



# The Australian Hypnotherapy Journal

The official journal of the AHA & its member associations ASTA & ASOCHA

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# Contents

<b>AHA Presidents Report</b>	2
<b>Keeping in Touch</b>	3
<b>Articles</b>	
The Health Action Process Approach and Self-Efficacy in Promoting Behavioural Change – Karen Bartle	5-7
The Uncommon Factors – Colin Darcey	8-9
AHA History - Irritable Bowel Syndrome – Bruni Brewin	10-11
EMI- is a Neuro Trance Psychotherapy. A New Wave in Cost Effective Mental Health treatment – Yildiz Sethi	11-14
<b>Professional Indemnity Insurance</b>	18
<b>Advertisements</b>	15
Alternate Solutions – Bruni Brewin	4
The Mind Academy	15
Emotional Mind Integration – 3 Day Foundation Course – Yildiz Sethi	16
ISOCCS Supervision PD Workshop for Supervisors	17-18
Successful Smoking Cessation	15
Supervision Training – Cas Willow	19
Family Constellations Training – Yildiz Sethi	20
<b>AHA Discussion Group</b>	4
<b>AHA Information and Updates</b>	20
<b>AHA State Links &amp; State Reports</b>	21
<b>AHA National &amp; State Committees</b>	22-23
<b>AHA Journal – Benefits of Submitting Quality Articles</b>	24
<b>Australian Hypnotherapy Journal Advertising Guidelines</b>	25
<b>Benefits of AHA Membership</b>	26-27

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**Editor:** Chereyl Jackman

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**Front Cover:** Sunset Nudgee Beach Queensland (*Your Photos are welcome*)

## President's Report

## Mailin Colman



Dear members,

The spring edition already!! Like many of you out there, I am sitting here wondering what on earth happened to this year as it seems to have eclipsed other years with its speed of passage.

The AHA are moving into the closing workshops for the year during November and December and the project that has occupied myself and the administrators time so significantly is now sailing smoothly! The changeover of the public directory, member database and website has been quite an experience for all of us. We have learnt a great deal during the process.

### **It is important that you have your log on details to retrieve your yearly member documents**

As renewal time nears, members will have to log on to the members area to retrieve such documents as CPD / Supervision record cards, professional member log books etc. During the remainder of the year, you will also need to log on to retrieve health fund information and more. As this is also the public website, all member documentation and information is passworded. Your email address is your log on and please contact [administrator@ahahypnotherapy.org.au](mailto:administrator@ahahypnotherapy.org.au) for your password. Please also be aware that membership documents will no longer be attached to your acknowledgement of renewal – they must be retrieved from the website member area.

Further to the email sent out to all members on the 8<sup>th</sup> of August, the public directory is linked to your profile and most of this you are able to edit yourselves. For the sections that you cannot, please simply email AHA administration and they will happily input the information for you.

### **Committee members are needed!**

The WA, NSW and Victorian committees are in serious need of volunteers for various positions. Please visit <http://www.ahahypnotherapy.org.au/contact-us/> to view the vacant positions. In the words of Gandhi, *be the change you want to see.*

AHA administration has negotiated a deal with Silencio Music. This music is royalty-free therapeutic background music which can be legitimately used both during therapy sessions and also in the creation of branded hypnotherapy products such as audio downloads, videos & mobile apps. Please use the code **AHA20** and visit <https://www.silenciomusic.co.uk/>.

Finally, a national committee planning day has been scheduled for February 2018 and input is welcomed from the members.

I wish you all smooth sailing and prosperity until next time. Enjoy the warmth of spring!

Warmest regards,  
**Mailin Colman**  
**AHA President**

**National Hypnotherapists Register Australia:** <http://www.ahahypnotherapy.org.au/find-a-practitioner/>  
**AHA guidelines & policies:** <http://www.ahahypnotherapy.org.au/member-area/policies-procedures-and-guidelines-for-members/> (Access requires member to be logged on)  
**AHA Submissions to Government:** <http://ahahypnotherapy.org.au/submissions-to-government/>  
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## Keeping in touch ...



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[http://www.psh.org.au/about\\_psh.htm](http://www.psh.org.au/about_psh.htm)



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**Chereyl Jackman**

BVA; MEd; Dip. Hypnotherapy; Dip. Kinesiology / Supervisor & Mentor;  
 NLP, NLK & NOT Practitioner, CranioSacral Therapist. Cert IV Workplace Training & Assessment;  
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## Alternative Solutions

**Bruni Brewin**

[www.brunibrewin@bbbenefits.com.au](mailto:www.brunibrewin@bbbenefits.com.au)

### Antidepressants Worsen Sexual Dysfunction and Depression

Roughly 1000 US adults currently receiving antidepressant drug therapy for Major Depressive Disorder participated in the Sexual Symptoms and Side Effects in Depression (SEXSED) survey.

"There have been any number of studies now showing that SSRIs can contribute to significant sexual dysfunction in multiple areas, including desire, arousal, and orgasmic function," said Anita H. Clayton, MD, professor and chair of psychiatry and neurobehavioural sciences.

The vast majority (88%) of respondents reported a loss of sexual desire, satisfaction, or sexual function. More than two thirds (68%) first experienced sexual problems as a symptom of their depression, and 17% first experienced sexual problems only after starting antidepressants.

Of those reporting sexual dysfunction, more than half (55%) saw no improvement or suffered further decline in sexual function since starting their current antidepressant treatment. Nearly three quarters (73%) of those with sexual dysfunction reported that it made depression worse.

[http://www.medscape.com/viewarticle/870660?src=wnl\\_edit\\_tpal&uac=169508EV](http://www.medscape.com/viewarticle/870660?src=wnl_edit_tpal&uac=169508EV)

#### Alternative Solution?

There are well trained Hypnotherapists that work in this area, who can work with you to address these problems.

You can obtain details of a qualified hypnotherapist near you that can assist you on:

<http://www.ahahypnotherapy.org.au/find-a-practitioner/>

### FOR AHA MEMBERS ONLY ... HAVE YOU JOINED THE AHA DISCUSSION GROUP?

**Nothing could be simpler**

By joining the AHA discussion group forum you gain access to the largest membership of any hypnotherapy association in Australia, a huge resource of sharing ideas to benefit our practices. It helps all members, no matter which State you are in, whether you live in a CBD or Rural District – each of us are able to communicate and share ideas and knowledge with every other member.

It's as simple as writing an email, just like you do when writing an email to a friend.

Your forum email address is:

[aha-discussion@googlegroups.com](mailto:aha-discussion@googlegroups.com).

When you are a member of the forum, you receive posting from other members, as well as being able to post yourself. You can decide whether to respond to an email to be helpful, or watch other responses, or just delete the email if you have no interest in the topic of discussion. These postings can include requests for help with clients, interesting articles, and other discussion topics of interest to your hypnotherapy practice.

The one rule we have is that you do not post advertising (your own or links that have advertising of their own or someone else's business, workshops, etc).

Advertising can be placed in the Journal. Refer Australian Hypnotherapy Journal Advertising Guidelines in 'Contents' page for details of fees and page number.

We would like to see all members being involved, so if you haven't joined us yet, send an email to my personal email address:



#### AHA Discussion Group

Jeremy Barbouttis

02 9518 9912

[jeremy@clinicalhypnotherapy.net.au](mailto:jeremy@clinicalhypnotherapy.net.au)

... and I will verify that you are an AHA member and add you on. (You are required to do this before you can receive or post any messages.

## The Health Action Process Approach and Self-Efficacy in Promoting Behavioural Change

**Karen Bartle (MSc Health Psychology), Hypnotherapist & Hypnotherapy/NLP trainer**

Most practicing hypnotherapists who work regularly with people who present with health compromising behaviours, such as smoking and unhealthy eating/drinking habits, will no doubt hear clients talk about how difficult it is to change their behaviour. Although people have good intentions to change, which has been found to be the best predictor of actual change<sup>1</sup>, it is common for people to not put their intentions into practice in the face of other priorities, unexpected temptations or unforeseen barriers<sup>2</sup>.

There are at least two phases or stages of behaviour change – a motivational one that ends with an intention, and a volitional or action stage that ends with successful performance and maintenance of behaviour<sup>2</sup>. The volitional phase is thought to be as important, if not more so, for behavioural change as the initial motivation phase. The Health Action Process Approach (HAPA) attempts to predict both behavioural intentions and actual behaviour<sup>3</sup>.

In the initial motivation phase, a person develops an intention to act. Here people weigh up the risks, e.g. 'I am at risk of lung disease', and positive outcome expectancies, e.g. 'If I quit smoking, I will reduce my risk of getting cancer'. In addition, to be successful, people need to believe in their capability to perform the new behaviour (perceived self-efficacy), e.g. 'I am capable of quitting in spite the temptation to smoke'. Taken together, these three factors increase the person's ability to form an intention<sup>2</sup>.

In phase two, the action stage, there is an integration of cognitive, situational and behavioural factors which determines the extent to which a behaviour is initiated and maintained via self-regulatory processes. The cognitive/behavioural factors incorporate action plans, e.g. 'If I am presented with a cigarette, I will imagine myself feeling strong, confident and healthy', and action control, e.g. 'I can cope with life's stressors by doing some deep breathing which helps me to relax'. These factors decide an individual's determination. The situational factors consist of social support, e.g. 'my partner wants me to be fit and healthy and is very supportive of the changes I want to make', and the absence of barriers, e.g. 'I'm willing to invest financially in whatever it takes to quit smoking'.

Perceived self-efficacy (PSE) has been found to be important throughout the process of changing health behaviours<sup>4</sup>. PSE has been divided into different kinds of self-efficacy depending on what stage in the change process individuals are at. Three specific types of self-efficacy have been identified: pre-action self-efficacy, coping self-efficacy, and recovery self-efficacy<sup>2,5</sup>. It is thought that different self-efficacy beliefs are required to master different tasks.

Pre-action self-efficacy refers to the first phase of the process of change where an individual develops motivation to act on their intentions. Individuals high in pre-action self-efficacy imagine achieving their goals, consider potential outcomes of different strategies, and are more likely to change their behaviour. Coping and recovery self-efficacy are associated with the second phase of maintaining behavioural changes over the long term. Coping self-efficacy features optimistic beliefs about the ability to deal with any barriers that appear once behavioural changes have been made. Whilst it might be difficult to adhere to the new changes, a self-efficacious person will respond confidently and be more persistent in overcoming any difficulties to prevent relapse.

Recovery self-efficacy effectively manages lapses and relapses. People who have high self-efficacy skills will remain optimistic and regain the ability to change their behaviour successfully. Such individuals will have trust in their skills and feel competent to regain control after a setback<sup>6</sup>.

As an example of these different types of self-efficacy, a smoker might be confident that they can make an attempt to quit (i.e., high pre-action self-efficacy), confident they can cope with temptation (coping self-efficacy), and yet not be very confident about quitting again after they have had a lapse (low recovery self-efficacy).

People who devise successful ways of managing difficult tasks are more likely to turn their good intentions into action. Action planning can be achieved through mental rehearsal or simulation and includes specific
























situational and sequential factors, such as when, where and how the action is to be carried out<sup>7</sup>. Therefore, the emphasis of the HAPA, and in particular the self-efficacy component, is on how action plans constitute a valuable mediator that helps to bridge the intention-behaviour gap<sup>2</sup>.

### Smoking cessation intervention using the HAPA model

Below is a table of factors from the HAPA model which can be used to assess self-efficacy and likelihood of achieving a successful outcome of someone presenting for smoking cessation. Column one lists the factors important in both intentional and volitional stages of change. Column two provides examples of the kinds of questions that will enable the hypnotherapist to assess the client's current level of self-efficacy and their likely success of quitting smoking. The more 'greens' that are checked, the more likely the client will be in achieving their goal of quitting smoking.

#### A clinical example: smoking cessation using the HAPA model

The HAPA has been adapted for hypnotherapeutic practice here. Specifically, it includes a 'traffic light' coding. A 'red light' is checked if the client is not ready in a particular respect. Much preliminary work needs to be done to get the client to the point where they are ready to proceed. This may take one or more interventions, possibly over a few sessions. Yellow represents areas where the client needs some help to maximise their chances of success but they are almost there. Green represents a client who, in this particular regard, is ready for change and posthypnotic suggestions can be used to 'cement in' and augment their commitments.

HAPA factors	Example assessment questions	Rating
Risk perception	Are there any risks associated with continuing this behaviour? Notes: John says lung cancer is biggest worry. Doctor's advice prompted coming here.	 Red - preliminary work essential  Yellow - some work required  Green - ready to proceed
Outcome expectancies	What do you hope to gain by stopping this behaviour? Notes: better health, smell fresher, be more socially acceptable	 Red  Yellow  Green
Intention	What do you intend to do to change this behaviour? Notes: wants to find alternatives to relax. Likes idea of breathing techniques and distraction.	 Red  Yellow  Green
Pre-action self-efficacy	How confident are you that you will stop this behaviour? Notes: 80% Confidence-building required	 Red  Yellow  Green
Coping self-efficacy	Are there any situations in which you might be tempted back into your old behaviour? How will you cope with these challenges? Notes: a cigarette and beer go hand in hand. Never had a beer without a cigarette. Some friends will tease him – work on techniques for managing challenges, PHS for confidence, in trance imagine having beer w/o cig.	 Red  Yellow  Green
Planning	What is your plan on how to implement your new behaviour? Notes: going to quit today using hypnotherapy and will power. If he needs a break at work then he will do breathing techniques and visualise success.	 Red  Yellow  Green
Recovery self-efficacy	Assume you went back to your old behaviour for a while. How confident would you be that you could end this and return to your new behaviour? Notes: thinks so but has quit in the past and lapsed and this has undermined confidence. Confidence-building required plus letting go of past attempts.	 Red  Yellow  Green

For a free blank template, please contact: [karen@hynotherapy-training.com.au](mailto:karen@hynotherapy-training.com.au)

Once behavioural goals and intentions have been identified and agreed with the client, hypnotherapy can be used to help them to imagine the different scenarios they are likely to encounter and practice strategies for managing those experiences effectively, thereby further strengthening their self-regulatory and self-efficacy skills. Plans can be cemented or embellished and the client can be helped to develop/access resources needed to implement the plans successfully and sustainably. Ecological checks will need to be made and any incongruence explored with the client to ensure that the plan is workable and that there is nothing that could undermine the smoking cessation process.

The model was developed primarily for health risk behaviours (e.g. smoking, unprotected sex, and non-engagement with breast and cervical screening), hence the 'risk perception' factor. Given that hypnotherapists usually work with less risky behaviours (e.g. nail biting and trichotillomania), and some that are not directly related to health at all (e.g. exam performance), it's appropriate to extend the model to make it more inclusive here. The 'risk perception' factor would therefore best be taken to a more abstract and inclusive level that includes any type of strongly negative motivators (or 'away-froms'). Someone who bites their nails, for example, would be unlikely to report the health risks, such as consuming bacteria, and more likely to say, 'it hurts' or – even less related to health – 'it is embarrassing'.

### Further reading

- 1 Ajzen, I. (1991) 'The theory of planned behaviour.' *Organisational Behaviour and Human Decision Processes*, 50: 179–211.
- 2 Schwarzer, R. and Luszczynska, A. (2008) 'How to overcome health-compromising behaviors: the Health Action Process Approach.' *European Psychologist*, 13(2): 141–151.
- 3 Schwarzer, R., (1992) *Self-efficacy: Thought control of action*. Washington, DC, US: Hemisphere Publishing Corp.
- 4 Bandura, A. (1997) *Self-efficacy: The Exercise of Control*. New York: Freeman.
- 5 Marlatt, G.A., Baer, J.S. and Quigley, L.A. (1995) 'Self-efficacy and addictive behaviour' in A. Bandura (ed.) *Self-efficacy in changing societies*. New York: Cambridge University Press. pp. 289–315.
- 6 Marlatt, G.A. (2002) *Harm Reduction: Pragmatic Strategies for Managing High-risk Behaviours*. New York: Guilford.
- 7 Luszczynska, A., Tryburcy, M. and Schwarzer, R. (2007) 'Improving fruit and vegetable consumption: a self-efficacy intervention compared to a combined self-efficacy and planning intervention.' *Health Education Research*, 22: 630–638.



**Karen Bartle, MSc**, is an Advanced Hypnotherapist, Co-founder of the **Academy of Advanced Changework Hypnotherapy & NLP Training Academy**, and Co-author of *The Advanced Hypnotherapist*. Karen is based on the Sunshine Coast. Her Academy runs courses in Brisbane, Gold Coast, Sunshine Coast, Sydney, Melbourne and Perth.

For more information, contact Karen Bartle on (07) 53 292 293.

[Karen@hypnotherapy-training.com.au](mailto:Karen@hypnotherapy-training.com.au)

[www.hypnotherapy-training.com.au](http://www.hypnotherapy-training.com.au)



## Professional Indemnity Insurance

**The AHA National Executive Committee has arranged a discounted combined professional indemnity and general public liability insurance policy for our members.**

**This policy has been specifically designed for AHA members and offers excellent rates and cover.**

**Should you have any questions concerning this insurance policy or any other insurance related enquiry, we encourage you to call**

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**Visit: <http://www.fentongreen.com.au/allied-health-practitioners.php> and click on AHA (4<sup>th</sup> line down).**



## The Uncommon Common Factors

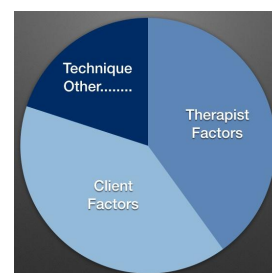
Colin Darcey

I was treated to an observation recently comparing hypnotherapy to counselling, promoting hypnotherapy as a superior therapeutic modality. There are also the unsubstantiated claims about the superior efficacy of specific treatment techniques/modalities that one comes across. Now perhaps as I get older, and not necessarily wiser, I have become more intolerant of this sort of thing and so notice these misdemeanours more readily. This being as it may, I have been prompted to write this article for the Journal. The following can be taken as edification, a passing interest, or you may be familiar with the topic etc. Whatever your take, an awareness of differing viewpoints is necessary for objectivity in one's practice.

Now the medical model as such can be viewed as an approach to diagnosis and treatment of illness. This is based on assumptions that symptoms indicate a specific causal relationship (aetiology) that prescribes a particular treatment. Formally the model was a little more substantial than this, but the forgoing will suffice here. Evidence based practice (EBP) and evidence based treatments (EBT) are part of this, as representing the "particular treatment" component of the model. There are a number of reasons for questioning the validity of this approach (cf. Engel, 1977; Timimi, 2014), and why the model is so popular and difficult to shift. Unfortunately most of these reasons would tend be of a political nature, rather than a genuine concern for the client (patient) per se. For many of these same reasons, to diagnose and prescribe (in various guises), is replete within the psychotherapy community. Notwithstanding this, it does result in specific techniques/modalities being presented as a well-researched treatment. All too often claims are based on anecdotal evidence. The consequence being that they are over utilised as a therapeutic approach. The "well researched" is possibly a slight of hand, as there is considerable evidence that does not support there being any particular modality as being any more effective than other treatment options. This article will focus on discussing this claim.

So what is this "*considerable evidence*" that has been mentioned. Well, there is an alternative to the medical model orientation for psychotherapy in general. The evidence has been around for eighty years or more and over this time research has consistently found supporting evidence for it and if your interest has been piqued then read on. Initially, it was generally referred to as the Common Factors Model (Duncan et al., 2001). Whilst researchers have given other labels to the outcome of their work, more recently Bruce Wampold has been championing his own take on this approach that he refers to as the Context Dependent Model (CDM) (Wampold, 2011). I prefer the CDM, partly because of the name, but mainly because Wampold, although now a well-respected psychologist, initially entered university on a mathematics stream. In other words, he understands the reasoning behind the statistics used in behavioural sciences research and puts this to great effect in his book.

The pie chart image explains the essence of the CDM. It consists of three sectors. The two that are about the same size and occupy 80-85% of the chart are the 'Other Factors'. The remaining 15-20% is the perhaps controversial sector. This third and smallest sector is usually referred to as 'Other'. This includes techniques/modalities and various minor considerations. Wait did I write techniques and other minor considerations... Therapeutically speaking, isn't that sacrilege? It would be if you are peddling a particular modality/technique as a wonder cure, or if you define your practice based on a particular modality, i.e. hypnotherapy....



Essentially, the client factors are: motivation to change, and belief in the therapist and therapeutic process.

The majority of readers will relate to the motivational factors, and how the client's need or determination to change/improve has a significant impact on how the sessions will flow. A client does not necessarily need to be proactive and verbal, providing there is a motivation. The therapist can guide the process using what the client brings to the session. Likewise, the client's faith in the therapist and process is engendered by how the therapist presents. A particular component of this is getting some form of agreement with the client on how the therapy will proceed.

Therapist factors include: experience; competence with a variety of treatment techniques; and nous. An experienced practitioner projects their competence, can navigate the ebb and flow of the process and manage the space. Being competent with a number of techniques is important. However, the particular

technique is not important. The importance lies in being able to match a technique to the current situation and then use it competently. All validated techniques are effective 20% or so of the time, which means there are situations in which their effectiveness is superior. The nous, or art in therapy, refers to such things as the ability of the therapist to form a therapeutic relationship (empathy), to know which technique would be most useful in a particular circumstance and so on. Unfortunately, the art cannot be gleaned easily from a book. It requires intuition, curiosity and the courage to “not know”. These, when effectively used, allow the therapist to “listen” to the client and gain an awareness of how best to proceed. This latter point of view assumes that the resources and knowledge required lies within the client and it is the therapist’s job to facilitate the process. This art is one of the sticky issues and is probably part of the reason for the model being less visible than it should be. To a certain extent it takes control away from the therapist and asks her/him to participate in the therapeutic process.

Finally, there are the ‘Other’ factors that are relevant but do not contribute significantly to the effect. Technique resides in this because there is no technique/modality that has consistently shown to have superior outcome results relative to other techniques. This result is consistent and any claims to the contrary cannot be substantiated by good research.

If a particular therapist is getting better than a one in five success rate then it is the therapist combined with the technique that count. Anyone else using the technique may not achieve the same results. Therapists that disagree may prove the reliable research wrong by arranging for an independent research body to follow up on at least 50% of your clients for one month for example, have each person complete a qualitative type questionnaire at one month, six months and one year. Ask the client their opinion, not some quantitative based questions that ignore their subjective experience of the process.

What does this mean to hypnotherapists when I appear to be suggesting that hypnotherapy is not a particularly effective therapy? The “Hypno” part is essentially a deliberate placing of the client into an altered state. How long does that take? Five minutes on average? The remainder of the session, is the “Therapy” part. In other words, it is what you do in the remaining time that is important. Hypnotherapists tend to use techniques that are more effective when used within an altered state, however these are specific alterations of general techniques that are used across the board within the psychotherapeutic community.

So what is the message in this brief presentation of the CDM? Essentially, it is that the therapist cannot be factored out of the equation. How and what you do will have a significant impact on the therapeutic outcome. When reliance and belief in a particular approach is emphasised, then the therapist factors can become trivialised with the consequence that the therapist becomes less effective. The point is that you should take yourself seriously and utilise supervision, professional development, and peer contact to constantly question yourself. When one does this, there is more awareness of strengths and weaknesses. This is important as it informs us as to what can be improved, what we are best to avoid, or of course, to emphasise.

The “thesis” is whether you call yourself a hypnotherapist or not is a choice. It is your presence that is more relevant. When attending or considering training, I suggest that you avoid the hype of the technique and focus on how it fits your personal style and talents. You should get something out of any learning opportunity, but the real value is in how it will fit you, not on how you fit the method.

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**Colin Darcey**

Master Cognitive Science; Master Counselling Practice; Adv. Dip. Clinical Hypnotherapy; Dip. Transpersonal Counselling; Grad. Dip. App. Psychology. Associate Member Australian Association Buddhist Counsellors & Psychotherapists (AABCAP), Member Australian Society of Clinical Hypnotherapists (ASCH), Clinical Member (AHA) & PACFA. **Mobile:** 419 808 593 **Email:** [sa@ahahypnotherapy.org.au](mailto:sa@ahahypnotherapy.org.au)



## AHA History - Irritable Bowel Syndrome

In 2005, Horace Drew, a scientist who holds a PhD in Chemistry from Caltech, worked for CSIRO for 23 years as a molecular biologist, and was a renowned expert in translating crop circles, took an interest in hypnotherapy.

Horace submitted an abstract on Irritable Bowel Syndrome; *“Hypnotherapy in Irritable Bowel Syndrome: A Large-scale Audit of a Clinical Service with Examination of Factors Influencing Responsiveness”* The authors were Wendy M Gonsalkorale, Lesley A Houghton & Peter J Whorwell. The Research came from the Department of Medicine, University Hospital of South Manchester, Manchester, United Kingdom.

As National President of the AHA at that time, I was interested in what type of hypnotherapy was used. Horace accordingly contacted Professor Whorwell who suggested that I contact Wendy M Gonsalkorale who generously sent suggestions on the basic framework of the hypnotherapy sessions and two scripts that they used with the patients.

I invited the current President of the Gastroenterologists Society of Australia, Professor Peter Gibson to present at a Victorian Workshop of the AHA. He was accompanied by Dr Sanjay Nandurker. Over lunch we spoke at length about the UK research and from this meeting, the AHA organised an all-day IBS workshop which was held in most states of Australia.

Presenters included Professor Gibson, who showed how the gut functioned and how they worked with IBS patients, and Dr Sue Shephard who is internationally known for her FODMAP diet. She identified those foods to have and those to avoid. I spent the afternoon talking about the hypnotherapy used.

Professor Peter Gibson later became an Honorary Member of the AHA and I have been invited to speak at Monash University on both Hypnotherapy and IBS.

In 2006 I was invited by Dr Nandurker to give 2 back-to-back workshops at the Crown Hotel in Melbourne. This one-day symposium was sponsored by AstraZeneca for clinicians on the ‘Challenges in Gastroenterology’. My presentation was called ‘Hypnotherapy for functional gut disease’,

The workshop was attended by interstate gastroenterologists and overseas speakers. The evening prior to the workshop was a meet and greet, finger food affair for the participants. As president of the AHA I moved between groups and introduced myself as one of the speakers.

The intention of this venture was for Gastroenterologists to send patients to AHA hypnotherapists. The reverse happened. Some Gastroenterologist learnt hypnotherapy to enable them to use it with their patients.

Over the years I have kept in touch with some of these gastroenterologists and regularly forward any new research that comes to my attention.

Some members may remember Simone Peters. She provided me with the Abstract of her research. which detailed the FODMAP diet and hypnotherapy research trials. Simone used this study to complete her PhD. The results were published in July 2016. Dr Simone Peters now has a clinic in Crows Nest, Sydney.

*A Randomised clinical trial: the efficacy of gut-directed hypnotherapy is similar to that of the low FODMAP diet for the treatment of irritable bowel syndrome.*

Authors S. L. Peters, C. K. Yao, H. Philpott, G. W. Yelland, J. G. Muir, P. R. Gibson

First published: 11 July 2016 DOI: 10.1111/apt.13706

### Abstract Summary

**Background:** A low fermentable oligosaccharides, disaccharides, monosaccharides and polyols (FODMAP) diet is effective in treating irritable bowel syndrome (IBS).

**Aim:** To compare the effects of gut-directed hypnotherapy to the low FODMAP diet on gastrointestinal symptoms and psychological indices, and assess additive effects.

**Methods:** Irritable bowel syndrome patients were randomised (computer-generated list), to receive hypnotherapy, diet or a combination. Primary end-point: change in overall gastrointestinal symptoms across the three groups from baseline to week 6. Secondary end-points: changes in psychological indices, and the durability of effects over 6 months.



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September 2016  
Pages 447-459

## Results

Of 74 participants, 25 received hypnotherapy, 24 diet and 25 combination. There were no demographic differences at baseline across groups. Improvements in overall symptoms were observed from baseline to week 6 for hypnotherapy [mean difference (95% CI): -33 (-41 to -25)], diet [-30 (-42 to -19)] and combination [-36 (-45 to -27)] with no difference across groups ( $P = 0.67$ ). This represented  $\geq 20$  mm improvement on visual analogue scale in 72%, 71% and 72%, respectively. This improvement relative to baseline symptoms was maintained 6 months post-treatment in 74%, 82% and 54%. Individual gastrointestinal symptoms similarly improved. Hypnotherapy resulted in superior improvements on psychological indices with mean change from baseline to 6 months in State Trait Personality Inventory trait anxiety of -4 (95% CI -6 to -2)  $P < 0.0001$ ; -1 (-3 to 0.3)  $P = \text{ns}$ ; and 0.3 (-2 to 2)  $P = \text{ns}$ , and in trait depression of -3 (-5 to -0.7)  $P = 0.011$ ; -0.8 (-2 to 0.2)  $P = \text{ns}$ ; and 0.6 (-2 to 3)  $P = \text{ns}$ , respectively. Groups improved similarly for QOL (all  $p \leq 0.001$ ).

## Conclusion

Durable effects of gut-directed hypnotherapy are similar to those of the low FODMAP diet for relief of gastrointestinal symptoms. Hypnotherapy has superior efficacy to the diet on psychological indices. No additive effects were observed. For the full article: <http://onlinelibrary.wiley.com/doi/10.1111/apt.13706/full>

**Dr Simone Peters** PhD-Med, BSc (Psychophysiology) (Hons), Gut-Directed Clinical Hypnotherapist, Department of Gastroenterology, The Alfred Centre, Level 6/99 Commercial Road, Melbourne VIC 3004. Crows Nest Clinic - [www.mindgutclinic.com.au](http://www.mindgutclinic.com.au)



### Bruni Brewin JP

Dip Hypnosis, Dip Counselling, Cert Clinical Supervisor, Cert TIR, Cert NLP, Cert TA, Cert EFT, Mental Health Practitioner Course, PEMAHA, LMAHA, CMAHA/SUPERVISOR, NHRA, President Emeritus – Australian Hypnotherapists Association (Honorary Title)

**Note:** all thoughts in this article are those of the author.

Co-Author "The Art of Spiritual Hypnosis: Accessing Divine Wisdom" <http://amzn.to/1WozWNW>  
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## EMI- is a Neuro Trance Psychotherapy. A New Wave in Cost Effective Mental Health treatment

Yildiz Sethi

I present a case for a new approach to hypnotherapy that is a fusion of counselling, psychotherapy and hypnotherapy for a wide range of issues including depression, anxiety, panic attack, recovery from sexual abuse and trauma related issues in 3-5 sessions for more than 90% clients (excluding serious DSM5 conditions)

As a counsellor, psychotherapist, clinical hypnotherapist and Family Constellation facilitator and trainer I have developed a way of working with clients over the last seventeen years that incorporates essential elements of a range of psychotherapies with hypnotherapy embedded in a constellation based philosophy that I have called EMI (Emotional Mind Integration).

The pioneer Freud saw the value of hypnotherapy in his exploration of the mind and behaviour in uncovering repressed materials as a means to recovery. However, lack of hypnosis skill and knowledge led him to abandon this in favour of talk therapy, hence hypnotherapy took the back stage as talk therapies grew. This is explored in my book *Rapid Core Healing Pathways to growth and emotional healing*. Sethi Y. (2016).

We now have more knowledge and skills in hypnotherapy and are supported by research that shows that it can significantly reduce treatment time compared to counselling and psychotherapy approaches.

In dealing with trauma safety and duty of care is a major consideration that hypnotherapists take seriously in wanting 'to do no harm'. With this in mind I have developed a deep respect for the ability of the human mind to protect itself from painful, disturbing and traumatising feelings, thoughts and visions. I know that encouraging such materials to arise can be highly disturbing for the client if we don't have a way of assisting them in processing it quickly and efficiently.



Counsellors and psychotherapists are only now becoming aware of the problems of exposing trauma through talk-therapies. This is explored in my book *Rapid Core Healing* (2016). However it remains the case, that if the source of many issues is painful or traumatic, we are left with the problem of how to deal with it.

Is it better to leave it there, stay in the present and try to instil new ways of thinking or feeling, or simply deal with the symptoms?

Or is it better to locate and engage the core pain or trauma and assist clients in resolving them internally so they may recover; and if so how?

The traditional medical model of mental health continues to hold the belief that poor mental health and dysfunction is hard-wired and largely can't be changed. This is why the predominant treatment for most mental health conditions remains managing symptoms with medication and cognitive behavioural therapy. More recently these beliefs have been challenged by the advent of neuroscience developments that show that far from being hard wired the brain has the capacity for growth, regeneration and recovery in many cases. The American psychiatrist N. Doidge in *The Brains Way of Healing* (2015) gives detailed accounts with case studies from his own experiences with patients and references to neuroscience in his book. He shows many instances of recovery and growth that were thought to be impossible according to the medical model.

The problem remains that talk therapies have a limited access to unconscious material and even when such materials are uncovered it is likely to re-traumatise. This does not refer to cathartic releases of emotion.

In hypnotherapy training, students are normally instructed to take a client out of trance quickly if a hypnotherapy process inadvertently opens up a traumatic situation as a *duty of care*. The trauma is known as an abreaction and is to be avoided.

Here we have a problem because if the source of the issue is trauma, but hypnotherapists are told to avoid it and counsellors and psychotherapists are not equipped to locate or deal with it adequately, the client has no way of resolving or recovering from the root of their disturbance. This is the dilemma.

### **Hypnotherapy matters.**

Hypnosis does not have the capacity to heal in itself, as it is simply a trance state that is relatively easy to induce. In a hypnotic state it is possible for repressed materials to arise with the guidance of a skilled hypnotherapist.

Generally, clinical hypnotherapy approaches fall into three basic categories. Direct, Indirect and Ericksonian (metaphorical).

The direct approach involves inducing a deep trance and giving very strong direct messages with the intention of imprinting new feelings, thinking and behaviour and overlaying or displacing that which is problematic or dysfunctional.

The indirect method often involves a lighter trance and a psychotherapeutic interaction and communication with the client so as to allow resolutions and new possibilities to arise through the therapeutic collaboration.

The Ericksonian method involves the use of metaphors that weave the client's experiences, dilemma's, feelings and choices into narrative in a way that encourages them to discover and utilise resources and find new perspectives and possibilities.

As a hypnotherapist I strongly favour the indirect approach and also often use Ericksonian approaches as I find these more sensitive and respectful of the client's world in utilising their inner resources towards self-healing and growth. This enhances empowerment and does not encourage dependency or rely on the therapist having to put aside or put down, a client's lived experiences in favour of their view of how it 'should' be.

Hypnotherapy training involves an understanding of how to induce hypnotic trance with often a specific focus on inducing a deep trance. For most hypnotherapy schools it is important to be able to test the effectiveness of the induction often with involuntary responses from the client such as hand levitation on



command. It is thought that such deep trances are more conducive to being able to receive the suggestions given by the hypnotherapist. This is particularly so in the case of the direct hypnosis method.

In terms of the indirect hypnotherapy approach, this is much less understood and often involves a fairly eclectic presentation of a wide range of therapeutic techniques with neuro-linguistic programming (NLP) frequently tagged on for good measure. This frequently forms a 'bag of tools' for clinical hypnotherapists that forms an often a 'hit and miss' approach to client needs. A range of techniques each picked out of specific modalities without consideration of the context of their original philosophy and background. This is often an incongruent mixture of conflicting approaches that can be confusing for both the therapist and client alike. as there is a lack of clarity in pursuing a coherent therapeutic pathways for resolution and healing.

Overall there remains a lack of understanding of how disturbances to the psyche occur and what is required to provide pathways to resolution for most hypnotherapists.

It is perhaps for this reason that many hypnotherapists favour the direct method of hypnosis as this is less confusing and what many clients expect according to what they have heard of hypnosis and hypnotists.

Most indirect hypnotherapy training does not provide reliable and structured training in psychotherapeutic methods that are replicable, affective and therapeutic for a wide range of specific issues. As a psychotherapist primarily, I was and remain more interested in assisting people resolve dysfunctions or disturbances in the most effective ways possible in a client-centred rather than a didactic or haphazard and eclectic manner. For me the depth of the trance is not as important as positive client outcomes.

At present we have many modalities that range from general counselling involving talk-therapies, to emotionally-focused, solution-focused, cognitive-behavioural focus, expressive and art therapies to hypnotherapies and many more. While each modality is of value in its own right, they generally focus primarily on one or a couple of human areas of experience only at a time, such as emotions, thoughts or behaviour. The problem is that human beings are multi-faceted and complex rather than simple, so I believe we need to use approaches that address this complexity.

In my own practice I found that when I include several areas of focus that form congruence in relation to the person and the issue in one process, each of the components form a larger collective outcome that is more beneficial to the client's recovery. This makes sense to me in light of the N Dorridge (2015) claim that 'What fires together wires together' when discussing neural pathways firing simultaneously in promoting the ability of the brain to repair, adapt and grow. For example this may include thoughts, emotions and body senses being activated together in one process.

The latest developments in neuroscience, confirm that the brain is a complex organ that is highly adaptive and has the potential to grow, recover and heal. Further it is deeply integrated into the body through the nervous system, body tissues, physical senses and emotions. It is not all about brain function or body chemistry, but also about senses, emotions, memories and what we make of our experiences that contribute to a much larger entity, the mind.

### **What is the mind?**

*Mind: 'the element or complex of elements in an individual that feels, perceives, thinks, wills, and especially reasons.'* Medical Definition of mind. Webster. M. Cited 2017

This leads to the development of Emotional Mind Integration (EMI). EMI is a complete neuro-trance-psychotherapy modality with its own philosophy, theory, processes and techniques. It focuses on the presenting issue, locates the source and guides a resolution and integration within one 60-minute session for each neural pathway.

This is a fusion of phenomenology, counselling, psychotherapy, hypnotherapy, ego state therapy and aspects of Family Constellation theory and practice and neuroscience and takes place in a client centred manner.

EMI views the mind and body as a collection of emotional mind states. These states form, die and reform constantly in a continuous process from birth. New Emotional Mind States form to look after areas of the

personality in response to lived experiences and are superseded when they are no longer relevant. This is the normal growth and maturation process. However through more difficult situations disturbed emotional mind states are formed that can become problematic triggers in daily life. These do not go through the life and death process of normal emotional mind states but become stuck or frozen unless they are processed appropriately into the personality. The purpose of EMI is to resolve disturbed Emotional Mind states.

In developing EMI there has been a fusion of complimentary and coherent philosophies and practices to form a largely humanistic, phenomenological philosophy that is emotion, body sense and solution-focused. EMI philosophy takes into account the human requirements for love, connection, safety, justice, dignity and autonomy as a foundation for resolution and wellbeing.

The modality facilitates the resolution of depression, anxiety, panic attacks, recovery of sexual abuse the underlying dynamics of addiction and trauma in 3-5 sessions. For example:

- Psychodynamic in locating root causes
- Phenomenological concentrates on consciousness and the objects of direct experience
- Solution focused in allowing resolutions to be guided in the unconscious mind through EMI Healing pathways,
- Client-centred in engaging body senses and neural pathways to locate and guide the process.
- A brief psychotherapy in completing the resolution of one neural pathway within each session and completing the process with an integration technique, so that a complex issue requires only a few sessions for most clients.

The process is highly structured to provide safety and is composed of several EMI techniques. Some portions of the process are firmly guided for structure and safety by the therapist, while others are client centred in facilitating the processing of emotions, thoughts and solutions. The aim of the EMI process is to facilitate self-healing within its structure.

The process is particularly useful and effective in working with disturbed or traumatised emotional mind states and covers a wide range of issues.

This means that repressed material is opened, resolved and integrated within one session at a time, thereby allowing the client to leave each session in a settled and composed state.

In 2017 we have a vast amount of psychotherapy and neuroscience knowledge at our disposal. I believe it is time to utilise the best of this tapestry of resources in formulating more efficient and effective ways to work in assisting people to utilise their innate abilities for recovery, self-healing and wellbeing. EMI spans the psychotherapy and hypnotherapy fields in bring together relevant philosophy, knowledge and techniques in a way that provides a new way of dealing with trauma, mental health and human suffering in a cost effective way for a large proportion of the population.

For details of EMI Training see [www.emotionalmindintegration.com](http://www.emotionalmindintegration.com)

More information of EMI may be found in *Rapid Core Healing Pathways to growth and emotional healing: Using the unique Dual approach of Family Constellations and Emotional Mind Integration for personal and systemic health* (2016), Yildiz Sethi. It is available from Amazon or from her at [yildiz@yildizsethi.com](mailto:yildiz@yildizsethi.com)

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**Yildiz Sethi**

Psychotherapist, Clinical Hypnotherapist, Family Constellations Facilitator, Educator/Trainer.

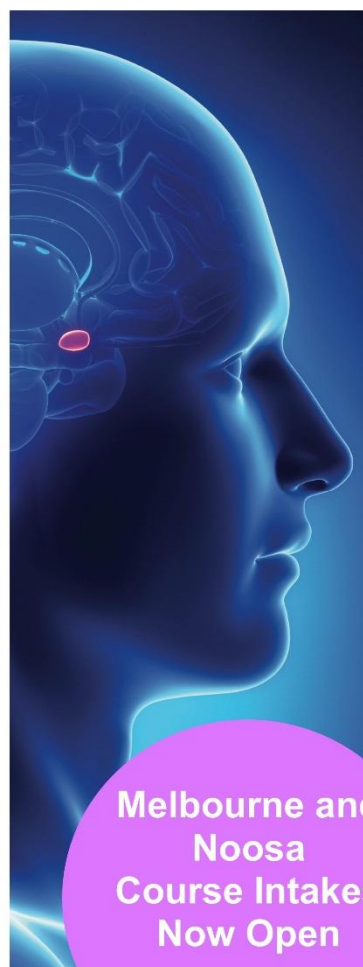
Author: *Rapid Core Healing Pathways to growth and emotional healing* (2016).

**Mobile:** 0412 172 300

**Email:** [yildiz@yildizsethi.com](mailto:yildiz@yildizsethi.com)

**Book details and sales:** [www.rapidcorehealing.com](http://www.rapidcorehealing.com).

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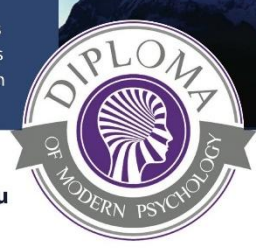
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EMI locates and resolves the roots of human emotional and psychological disturbances so that people can be free to fulfil their potential. As the name suggests EMI is a fusion of psychotherapies within a trance

#### Training

EMI Training provides you with the philosophy, skills and practice to resolve a wide range of issues quickly and effectively.

This training is for people who help people and includes hypnotherapists, counsellors, mental health workers, psychologists, social workers including those working in sexual abuse and trauma recovery and alternative therapists

EMI was founded by Yildiz Sethi (2016) through seventeen years of private practice, study and teaching.

Yildiz Sethi Supervisor. M. Counselling Dip Hypnotherapy. B. Ed. Educator ACAP 8 years. Founder of Emotional Mind Integration and Rapid Core Healing. Author (Rapid Core Healing 2016) Family Constellation facilitator and Trainer



**Emotional Mind Integration (EMI)** brings in the Heart of therapy in taking into account the human requirements from Family Constellations for Love, Connection, Safety, Justice, Dignity and Autonomy as a foundation for wellbeing, knowing that their absence often results in 'Dis-ease'

The modality facilitates the resolution of depression, anxiety, panic attacks, the underlying dynamics of addiction, recovery of sexual abuse and trauma and relationships quickly via EMI Healing Pathways.

EMI views the mind and body as a collection of emotional mind states. These states form, die and reform constantly through normal growth, but through difficult experiences Disturbed Emotional Mind States form that remain stuck or frozen. These create live buttons that may be triggered into distress and dysfunction in daily life. These disturbed neural pathways are resolved within a session at a time through EMI treatment.

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## SUPERVISION PD WORKSHOP For SUPERVISORS

7 hrs

### FACILITATORS

#### Alex Collins

BA (Couns Psych), (69828) Grad Dip of C Supervision,  
 Dip Counselling and Communication, Dip Professional Counselling  
 MISOCCS, MACA,

#### Dr John Toussaint

PhD (Health Science), M Hum (Psych)  
 FAIM, MAITD, MANZMHA, MISOCCS

#### Jane Leigh

B.Sc., Grad. Dip. Gen. Counselling, M Counselling (Monash),  
 MACA, MCV, MGKHS, MISOCCS

Program Designer, Developer & Author

#### Veronika Basa

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The workshop is adopted from the recently published article about supervision models: Basa, V. (2017). Models of supervision in therapy, brief defining features. *European Journal of Counselling Theory, Research and Practice*, 1, 4, 1-5. Can be viewed at: <http://www.europeancounselling.eu/volumes/volume-1-2017/volume-1-article-4/>

For the purposes of this training, the term '*Supervision*' is utilised to describe the foundation skills relevant to supervisory relationships that can be adopted by a range of professionals of different training and accreditation background such as hypnotherapists, counsellors, psychotherapists, mental health nurses, psychiatrists, psychologists, social workers, or anyone else in the helping profession.

#### Who Should Attend?

Practicing supervisors who wish to use this day as a professional development activity to update their knowledge, through theory and experiential learning, in supervision models and thus enhance their knowledge of supervisory competence.

### DELIVERY

MORNING	
Time	Content
9.00 – 10.15	1. Psychoanalytic/ Psychotherapy models (1920's) 2. Counselling/Psychotherapy based models (1950's) 3. Developmental and Social Role Models (1970's) - Ronnestad and Skovholt Model - Integrated Development Model (IDM) - Bernard's Discrimination Model - Holloway's Systems Approach to Supervision (SAS) Model - The Double-Matrix (or Seven Eyed) Model
10.15 – 10.30	MORNING TEA
10.30 – 12.00	4. The Function Models: - Kadushin (1976), - Proctor (1986), and - Hawkins and Shohet (2006) - Inskipp and Proctor (1993) Supervision Alliance Model 5. Competency-Based models (most recent) - The Competency Cube Model - The Objectives-Based Approach (OBAS)
12.00 – 12.30	LUNCH

AFTERNOON	
Time	Content
12.30 – 2.00	<b>Experiential Learning</b> Demonstrations (participant/ facilitator) of a supervision session, using real case scenarios provided by participant within suitable supervision models
2.00 – 2.15	AFTERNOON TEA
2.15 – 4.15	<b>Experiential Learning</b> Demonstrations (participant/ facilitator) of a supervision session, using real case scenarios provided by participant within suitable supervision models

#### Training Outcome

By the end of the workshop participants will be:

- Familiar with the 4-types of supervision models as they emerged from the 1920's up to date.
- How to decide on a supervision model/s most suited to their current practice and theoretical orientation.



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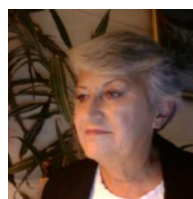
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Note – PACFA has no approval process for OPD for their supervisors just yet.

Cancelled by Participant ten (10) business days prior to commencement date.	Written notice to ISOCCS	50% REFUND less \$250.00 (nonrefundable registration fee)
Cancelled by Participant 24-hours prior to or on commencement date OR non-attendance	Written notice to ISOCCS	NIL REFUND

## Veronika Basa

MANZMHA, MISOCCS, MINDTC,



Veronika is a recognized educator, course designer, developer and author, speaker, and independent researcher. She is the course designer, developer and author of the (69828) Certificate IV in Counselling Supervision (2007-2010), the first Nationally Recognized Accredited course in supervision in Australia, and the (69795) Graduate Diploma in Counselling Supervision (2010-2015). She is also the founder of ISOCCS.

## Alex Collins

BA (Couns Psych), (69828) Grad Dip of C Supervision, Dip Counselling and Communication, Dip Professional Counselling  
MISOCCS, MACA,



Alex has been supervising and training clinicians since 2010 and is also a Master Mental Health First Aid instructor. Alex works from an eclectic approach blending in elements of Mindfulness, Gestalt, Psychoanalysis and CBT.

## Dr John Toussaint

PhD (Health Science), M Hum (Psych)  
FAIM, MAITD, MANZMHA, MISOCCS



John is recognised as a leading educator in the human services sector and a regular speaker at national and international conferences. He holds nationally recognised qualifications in training and assessment to effectively deliver course content using the latest learning principles. John is also a practising counsellor and supervisor.

## Jane Leigh

B.Sc., Grad. Dip. Gen. Counselling, M Counselling (Monash),  
MACA, MCV, MGKIHs, MISOCCS



Jane Leigh is a clinical psychotherapist who is currently completing her Doctorate in Counselling and is the Director of her own private counselling practice in Melbourne. Jane is an ambassador for Beyond Blue and has facilitated numerous workshops, seminars and conferences in mental health and lectured at various universities. Also, an author, Jane has written and published her book (2012) along with many professional articles relating to mental health.

## BOOKINGS AND ENQUIRIES

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## TIME TABLE 2017

City	Date	Month 2017
Melbourne VIC	5 <sup>th</sup>	August
Wollongong NSW	12 <sup>th</sup>	
Sydney NSW	19 <sup>th</sup>	
Brisbane Qld	26 <sup>th</sup>	
Melbourne VIC	2 <sup>nd</sup>	September
Wollongong NSW	9 <sup>th</sup>	
Sydney NSW	16 <sup>th</sup>	
Brisbane Qld	23 <sup>rd</sup>	
Melbourne VIC	7 <sup>th</sup>	October
Wollongong NSW	14 <sup>th</sup>	
Sydney NSW	21 <sup>st</sup>	
Brisbane Qld	28 <sup>th</sup>	
Melbourne VIC	4 <sup>th</sup>	November
Wollongong NSW	11 <sup>th</sup>	
Sydney NSW	18 <sup>th</sup>	
Brisbane Qld	25 <sup>th</sup>	

**NOTE** - This workshop can also be booked at your convenience.

## FEES

\$320.00 (fees are based on a minimum of 10 attendees).

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2 - Direct deposit to ISOCCS's Account:

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Cancelled by ISOCCS	Written notice to participants	100% REFUND
Cancelled by Participant fifteen (15) business days prior to commencement date.	Written notice to ISOCCS	75% REFUND less \$250.00 (nonrefundable registration fee)

## IF you have been a Hypnotherapist or Counsellor for many years, Your Profession Needs You To Become a Trained Supervisor!

### AHA & ACA Recognised Supervision Course

#### 4 Days Intensive Some (Live) Online and Some Face-2-Face

(Plus some **Pre** and **Post** Readings and Assessments. NB. the earlier you register the earlier you receive the pre-requirements)

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So... if you happen to be a Hypnotherapist and a Counsellor, this one course could see you accredited as a supervisor with both associations (*of course you need to meet their other required criteria*).

Did you know that supervisors are ultimately responsible for the therapist and the client?

Did you know that you are required to have supervision if you are providing mental health therapy of any type in Australia this is not just your association's requirements.

You've probably noticed I have been in "The Journal" for some time, so I'm sure you're beginning to understand how passionate I am, and the importance I place on supervision.

I know a lot about supervision, I'm not saying I know it all, however, I love to train and share my knowledge of supervision, I believe it makes for a better industry as a whole. In addition to my passion for supervision, I have also been teaching, training and empowering adults since the early 90's.

So to cut a long story short, at the completion of this supervision course you will have the skills and knowledge of:

- Supervision theories and models (and how to apply the appropriate one)
- Live, individual, and group supervision interventions
- Building a supervision relationship
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- Practicing cultural competence
- Making ethical and legal decisions
- Managing each stage of Supervision
- Evaluation processes
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**Professional  
Supervision**  
Counselling and Hypnotherapy



If supervision is an area of interest to you, then pick up the

phone or send through an email to register your interest in attending a Supervision Course and where you would considering travelling to attend.

If we receive enough interest in your area, we will come to you.

Registrations and Applications have just opened for the first 2018 course in Melbourne, at the end of February.

Information is available at [www.CasWillow.com/Services/SupervisionTraining](http://www.CasWillow.com/Services/SupervisionTraining)

You are welcome to call now and speak to or leave a message to discuss your supervision training interests with Cas on (03) 9397 0010 or 0428 655 270. Each course has strict participant limitations due to live assessments.

<http://www.caswillow.com/services/supervisiontraining/>



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## AHA Information and Updates

### Workshops for 2017

#### Workshop dates

<http://www.ahahypnotherapy.org.au/hypnotherapy-training/aha-events-calendar/>

- |            |                           |  |
|------------|---------------------------|--|
| <b>NSW</b> | Sunday 26th November 2017 | GM & Training  |
| <b>QLD</b> | Sunday 28th November 2017 | GM & Training with Helen Mitas; Mastering the Art of Client Attraction |
| <b>Vic</b> | Sunday 26th November 2017 | GM & Training  |
| <b>WA</b>  | Sunday 18th November 2017 | GM & Training  |



## AHA State Reports

### South Australian Spring Report

Our most recent workshop was held at the beginning of September, a presentation by Cas Willow on addictions relief and an overview of the benefits of supervision. The quality of the presentation lived up to the expectations of the larger than normal audience and so all round, was a success.

Later in the year we will be hosting a supervisor training workshop. This has been arranged as an attempt to improve the situation with available supervisors. Once this has been held we are hoping to be able to offer more flexibility to members, to achieve their supervision requirements.

Our final workshop for the year in December has been cancelled, this is due to a conflict with another four day workshop that is being held in Adelaide at this time, which several of our members will be attending.

Colin Darcey  
SEO – South Australia

### NSW State Report

NSW and ACT currently has 207 members. The NSW Workshop Team has been working with the new database and finding that it has so many advantages. We have explored the new system of advertising through the database and have found it to be quite easy and effective. The registration process has been well received by the members, once we were able to refine the process. The system also allows for CPD Certificates to be sent out directly to the delegates with a click of a button! We have worked through the kinks with our September Workshop and are hoping that the November workshop runs even more smoothly.

Our September Workshop was presented by Samantha U'Ren and Dr Monica Moore. Samantha discussed the importance of Voice Care and gave practical exercises to ensure our voices are limber and prepared to speak non-stop for hours! Monica discussed the importance of Self Care by understanding the signs and symptoms offering practical exercise to ensure our physical and mental wellbeing become a priority. The workshop emphasised that we all need to make time and do things that nurture our bodies and minds.

Our November Workshop (Sunday 26<sup>th</sup>) is focusing on Somatic Therapy and understanding where the mind lives in the body as well as Trauma Release Exercises (TRE<sup>™</sup>) with innovative exercises that assist the body in releasing deep stress, tension and trauma. These topics will be presented with practical exercises that can be incorporated in therapeutic sessions. We are also in the process of acquiring our 2018 speakers so stay tuned to hear what we have planned!

Now that the NSW Branch has explored the new database systems and procedures, we are ready to fill positions on the Workshop Team. Any volunteers are welcomed to join the team. Please contact me directly to find out more about the positions and if any are right for you!

The NSW Branch look forward to exciting times ahead, with our members support.

Warm Regards  
Lydia Deukmedjian  
NSW SEO

### WA State Report

Western Australia is still looking for a Workshop Coordinator. Also as of November this year we will also need a Membership Secretary. So please step up and help out the WA Committee to run smoothly. At one of the workshops earlier this year we asked members what they would like to see presented in the workshops one of the subjects was how to attract clients via Social media. So we are very pleased to announce that Helen Mitas will present her workshop on the Art of client Attraction this will include Social Media. The date is 18<sup>th</sup> of November and we are looking for volunteers to help out on the Day

WA Membership stands steady at 76 members.

I would also like to take the time wish you all a Merry Christmas and a Safe and Happy New Year.

Regards,  
Linda Milburn  
SEO/AHA/WA

## AHA State & National Committees

### National Committee



**President**  
Mailin Colman  
0417 184 355  
[president@ahahypnotherapy.org.au](mailto:president@ahahypnotherapy.org.au)



**Vice President**  
Bernadette Rizzo  
0401 082 077  
[bernierizzo@hotmail.com](mailto:bernierizzo@hotmail.com)



**National Treasure & SA Representative**  
Rona Spicer  
0408 816 118  
[treasurer@ahahypnotherapy.org.au](mailto:treasurer@ahahypnotherapy.org.au)



**National Secretary**  
Miranda Diprose  
0450 747 886  
[secretary@ahahypnotherapy.org.au](mailto:secretary@ahahypnotherapy.org.au)



**State Executive Officer - Victoria**  
Georgina Mitchell  
Mob: 0435 923 817  
[vic@ahahypnotherapy.org.au](mailto:vic@ahahypnotherapy.org.au)



**State Executive Officer - Queensland**  
Tony Hardie Grant  
0407 441 410  
[qld@ahahypnotherapy.org.au](mailto:qld@ahahypnotherapy.org.au)



**Director & SEO - NSW**  
Lydia Deukmedjian  
0410 327 665  
[nsw@ahahypnotherapy.org.au](mailto:nsw@ahahypnotherapy.org.au)



**State Executive Officer - West Australia**  
Linda Milburn  
0409 079 435  
[ahaseowa@gmail.com](mailto:ahaseowa@gmail.com)



**State Executive Officer - South Australia**  
Colin Darcey  
0419 808 593  
[sa@ahahypnotherapy.org.au](mailto:sa@ahahypnotherapy.org.au)



**National Head Office & Free Advisory Line**  
**National Administrator & Co-Administrator**  
**Membership, Health funds, Database**  
Kelly Buckley & John Ward  
1300 552 254  
[administrator@ahahypnotherapy.org.au](mailto:administrator@ahahypnotherapy.org.au)  
OR your local state membership secretary or committee member.

### NSW / ACT Committee



**NSW SEO & Workshop Co-ordinator**  
Lydia Deukmedjian  
0410 327 665  
[nsw@ahahypnotherapy.org.au](mailto:nsw@ahahypnotherapy.org.au)



**NSW State Secretary**  
Katherine Ferris  
0414 585 595  
[ahasecretarynsw@gmail.com](mailto:ahasecretarynsw@gmail.com)



**NSW Treasurer**  
Kelly Buckley  
0426 117 917  
[ahanswtreasurer@gmail.com](mailto:ahanswtreasurer@gmail.com)



**NSW Membership Secretary**  
Lydia Deukmedjian  
0410 327 665  
[nsw@ahahypnotherapy.org.au](mailto:nsw@ahahypnotherapy.org.au)



**NSW Peer Group Supervision/Co-ordinator**  
Amanda Joubert  
0411 399 828  
[ahasupervisionnsw@gmail.com](mailto:ahasupervisionnsw@gmail.com)

### Victoria /Tasmania Committees



**Vic State Executive Officer**  
Georgina Mitchell  
0435 923 817  
[vic@ahahypnotherapy.org.au](mailto:vic@ahahypnotherapy.org.au)

**Vic State Secretary**  
(VACANT)

**Vic State Treasurer**  
(VACANT)



**Vic State Workshop Co-ordinator**  
Nick Sutherland  
0448 339 662  
[nick@stateofmindhealth.com.au](mailto:nick@stateofmindhealth.com.au)



**Vic Committee Member**  
Tim Falkiner  
0417 107 440  
[timothyfalkiner@optusnet.com.au](mailto:timothyfalkiner@optusnet.com.au)



**Vic Committee Member**  
Nina Shayan  
0412 444 821  
[ninashayan@me.com](mailto:ninashayan@me.com)



**Tasmanian Representative**  
Noeline Robinson  
03 6224 2060  
[noelin robinson@bigpond.com](mailto:noelin robinson@bigpond.com)



## South Australian Committee



**SA State Executive Officer**  
Colin Darcey  
0419 808 593  
[sa@ahahypnotherapy.org.au](mailto:sa@ahahypnotherapy.org.au)



**SA State Secretary**  
Marilyn Peterson  
0408 825 932  
[ahasecretarysa@gmail.com](mailto:ahasecretarysa@gmail.com)



**SA State Treasurer**  
Dianne Bradey  
0402 831 716  
[ahatreasurersa@gmail.com](mailto:ahatreasurersa@gmail.com)



**SA State Workshop Coordinator**  
Carolyn Guerin  
0414 497 771  
[ahaworkshopsa@gmail.com](mailto:ahaworkshopsa@gmail.com)

**SA Committee Member**  
Jane Fielder  
0433 293 913  
[jane@adelaidehypnosiscentre.com.au](mailto:jane@adelaidehypnosiscentre.com.au)



**SA Committee Member**  
Toni Edward  
0410 613 923  
[toni@tonieverard.com](mailto:toni@tonieverard.com)

## Queensland / North Queensland Representative & Northern Territory Committees



**QLD State Executive Officer**  
Tony Hardie Grant  
0407 441 410  
[qld@ahahypnotherapy.org.au](mailto:qld@ahahypnotherapy.org.au)



**QLD State Secretary**  
Lynne (Rice) Lumley  
0438 411 551  
[lynne@phoenixhypnotherapy.com.au](mailto:lynne@phoenixhypnotherapy.com.au)



**QLD State Treasurer**  
Bernadette Rizzo  
0401 082 077  
[bernadette@ahahypnotherapy.org.au](mailto:bernadette@ahahypnotherapy.org.au)



**QLD Supervision Co-ordinator Gold Coast**  
Deborah Bow  
0404 875 574  
[azurisperfect@hotmail.com](mailto:azurisperfect@hotmail.com)



**QLD Membership Secretary**  
Marie Element  
0421 396 994  
[marie@marieelement.com.au](mailto:marie@marieelement.com.au)



**QLD Supervision Co-ordinator Brisbane & Sunshine Coast**  
Lee Barnasson  
0411 075 445 [lee.barnasson@bigpond.com](mailto:lee.barnasson@bigpond.com)



**QLD Workshop Co-ordinator**  
Graham Shannon  
0421 050 367  
[graham@behindthemind.com.au](mailto:graham@behindthemind.com.au)



**North QLD Representative**  
Jeffrey Mack  
0428 968 777  
[tsvlmodernhypnosis@gmail.com](mailto:tsvlmodernhypnosis@gmail.com)

## West Australian Committee



**WA State Executive Officer**  
Linda Milburn  
0409 079 435  
[ahaseowa@gmail.com](mailto:ahaseowa@gmail.com)



**WA State Secretary**  
Miranda Diprose  
0450 747 886  
[miranda@soulworkstherapies.com](mailto:miranda@soulworkstherapies.com)



**WA Treasurer**  
Hope Wesley  
0430 224 130  
[hope@mindmattershypnotherapy.com.au](mailto:hope@mindmattershypnotherapy.com.au)

**WA State Workshop Co-ordinator**  
**(VACANT)**



**WA State Membership Secretary**  
Michelle Blom  
0451 063 762  
[mbloom60@gmail.com](mailto:mbloom60@gmail.com)

**WA Committee Member**  
**(VACANT)**

**WA Committee Member**  
**(VACANT)**

**WA Committee Member**  
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# AHA Journal – Benefits of Submitting Quality Articles

## The Australian Hypnotherapy Journal Benefits

Getting published in the journal, especially now that it is recognised and stored at the National Library, boosts your credibility and begins the trust cycle with your readers, as well as:

- **Boosts Your Personal and Business Credibility:**

For many authors, being published in the Journal is an excellent way to get started. Having your articles in The Australian Hypnotherapy Journal allows them to pre-sell your ideas without you having to make any cold calls or face-to-face sales appointments to advertise your services.

- **Builds and Markets the Brand Called 'You':** Having your articles published in the Journal builds 'you' as a brand name, builds your business, and advertises your expertise. It begins or reinforces in your colleagues and prospective clients' minds what you can do for them.

- **More Effective than Regular Advertising:** Publishing your article in the Journal means you become known as the expert by the reader and this encourages trust by potential clients, before they even visit your website. There is no better way to "pre-sell" you, as the expert, than by article marketing.

- **Exposure to the Hundreds of Readers:** Your articles may be viewed by the hundreds of AHA members and other associations' members as well as the public that visit the AHA website every month! We work very hard to deliver a positive, fast and reader friendly experience that keeps readers returning for more.

- **Receive Quality and Relevant Leads to Your Website:**

People who read your articles and then click on your website link at the end of each of your articles, for further information; are highly-motivated prospects by the very nature of how they initially found your website.

- **Increases Traffic to Your Website:**

This is caused by the various e-zine publishers who regularly scrutinise the latest copy of the Australian Journal throughout the year to pick up quality articles for their email newsletter or website in addition to our hundreds of members who are looking to immediately benefit from your expertise. When your articles get picked up for reprints, you will often get a surge of traffic to your website, as your articles are introduced to other associations' email list members, etc.

- **You May Receive Free Ads in other E-zines:**

When other e-zine publishers come to the Journal to pick up and reprint your articles to their newsletter base, this is essentially a free ad in their newsletter. The better quality you put in your article, the higher your chances are of increased distribution by other e-zine publishers who use the Journal to find quality content to send to their readers.

- **Optimise Your Existing Article Archive:**

If you have already produced a series of quality articles, why not submit them to get even more readers and promotional mileage for your efforts? After all every article you submit to the Journal will reach new readers that would have never found your articles or website before.

- **Get Continual Traffic to Your Website for Many Years to come for Free:**

Your articles will be stored in the Journal archives on the AHA website for many years. They will also be stored at the National Library of Canberra digital archiving section:

<http://pandora.nla.gov.au/tep/114491>

- It is also the case that many e-zine publishers will pick up your articles for reprints and this could mean continual traffic over the next decade or more.

# The Australian Hypnotherapy Journal

## Advertising Guidelines

### Submissions - News and Articles

We welcome your feedback and input in the form of news, views, poetry, letters, articles etc. Please forward these to the editor, Chereyl Jackman at:

[ecs\\_nt@bigpond.com](mailto:ecs_nt@bigpond.com) by the date/s noted below.

#### Schedule of Issues

**Spring:** Submissions received by **20th September** for publication beginning **October**.

**Summer:** Submissions received by **10th January** for publication at end of **January**.

**Autumn:** Submissions received by **20th March** for publication early **April**.

**Winter:** Submissions received by **20th June** for publication early **July**.

### Advertising Guidelines

1. The Journal will refuse an advertisement if we do not consider it suitable.
2. The inclusion of an advertisement in the Journal does not imply endorsement of the product, the company advertising the product or the service being advertised.
3. It is the responsibility of the advertiser to ensure they don't offer products and/or services that are unsafe or defective.
4. Advertisers are responsible for complying with the relevant Australian guidelines for advertising their products and must be able to substantiate any claims they make.
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6. When advertising the price of goods or services, the total cash price, including GST, must be provided. You must show the full price, including any commissions, charges, or postage and handling.
7. Advertisers should not advertise goods or services at a specified price if they are aware, or should be aware, that they are unable to supply reasonable quantities at that price for a reasonable period. Advertisers must not make false or misleading representations about the products and/or services being advertised. Misleading behaviour includes any kind of conduct or behaviour in business that could give a customer the wrong impression or may potentially breach the Trade Practices Act.
8. Disclaimers should be specific, clear and highly visible.

9. Advertisers do not exert any influence on the editorial content, selection of content or presentation of material in the Journal.
10. If you follow a link from an advertisement you may be taken to a third party website. The Journal does not review or control the content of third party websites and is not responsible for the accuracy of the information contained, or the views expressed, in those sites. If you supply information to those sites, or access their products and service you do so at your own risk.
11. Advertisers should not accept payment if they know, or should know, that they cannot provide the kind of goods or services promised.
12. Comparative advertising is acceptable as long as it is legal, truthful and does not mislead in anyway.
13. When the disclosure of qualifying information is necessary to prevent an ad from being deceptive, the information should be presented clearly and conspicuously so that consumers can actually notice and understand it. The Journal Advertising Policy may be revised periodically.

### Artwork

Artwork is the responsibility of the advertiser and needs to be sent to the editor as an email attachment. Preferred document type is **Word**. Graphics should be submitted as **JPEGs (300 dpi resolution)**. Graphics can be resized to full page or as required. Entire article including graphics should not exceed **2,000 words** or **5 MB**.

### Bookings and Payment

Please provide your advertisement together with your payment to [ecs\\_nt@bigpond.com](mailto:ecs_nt@bigpond.com) before the submission date as the AHA only accepts a limited amount of advertising for inclusion in each issue of The Australian Journal of Hypnotherapy.

Please note advertising will not be accepted without the accompanying payment. Payment details are listed below.

### Direct Deposit

The Australian Hypnotherapists Association,  
CBA, Paddington, NSW  
BSB: 062 220  
A/C: 10012818

### Advertising Rates

Full Page	\$75.00
Half Page	\$45.00
Quarter Page	\$25.00

# Benefits of AHA Membership

Once you are a member, the AHA offers you a unique combination of benefits.

**These benefits include:**

## Professional Opportunities:

- The prestige of being part of the oldest and largest professional hypnotherapy association in Australia recognised nationally and internationally
- The opportunity to attend international and national hypnosis conferences at reduced registration
- The circulation of details of forthcoming AHA workshops and seminars giving you access to advanced specialist hypnotherapy training
- The opportunity to be published in the Australian Hypnotherapy Journal
- Free subscription to 4 issues per year of the Australian Hypnotherapy Journal – this journal is subscribed to by universities and libraries around Australia
- Free publication and distribution of regular *News Bulletins*
- Upgrading to higher membership levels as soon as you qualify.

## Promotional Opportunities:

- Free listings on the National Hypnotherapists Register of Australia™ (NHRA™) which includes:
  - “find a Hypnotherapist” search by postcode, suburb or name
  - Free active link to your own email address and website(s)
  - Personalised description of your qualifications and specialities
  - Able to update any time for no cost
- Use of *AHA & NHRA™ Logo*
- Free inclusion (where applicable) in the *Foreign Language Speaking Register*
- Free dedicated referral facilities from the AHA National Advisory Line by an experienced, specialist hypnotherapist to all professional and clinical members (our 1300 55 22 54 number is available to members and the public between 9:00 am to 12:00 pm Monday to Friday)

## Professional Support:

- Strong support network – access to professional supervision with trained AHA supervisors willing to support your career progress
- The publication (within the AHA website) of regional information to Registrants seeking peer group or personal supervision arrangements
- Access to AHA administration support willing to assist with clinical and administrative information / support
- Receive all membership mail outs
- The Forum – online case discussion where you can ask questions of other members about any issues you may encounter
- As a member of the AHA you have the opportunity to establish professional relationships with hypnotherapists throughout the world

## Professional Security / Credibility:

- Access to **discounted Professional Indemnity & Public Liability Insurance**
- Health fund provider numbers allowing rebates for your clients (the list of health funds can be found here: [http://ahahypnotherapy.org.au/aha\\_members\\_area/](http://ahahypnotherapy.org.au/aha_members_area/) )



- Advice with regard to obtaining *Criminal records bureau disclosures* (WWC and Police checks)
- Ongoing updates with regard to government legislation concerning the hypnotherapy field
- Opportunity to create positive change in the industry by becoming a committee member
- Representation to and dissemination of relevant information from the Department of Health and Aging and other relevant agencies
- The provision of relevant information on all aspects of the profession to registrants, the media and public

#### **International reciprocal alliances:**

- Automatic acceptance under an *international reciprocal alliance* into either the General Hypnotherapy Standards Council (GHSC UK), the Association of Registered Clinical Hypnotherapists (ARCH Canada) or the New Zealand Association of Professional Hypnotherapy (NZAPH) if relocating to those countries. Please also note that the application process and standards apply if you are entering Australia. Please call 1300 55 22 54 for further information.
- [The General Hypnotherapy Standards Council \(UK\)](#)
- [Association of Registered Clinical Hypnotherapists \(Canada\)](#)
- [New Zealand Association of Professional Hypnotherapists \(New Zealand\)](#)

**Access to the above benefits in individual cases is always at the discretion of the AHA Executive Member Associations:**

- The AHA is a member association of the Hypnotherapy Council of Australia (HCA)

For details on how to become an AHA member go to:

<http://www.ahahypnotherapy.org.au/join-the-aha/join-the-aha/>

and download the prospectus and application forms.



**The AHA has gone 21st century and interacting with Facebook  
Please visit and 'Like' the AHA Facebook Page**

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**NOTE: Some internet links may not be accessible from this journal and will have to be manually entered if you require more information.**