. I also trained in mindfulness and positive psychology (and much else), which all had some impact on my way of working successfully with clients.

I think, therefore, that it is important for any newly-qualified SFH to continue reading, attend CPDs and other training courses, and keep up to date with the latest neuroscience information, and much more, and be prepared to modify the way they work with clients to help each individual client achieve their goals.



About the writer:

Trevor was made a Fellow of the AfSFH in 2022 for his work to spread the word about SFH as a therapist, Supervisor, CPD provider, blogger, writer and podcaster, and for his long-standing contribution to the AfSFH Committee.

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Committee Members

Chair: Jane Fox



Jane graduated from CPHT Manchester in 2014 and is currently a Supervisor and Senior Lecturer with CPHT Sheffield and Bristol. Prior to Hypnotherapy training, Jane worked in clinical research in the pharmaceutical and medical devices industries for many years. Jane is passionate about progressing the research in Solution Focused Hypnotherapy and providing evidence to support what we already know about our amazing therapy.

CEO: Brian Noon



Brian graduated from CPHT in Peterborough in 2016 and has been a senior lecturer for CPHT since 2019. Brian is a passionate advocate of SFH, and in his role of CEO is committed to progressing the awareness of our fantastic model of therapy, as well as ensuring that the AfSFH continues to offer support and value to its members.

Contact email: ceo@afsfh.com

Head of Finance: Rebeka Cohen



Rebeka graduated from CPHT Nottingham in June 2022 when she set up her practice in Leicestershire. Having a strong background in accountancy and with a commitment to promoting the positive impact that Hypnotherapy can have on people's lives, Rebeka is excited to make a meaningful impact in her role as Head of Finance for the AfSFH.

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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 Social Media, Digital Platforms and Marketing: Emma Naughton



Emma has a background in marketing with experience of managing social media platforms for international companies. She is keen to create a supportive and informative space for members to connect and access AfSFH resources, and to increase public awareness of SFH and its benefits.

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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.

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.

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