



HYPNOPATTER

Official Newsletter of the Australian Hypnotherapists' Association
www.ahahypnotherapy.org
October 2002

PRESIDENT'S REPORT



Hello again. Things haven't been moving along as fast as I had hoped. The new Prospectus and Application forms for PACFA are still waiting for input from some people before they are to become standard – hopefully that will be soon. (I hope that those that I am still waiting on are reading this!).

NSW membership attendance seems to be at an all time low with only a few members turning up at meetings. This has been an ongoing problem with Sydney members for some years now and hopefully new members coming into the Association will inject some much needed time and energy into the meetings.

A few Clinical Members will be meeting together on the 4th October 2002 to complete their applications together to go on the PACFA register. You will hear further on this in the next newsletter.

We are working on new AHA membership examination papers that will make it easier for people to join us. The exam paper will be one of multiple choice and short answers rather than long essays. Long essays make it difficult to mark. (Each examiner has their own way of doing things that may give a low or high mark rather than be accurate.) I am also proposing an easier renewal form for the end of the year.

Karin Wentworth-Ping has put together a Members Questionnaire for this issue for you to complete – please take the time to do it and email or post it back to me. Keep your mind focussed on making this Association strong – and it will become strong.

It has been a difficult time getting insurance cover. The AHA, ASCH and MPCHA got together and put in a submission to AON to get them to delete the 200% premium load for hypnosis. The underwriters did reduce the loading to 100% but would not shift any further – they would be happier not to cover hypnotherapy rather than reduce the premium.

At the time of writing this I am still waiting for Marsh Pty. Ltd. (ATMS member cover), to get back to us. I have submitted a lot of papers to endeavour to get a low premium and hopefully I have been able to get back to you all with some positive outcome. One of our members mentioned to me that their own insurance broker felt that in today's climate we would be lucky to get anything under \$1,000.

AEI also have not replied to us as yet. It will all be over by the time you get your Hypnopatter bar the shouting. It seems that no Association will cover you unless you are a Clinical Member. So, unless you have another modality that will cover you, I suggest that you get your skates on and do what is necessary to become a Clinical Member. Remember 'Recognised Prior Learning' (RPL) can be taken into consideration. Contact your membership secretary, Lyn Macintosh (02) 9498 6334 or discuss it at your next meeting and get back to us to see if it is possible to upgrade you.

I am still waiting for a response from Marsh and AEI. If you feel that you would like to contact them direct and see how you go, here are the details: Contact for: Marsh P/L is Katherine Munro at (02) 8243 7757; AEI is Simone Ebbage at (07) 3221 2777. Another contact is -Clarendon Insurance Brokers - Norma Marshall (03) 9415 9255

I cannot advise you what you should do and am disappointed that we have not been able to get concrete results or discounts. At least AON's underwriters did reduce the 200% loading down to 100%.

So, in conclusion, all Clinical Members must be covered by insurance. All other members must be aware that if they are practicing and are not insured that they risk heavy penalties should any legal action be taken against them. If you decide not to get insurance (or are unable to obtain it for whatever reason) we will require you to indemnify the Association (AHA) from any costs arising from any such legal action that may be taken against you.

(Continued over)

President's Report cont.

In particular I would like you to look up the repressed memory debate so that you can see how dicey it can be to deal with past memory. On a more positive note, look up www.scienceofgettingrich.net. You will find a book to download that may consolidate your thinking and provide a new approach to your practice.

With this insurance problem on False Memory Syndrome have a look at the web site below:

- (1) <http://www.tafevc.com.au/samplecourse.html>
After getting to this site, click on -
- (2) Psychology. (This site allows you to do a free course on psychology.) But first, -
- (3) click on 'begin module', then -
- (4) click on 'memory', then -
- (5) click on 'false memory', then -
- (6) click on The 'recovered false memory syndrome debate'

This will give you an indication of what the experts said about False Memory Syndrome. It is also a warning to remind us not to fall into the same trap.

Regards, Bruni

Supervision

In each edition we will keep you up to date on which members of the AHA have undertaken the training to offer supervision. To date, the first accredited NSW supervisors are:

Bruni Brewin (02) 9755 5543
brunibrewin@hotmail.com

Elizabeth Bullock (02) 9971 0930
elizabeth_bullock_hypnotherapist@hotmail.com

Leon Cowen (02) 9415 6500
leon@aah.edu.com

Coral Sly (07) 5443 9089
lifeconsultants@bigpond.com

Leonie Spaccavento (02) 4751 3892
L.M.Spaccavento@bigpond.com

Karin Wentworth-Ping (02) 9901 3440
wentaus@compuserve.com

You can undertake individual or peer group supervision.

You also have the option of having supervision with an accredited supervisor outside of the AHA.

Supervision is not covered by health funds.

The peer supervision, prior to the AHA General Meeting, is free of charge.

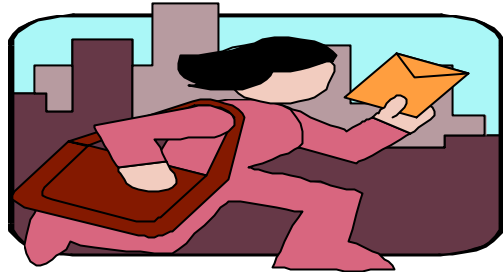
The fee for personal supervision is negotiated between you and your supervisor.

Alison Burton and Sandra Williams (VIC Branch) have completed a 2-Day Supervision Training Course designed to meet the requirements of the AHA and PACFA. Sandra and Alison are now accredited to offer supervision to members for information about this see the news from Victoria section.

From Alison Burton (VIC), Vice President

PACFA AGM

The PACFA AGM was held in Melbourne on August 24th and 25th 2002. About 60 delegates, representing the 30 or so member associations attended it. The organisation is impressive and the number of highly dedicated committee members was inspiring. The enthusiasm of delegates meant that there was no shortage of nominations for all vacant positions. Last year's committee and the numerous subcommittees seem have put in an enormous amount of work. The aims of PACFA include providing cohesion and representation for all its member associations as well as ensuring the standards and ethics of the practitioners it represents. One report that impressed me was from a member of the Liaison Committee who was approached by representatives from the Federal Department of Human Services, Mental Health. She reported that the Government considers that there is an oncoming mental health crisis and they welcome the involvement of counsellors and psychotherapists with a baseline of standard as they do not believe they have enough other mental health care professionals (doctors, psychologists and social workers) to service the growing numbers in the community that will be suffering from depression etc. She indicated that they would welcome a way to access competent accredited therapists to meet this growing need. They also want representatives from a broader range of professions to act as policy advisors to the Government.



PACFA Register Application

A new and much less daunting Register Application form is now available and can be downloaded from the website. There are currently about 80 practitioners on the register. The following is taken from PACFA's Website (www.pacfa.org.au)

What is PACFA?

The Psychotherapy & Counselling Federation of Australia, Inc. is an "umbrella" association comprising affiliated professional associations that represent various modalities within the disciplines of Psychotherapy and Counselling in the Australian community.

How do I join PACFA?

Individuals cannot yet join PACFA - it is an "association of associations". You need to join a PACFA Member Association in order to show that you meet the professional standards now required in the field. You will need to approach a PACFA Member Association and go through their normal membership procedures - you will have to prove that you meet their training standards, their supervision and experience requirements, and commit yourself to their ethical standards. All of these will have been ratified as sufficient by PACFA.

Which Associations have joined PACFA?

The web site contains the current list of PACFA [Member Associations](#).

How is PACFA going to benefit me?

In the long term, membership of a PACFA Member Association will mean the widest public recognition of your professional credibility. PACFA is in the process of producing a [National Register](#) of psychotherapists and counsellors. The Register will be widely circulated to other professional who refer people to psychotherapists and counsellors. It will also be available to members of the general public who are seeking information about psychotherapy and counselling. The Register, unlike a membership list, includes names of individual psychotherapists and counsellors who have been accredited through the PACFA Register application process. Having your name listed on the Register, under that of your PACFA Member Association, will confirm that your level of training, your expertise, your commitment to a high standard of ethical and professional practice, have been verified.

Privacy Act & Health Records

A Paper on the changes to the Information Privacy Act & Health Records Act. was also presented. These two Acts give individuals (i.e. clients) legally enforceable right of access to their own personal information and health specific information.

Continued over

Alison Burton (VIC) continued

Since March 2002 (the date of the act) therapists are required to keep records in such a form that they can be handed over to the client or another therapist. An exception is for information given in confidence from a 3^d party prior to March 2002, and then only a summary is required.

The Acts specify the manner in which information is collected, used, disclosed and stored. This applies to private practitioners. There is now a legal requirement for mental health professionals to be precise, clear and open on what information we collect, the quality of our notes and other records and the security of their storage in offices and filing cabinets or computers. Clients need to be informed of their rights and give consent to the collection, use and disclosure of information.

I would strongly encourage all Members to familiarize themselves with their legal obligation in regard to these requirements. This has certainly encouraged me to reassess aspects of my practice such as note taking, security of client files at all times and ensuring I have written consent prior to sharing client information. More information can be located at www.dhs.vic.gov.au/privacy. Or contact me at alisonburton@optushome.com.au if you would like a copy of this paper

Financial Report

PACFA has relied heavily on substantial donations over the past two years. In the future the number of people on the register needs to increase to around 500 or the per capita fees will need to be increased by \$10 for 2003-04. Please email me if you would like a full copy of the Minutes of the AGM or any of the discussion papers. alisonburton@optushome.com.au

Victorian Branch Extra

Our Next Meeting: 9 am to 10am (members only)
Seminar: 10am to 12 noon Saturday. November 30th
Guest Speaker: Bill Patterson
Topic: Anxiety Management with Hypnotherapy and Biofeedback
Doncaster Senior Citizens Centre cnr Dehnert and Doncaster Rds, East Doncaster.

Bill Patterson is a valued Clinical Member of the AHA. He runs a very successful practice in Toorak. Bill will be discussing anxiety and the toxicity to the body of prolonged anxiety states. He will demonstrate the use of hypnotherapy and biofeedback on the mediation of anxiety and its effect on the body. Bill uses equipment, which measures a whole range of physiological responses so this will be a "hands on" demonstration. Please confirm your attendance by calling Alison Burton on 98937790

Peer Support/Supervision Evenings

Held on the last Wed of each month at the Peaceful Alternative Health Centre, 937 Doncaster Rd. East Doncaster. These evenings are proving to be increasingly well attended. They are a very enjoyable way to connect with fellow hypnotherapists, share ideas, resources, techniques and issues. It's an informal and supportive get together, open to all members and affiliates and others by invitation. Cost is \$10 with supper provided. 7.30 to 9pm. Call Alison Burton on 98937790 if you would like to come along.

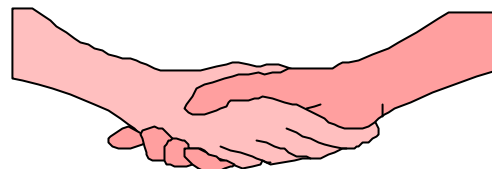
Resources for Borrowing

For the past 2 years we have videoed our quarterly Seminars. These videos are available for borrowing. The topics covered are David Taylor on NLP, Michelle Bihary, Family Therapist, on "Keeping the Family in Mind," Linda Edwards "What Makes an Effective Therapist" Lorna Bukkland-Vittetta on "Full Body Catalepsy" and Harry Berger LMAHA on "Hypnosis". These videos are not professional quality but certainly allow people to have access to the information covered in these seminars. We ask people to pay what it would have cost to attend the seminar.

Bedwetting: About 15 per cent of five-year-olds and three per cent of 10-year olds will wet the bed. If both parents were bed-wetters there is an 80 per cent chance that their children will be, too.

SUICIDE INTERVENTION SKILLS

2- DAY WORKSHOP: FRIDAY 14th AND SATURDAY 15th FEBRUARY 2003 9.00am - 5.00pm
Hornsby Ku-ring-gai Lifeline & Community Aid, 4 Park Avenue,
Gordon
(Cnr Park Avenue and Pearson Avenue)



50 Australians die every by suicide every week.

We are fortunate to be able to offer this 2- day Applied Suicide Intervention Skills Training course to members of the ASCH, AHA and PCHA. The aim of the workshop is to provide information and understanding about suicide and suicide intervention and is particularly appropriate for counsellors and hypnotherapists in private practice.

We will learn to explore signs that an individual may be having thoughts of suicide, how to apply a model for suicide intervention and how to provide information to link people with community resources for long-term support.

Lindy Macgregor has been Director of Lifeline Hornsby Ku-ring-gai for the past 9 years and she is joined by Gaynor Hicks, a registered psychologist, to present the workshop. Both are Master Trainers of Living Works programmes.

Living Works is one of the most widely used suicide intervention training programmes in the world utilising role-plays, case studies and discussion. Participants will receive a workbook, a 110 page Manual and a Certificate of Attendance.

The 2- day workshop is limited to 30 participants and the cost is \$140. Early registration is encouraged to secure a place at this very important training course.

Morning and afternoon teas are provided and a variety of local venues are available for lunch. An easy walk from the station or allow time to park in surrounding streets.

Please send your cheque for \$140 payable to Hornsby Ku-ring-gai Lifeline and Community Aid to Mrs Lyn Macintosh, PO Box 341, Killara 2071 by 31st January, 2003. Your contact number will be essential in case the course is over-subscribed. Enquiries to Lyn at (02) 9498 6334. Hours may be credited towards annual membership renewal requirements.

Mrs Lyn Macintosh, PO Box 341, Killara 2071 (02) 9498 6334

Please enroll me in the Two-Day Suicide Intervention Workshop February 14 -15,2003
My cheque is enclosed. (for details see above). PLEASE PRINT YOUR NAME, ADDRESS and PHONE NO.
and post to the address above.

.....
.....

AHA National (Sydney) MEETING DATES

ATTENTION- NEW DATES

19-10-2002 All Day Workshop
9:00 - 5:00
(see application form page 7 in this
Hypnopatter.)

7 - 12 - 2002 Supervision and
General Meeting 10:00 - 12.30

1 - 2 - 2003 10:00 - 3:00
Supervision and General Meeting

15-3-2003 All Day Workshop
9:00 - 5:00
One of the speakers will be Roger
Johnston, on Stage Hypnosis (he can
help you learn how to do it)

24-5-2003 Supervision and Annual
General Meeting 10:00 - 12.30pm

Further dates to follow.

We know how good hypnosis is in stopping bed wetting - but if all else fails: an extra aid to stopping bedwetting is the pad and bell method. Basically, you sleep on a pad and when it becomes wet a bell rings. For more information on bed-wetting or any other incontinence issue the contact for the National Continence Helpline is 1800 330 066. (Good Medicine).

Nicotine in tobacco damages receptors in the brain, which keep sleeping babies breathing, the research has found. During sleep babies have short pauses when they stop breathing for a few seconds before the receptors kick into action and start them breathing again.

The research, published by the American Academy of Sciences, found these receptors are in the same brain area where nicotine lodges. The result is that when a pregnant woman smokes, the nicotine passes into the unborn child's brain and dulls the effectiveness of the receptors.

Cybercounselling from Alison Burton (VIC)

There are already 7000 websites offering Internet counselling. One of the discussion papers presented was "Internet counselling" and it explored the advantages and disadvantages of using the Internet to provide counselling, training, supervision, research etc. Since "Cybercounselling" is already happening it was deemed important to look at the potential need for regulations and guidelines regarding its use. Using the Internet in therapy may range from as little giving clients your email address to conducting all sessions online.

As with telephone counselling the process occurs without visual cues and may therefore be more difficult to accurately assess what clients are experiencing. There is no doubt however those powerful personal relationships can develop online. In therapy, confidentiality is of course a major issue, and our Code of Ethics still needs to apply.

Margot Schofield is keen to gather stories about Internet counselling whether they are positive or negative. She can be contacted via pacfa@bipond.com. It's interesting to contemplate how hypnosis could be used online. I'm sure I'm in trance 90% of the time that I'm on the computer. I certainly go into a time warp! Any thoughts?

AUSTRALIAN HYPNOTHERAPISTS' ASSOCIATION

1 DAY WORKSHOP (Sydney)

Cost: \$90:00 Members (AHA & ASCH & PCHA) \$110:00 Non Members

Time: 9:00 am to 5:00 pm Date: 19th October 2002

Venue: The Ryde - Eastwood Leagues Club, 117 Ryedale Rd. West Ryde NSW 2114

This workshop goes towards meeting the annual requirements for your mandatory workshop / ongoing education hours.



HELPING CLIENTS WITH DRUG ADDICTIONS

9:15 am – 10:45 am Robb Whitewood ; N.L.P.A.A; C.A.P.A; A.B.N.L.P; A.T.M.S; Master NLP

Robb is the Director of Dynamic Mind Works and an experienced NLP and Hypnotherapy trainer. Robb has had tremendous success with techniques that allow a person to make personal changes to their values, decisions and strategies. He is particularly successful in helping people with drug addictions especially heroine and has agreed to share some of his techniques with us.

HELP CLIENTS TO ACCELERATE THEIR LEARNING

11:00 am – 12:30 pm Sandy MacGregor;

Sandy MacGregor is an internationally renowned Trainer of CALM (Creative Accelerated Learning Methods) using the latest techniques for achieving Life Skills and academic learning. He is the best-selling author of 5 books and tapes. Sandy has appeared regularly on national radio and TV. He helps clients achieve their goals faster & more easily by helping them make their affirmation into a goal, (useful for both students and adults). He will demonstrate how to access and use our Reticular Activating System.

FINDING THE CLIENT'S IMPLIED INTENT

1:30 pm – 3:00 pm Gordon Young; BA (Hons), Dip Ed; Dip C.H; Dip C.S; Master NLP

Gordon runs a practice on Sydney's Northern Beaches that provides clients with a guarantee. If the client still has the problem at the end of the session, no payment is required. Should a client report that the problem has resurfaced in the following weeks, they are entitled to come back without charge. No client has ever refused to pay or returned for a free second session. How is this possible? Gordon will discuss the questioning methodology he employs to first establish client commitment, uncover secondary gains and if necessary dismantle those areas of resistance.

LAUGHTER IS THE BEST MEDICINE

3:15 pm – 4:45 pm Shirley Hicks; B.Bus., MCom, ND, DBM, DHOM, Cert. Hyp.

Shirley is a highly respected naturopath, trainer, and entertaining presenter who regularly runs very successful laughter workshops at Woolwich every Saturday Morning. These workshops are based on the Laughter Clubs of India. As we all know, laughter therapy can have a positive effect on both the immune system and the nervous system and helps with pain relief. Hear the latest research in this field and participate in a laughter session.

AUSTRALIAN HYPNOTHERAPISTS' ASSOCIATION

A.H.A. Sydney WORKSHOP REGISTRATION FORM

19th October 2002

AHA, ASCH & PCHA Members \$90:00 or Non-members \$110:00

NAME:

ADDRESS:

PHONE: email:

Please complete and return with your remittance to: The Treasurer, 19 Macleay Ave, Wahroonga NSW 2076 Phone 1800 067 557

HURRY! Get your registration in before the 12th October and be in the running to win a workshop for free.

Books

Books reviewed by Lyn Macintosh are available through the post from Footprint Books PO Box 418 Church Point NSW 2105. Phone 02 9997 3973 Fax 02 9997 3185. Email sales@footprint.com.au Please note that Footprint Books offers 15% discount to members of the AHA on all books ordered. Ask for their catalogue.

ANALYTICAL HYPNOTHERAPY Volume 2 Practical Applications by Jacquelyn Morison with contributions from Georges Philips Review by Lyn Macintosh

Volume 1 was reviewed in a previous Hypnopatter and this is the much-awaited Volume 2 that deals with the practical applications of analytical hypnotherapy.

The material in this volume has also been thoroughly researched and contains a wealth of information that will expand the mind of any reader and the two volumes together represent solid reference material that will never be out of date.

The author doesn't hand you a script on a platter, rather she explains underlying principles that can be explored to help the client resolve his "underlying psychological trauma, conflict, distress, disturbance and faulty misconceptions".

Questions are posed at the end of each chapter under the heading "Client Profiling" that will cause the practitioner to review what has occurred in the session and what may need to be investigated in the subsequent sessions.

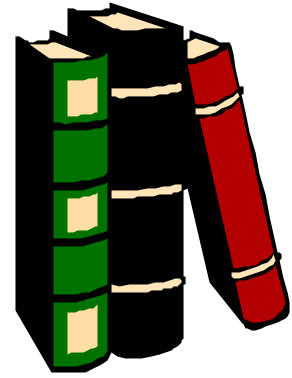
There's a lot of meat in this book. Therapeutic planning is discussed and disorders ranging from fear and anxiety, guilt and shame, sorrow and grief, psychosomatic and post traumatic stress disorder are covered. Childhood abuse is broken into two chapters - The Nature of Childhood Abuse and The Effects of Childhood Abuse.

In the information gathering process that most of us would employ, some soul-searching questions are listed that the therapist can pose "in order to elicit information about the client's childhood background and can highlight areas where conflict or trauma may have manifested." "Acceptance of the past as a life experience that the client has surmounted and can now look upon with equanimity will be of paramount importance to the successful outcome of analytical therapy" and will lead to the rehabilitation of the client.

The more we can learn to assist our clients to ease their underlying psychological distress the better and the wisdom exhibited by the author will go a long way towards helping us to reach that goal.

STOP WALKING ON EGGSHELLS by Paul Mason & Randi Kreger

Review by Ann
Sheridan



"Stop Walking On Eggshells" focuses on the little understood personality disorder of Borderline Personality Disorder (BPD). It is also a useful guide and resource book for people who unwittingly find themselves involved with a person with BPD whether that be a chosen relationship such as with a partner or a client or an unchosen relationship such as with a child or parent.

Contrary to what the name implies, people with BPD are not on the borderline of anything! The term Borderline Personality Disorder was first coined by researchers in the early part of the 20th Century, when it was thought that people with these behaviours were on the border between neurosis and psychosis and unfortunately the name has stuck. BPD's moods swing wildly from one extreme to the other – cycles of the mood swings vary from person to person. In some BPD's it can occur in seconds, others may take months to cycle through one extreme to the other.

Like any other disorder there is a continuum between the highly functional and outwardly successful BPD who appears to the casual observer or acquaintance perfectly normal most of the time, out going and well liked in the community; they may show their other side only to people they know very well. Sometimes they manage to cover it up so well they become strangers to themselves. At the other end of the spectrum is the BPD with extreme and intense feelings of abandonment, not feeling validated, irrational out of control behaviours of rage, self-mutilation, suicidal tendencies, unpredictability, erratic mood swings, abusive, hurtful and confusing behaviour including dissociation. They alternate between seeing other people as either flawless or the evil enemy and therefore they will cast others in the role of villain or the hero. They see situations in the extremes of being ideal or disastrous, or themselves as worthless or alternatively flawless and therefore always right. They base their beliefs on their feelings rather than facts and they don't realise the effects their behaviour has on others. They feel their emotions so intensely it is difficult for them to put others needs head of their own.

BPD's feel empty or like they have no self. They express anger inappropriately; in other words everything is felt and experienced to the extreme. Thus they often act impulsively in ways that are potentially self-damaging such as overspending, engaging in dangerous sex,

Books continued

rushing into relationships, reckless driving, self-medication in the form of addictions such as: alcohol, drugs, gambling, workaholic etc. They are verbally abusive towards people they know very well, while putting on a charming front for others and can switch these modes very quickly.

BPD is often misdiagnosed, or not diagnosed at all. It frequently co-exists with other mental health concerns. There are many reasons for this, one possibility being that no celebrity has admitted to having the disorder, although many of them show the traits. Therefore this disorder is likely to be more widely spread than previously thought.

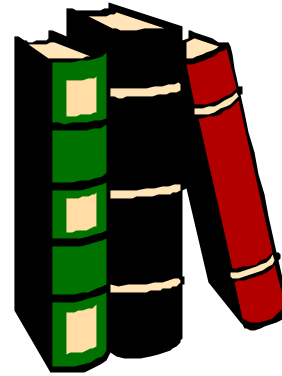
The issues are extremely complex. The extreme behaviours of a person suffering from BPD are not just behaviours; they are learned coping mechanisms they have used all their life.

The book not only deals with the disorder but also focuses on strategies of how family, loved ones and therapists (Non-BP's) can cope with the difficult behaviour of a BP and set limits. This maybe the only recourse for people in relationship with a BP as these people are reluctant to accept the diagnosis of BP even from a trained mental health professional, and will often react with rage and denial.

BP's use denial as a way of coping. They feel totally out of control within themselves and will unconsciously transfer their own behaviors, feelings, or perceived traits onto you, denying that they have these traits within themselves. Deep down the BP knows they are defective. Their denial can be the only thing they have, and therefore stripping them of it can become a life-threatening situation.

It is thought that all people with BPD harm themselves or are suicidal. It's important to know that although this has been a hallmark of the disorder, there are many highly functioning BP's that do not have these tendencies. This is a double-edged sword as these BP's are less likely to seek and get the professional help that they need, and the true number of +BP's in the community may go unrecognized.

The book encourages the Non-BP's living with a BP to work on themselves to set limits by not buying into destructive verbal abuse. It is impossible for the Non-BP to fulfill all the BP's needs and expectations as often when they do the BP will then want something else. It's important for the Non-BP to get off the roller coaster and reclaim their own lives. To develop a consistent, balanced view of themselves at all times and a rational perspective as the saint/sinner conviction of the BP is very convincing because they believe what they are

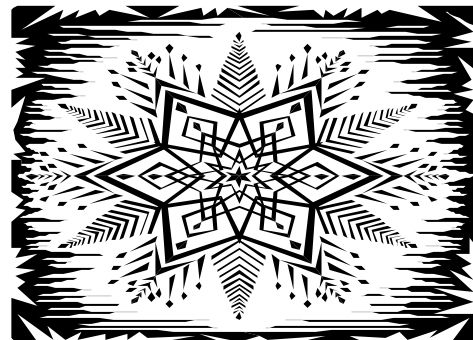


saying at the time. This can undermine the non-BP's sense of self, confidence and self-esteem.

It becomes important for the Non-BP to set limits because BP's have difficulty with personal limits – both their own and those of others.

They often have the need to feel in control of other people because they feel so out of control within themselves. Conversely some BP's may cope with feeling out of control by giving up their own power, that is, they choose lifestyles such as the military, religious cults etc, It's important for the Non-BP to realise that the BP's behaviour is more about them. What may seem like manipulation, control and emotional blackmail is most likely a desperate means to control their own fear, loneliness, hopelessness and emptiness.

BPD is one of the most misunderstood psychiatric diagnosis and the biggest misconception is that people with BPD can never get better. New research suggests that BPD can be helped with medication, to control what is now believed to be chemical imbalances, and therapy. BP behaviours that have been learned can be unlearned. BP's can get over these learned behaviours that they use as a way of coping with the world and others and live constructive lives.



Contacts

AHA Executive Committee

AHA President
Bruni Brewin (NSW)
 20 Epsom Road
 Chipping Norton NSW 2170
 Tel. (02) 9755 5543
 Fax. (02) 9755 5514
bruni_brewin@froggy.com.au

AHA Vice President
Alison Burton (VIC)
 (03) 9841 5199;
alisonburton@optushome.com.au

Treasurer: Marja Lak (NSW)
 19 Macleay St, Wahroonga 2076
 Ph: (02) 9489 3285
MayaLak@bigpond.com

AHA Secretary: Antoine Matarasso (QLD)
 73 Terrace Street,
 New Farm 4005
 Clinic Phone: 07 3254 1373
 Mobile: 0403 843490

Newsletter Editor:
Karin Wentworth-Ping (NSW)
 16/2 Lamont Street,
 Crows Nest 2065.
 Ph (02) 9901 3440
 Fax (02) 9977 8757
wentaus@compuserve.com

New Membership Sec:
Lyn Macintosh (NSW)
 1 Willow Close
 Killara NSW 2071
 Tel. (02) 9498 6334
lyn@hypnotherapy.net.au

Victorian Executive Committee

**VIC Executive Officer/Treasurer/
 Membership Sec:**
Alison Burton
 (03) 9841 5199;
alisonburton@optushome.com.au

VIC Secretary:
Sandra Williams
 (03) 9482 1380; scloh@telstra.easymail.com.au

Queensland Branch

Executive member/AHA Secretary:
Antoine Matarasso (QLD)
 73 Terrace Street,
 New Farm 4005
 Clinic Phone: 07 3254 1373
 Mobile: 0403 843490

Contributions welcome, wanted,
 desired, hoped for. Email
 preferred.

Send to me, Karin Wentworth-
 Ping

email

wentaus@compuserve.com

Fax (02) 9977 8757 (typed
 copy)

Post 16/2 Lamont Street,
 Crows Nest NSW 2065 (typed
 copy)

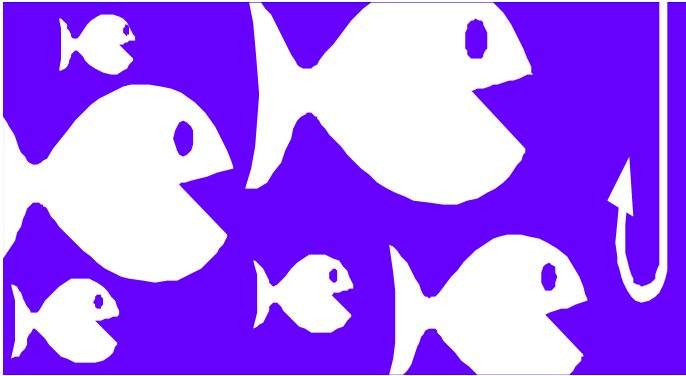
The editorial, comments and ideas in
 Hypnopatter do not necessarily reflect
 those of the AHA or of the Executive.

From the Editor

After an AHA member no-show, well, extremely minimal showing, at the last General Meeting in Sydney, Bruni Brewin, the new President, is keen to discover the reasons behind this; although I think Bruni wouldn't have been that surprised by the lack of attendance/non-attendance, as this has been a perpetual theme for years. How can we hook the members in? How can we capture their interest and harness a desire to be involved? The Executive asks why? Why aren't the members here and involved? Why are we working so hard for our members' interests when they make little effort? Why won't they answer us when we ask these questions?

Elizabeth Bullock recently wrote to Bruni with her impressions, and here's an excerpt of her email:

"If you want the AHA to be successful in the long term I feel things have to change considerably. The atmosphere has to be one of a friendly nature not one of dominance and superiority which simply frightens people away. We are all just human beings with different levels of skills and experience why not come together and share that and make hypnotherapy a better profession for everyone both therapists and clients. The better we are as therapists the better the therapy will be accepted and grow in popularity with the general public making it the number one choice for therapy we as therapists know how well it works often with amazing results where other treatments have failed.



The better we are as therapists the better the therapy will be accepted and grow in popularity with the general public making it the number one choice for therapy we as therapists know how well it works often with amazing results where other treatments have failed.

If the AHA is going to survive it has to grow; it can't do that if it is so difficult to join. The requirements to join and remain a member are so high that no one will be able to join or maintain their membership. PACFA will only make it more difficult for us to control our own association and what we require for membership. AHA is not the "superior association" and it will soon become the association with

no members; as existing members get older and retire there won't be anyone left because there aren't enough people with the high standards expected from the AHA.

Unfortunately older members are not given the respect that they deserve having fought the battles of the past, legislation etc. More recent members have no idea of the battle and how close we hypnotherapists came to being put out of business in NSW just like the other states. If it wasn't for the effort of those enthusiastic, dedicated members none of us would be in practice here today, and yet they are shown no respect and treated as nothing in this association, even being told they can't vote as life members. Members need to feel they are getting value from their association, after all it is their association without members we don't have an association! "

So, the question is what value do you want from the AHA? Perhaps you're happy with the way things are and what the Executive are doing for you. The last 3 Presidents have all expressed exasperation with the lack of attendance at meetings, ergo, seeing the members as apathetic. However, in my experience the meetings have been pretty formulaic with the reading of minutes with general updates, and oft repeated business. Also there are an extremely limited number of available members in Sydney, a sort of hard core group that the Sydney branch is dependent on. Not many of us are going to be able to attend 4 meetings a year, so making comparisons with the brimming attendance levels of the ASCH meetings isn't viable.

Over the last couple of years, perhaps more, the emphasis of the meetings has moved away from the ordinary member issues and more towards policies and politics. A move back to meetings being forums for member discussion and support perhaps? We see the popularity of the get togethers of the PCHA and the member activity of the Victorian Branch...so there's something there about informality. There's no doubt that the AHA is at a crossroads about how we perceive ourselves. Let's take ourselves seriously without taking ourselves too seriously. Change the entry requirements, let more people in and diversify. More numbers means more potential for attendance at meetings.

Overleaf is a questionnaire. Could you take the time to fill this in and send it to Bruni Brewin, by email, fax or by post? All thoughts and comments are welcome.

AHA Members' Questionnaire Hypnopatter October 2002

Name

Address.....

Tel No:.....Fax:.....

Email:.....

Membership Type (Clinical, Associate etc.).....

How long have you been a member?.....Are you a member of any other organisation or group (in relation to hypnotherapy?) Which one/s?

Do you attend the AHA meetings (please circle/underline)? Always Sometimes Never

If yes, how many did you attend in the last 12 months?

If you have not attended any meetings in the last 12 months, what were your reasons?

Did you know that you are expected to attend meetings? Yes or No

What would you like to get out of the AHA meetings?

Please list your reasons for being a member of the AHA:

Do you think that the AHA Executive is working well for your interests? Comments please.

Do you think the AHA Executive should consider any other issues?

The AHA is a member of PACFA, as an Association. The AHA Executive is advocating individual membership of PACFA, and, as a result, is heavily involved in creating favourable membership applications for AHA members. Do you regard this as personally important? Your comments?