



# The Australian Hypnotherapy Journal

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

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**Editor:** Chereyl Jackman

**Proof Reader:** Bruni Brewin

**Front Cover:** Cottesloe Beach, W.A. (*Your Photos are welcome*)



## President's Report

## Mailin Colman

Dear members,

I sincerely hope this issue of the Australian Hypnotherapy Journal finds you all well and flourishing.

2016 / 2017 has been a period of great change within the AHA. Several state SEOs have stood down this year and I'd like to take a moment to thank Rona Spicer, Gwen Pasin and Chris Taplin for their time of service to the AHA as SEOs. Rona has, I believe, been SEO of SA for 6 years! Chris Taplin returned to the role following the stepping down of the previous committee and Gwen Pasin was a dynamo in her year as QLD SEO. I'd also like to welcome the new SEO's – Georgina Mitchell (Vic), Colin Darcy (SA) and Tony Grant (QLD). WA and NSW retained Linda Milburn and Lydia Deukmedjian respectively and thank you both for your consistent presence!



### Membership

There appears to be a big decrease in membership numbers this year. This is partly due to the situation in Victoria last year, partly to do with the rumours circulating that the AHA ONLY ACCEPTS AHA CPD (more on this below) and partly to do with the massive task of going through the member database member by member and removing those members we have not heard from for some time or who have been listed as suspended and ex-member for a considerable length of time. This resulted in a significant clean out. All relevant members were contacted several times in the lead up to this action. This has been necessary to ensure the cleanest possible migration to the new system.

### CPD clarity

12 months or so ago, there was a typo on the CPD / supervision record card that gave the impression that only AHA CPD points were allocated 1 point per hour and all non AHA CPD was only awarded ½ a point per hour. This was and is incorrect. The correct point allocation is 1 point per hour for **hypnotherapy** related CPD and ½ a point per hour for all **non-hypnotherapy** related CPD. Unfortunately, this became a topic of conversation all over the country with very few members taking the time to contact AHA admin or committee members. This situation has caused a great deal of unnecessary aggravation.

### New CRM system

One of the biggest changes most recently is that we have now moved to a customer relationship management system and I will be talking about that in more detail below.

The cut over to the new system occurred on Thursday the 29th of June. From this date, the existing AHA members' database, the AHA website and the NHRA have ceased to be active or accessible. The URL will remain the same (ahahypnotherapy.org.au) and the new website will be the portal for both member management (including self-management by the members themselves) and the directory of practitioners accessed by the general public. Members will be required to provide the information available to the general public as some of these existing fields are not compatible for migration and will require re-completing. Please just email your relevant qualifications to admin and they will load for you. Specialties can be edited by members. All information available to the public will be generated from the member profile and this includes the automatic removal from the directory where renewal is not submitted. This will cut down the workload of administrators considerably and allow them more time to focus on AHA future development.

Prior to doing the above, please note that due to some incompatible data, John Ward has been working through to correct the lack of data as well as activating the directory, member by member. This will take some time to process so if you are not appearing on the register, please do not be alarmed at this stage. Once you are able to view your listing, please then email the specialties and qualification additions/changes to [administrator@ahahypnotherapy.org.au](mailto:administrator@ahahypnotherapy.org.au). Please also note that your photographs will not appear on the registry but that this is something we hope will change in the future. This aspect is dependent on the platform designers and we have no date for this at the present time.

I look forward to a calm and peaceful year ahead during which existing processes are streamlined and more efficient, leaving national committee members more available to progress the AHA.

Warmest regards,

Mailin Colman  
AHA President

National Public Directory: <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)  
 State and national contact details: <http://www.ahahypnotherapy.org.au/contact-us/>

## Keeping in touch ...



<http://www.hypnotherapycouncilofaustralia.com>



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



<http://asochaorgau.wordpress.com/>

## Advertise in the Journal

### Advertising rates for the Australian Hypnotherapy Journal:

Full page	\$75.00
½ page	\$45.00
¼ page	\$25.00

**Please Note:** Payment must be made in full prior to lodging your advertisement. Details are listed in the Journal.

**Contact:** Australian Hypnotherapy Journal  
 Editor - Chereyl Jackman  
 (07) 3204 0402 or 0434 936 613

**Email:** [ecs\\_nt@bigpond.com](mailto:ecs_nt@bigpond.com)



**Chereyl Jackman**

BVA; MEd; Dip. Hypnotherapy; Dip. Kinesiology / Supervisor & Mentor;  
 NLP, NLK & NOT Practitioner, CranioSacral Therapist. Cert IV Workplace Training & Assessment;  
 Cert IV Small Business Management, Cert IV Freelance Cartooning & Illustration.  
 Editor – Australian Hypnotherapy Journal



## Alternative Solutions

**Bruni Brewin**

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

### Self-Harm

People who inflict self-harm deliberately hurt their bodies. The most common methods of self-harm among young people are cutting and deliberately overdosing on medication. Many young people might try to hide their self-harming behaviour, and only approximately 50% of young people who engage in self-harm seek help. In many cases, people use self-harm as a coping mechanism to continue to live rather than end their life, the function of self-harm is a way to alleviate intense emotional pain or distress, or overwhelming negative feelings, thoughts, or memories.

### Alternative Solution?

While every person is different, there are some warning signs such as exposed cuts or an overdose requiring intervention. Aside from obvious signs, you can read some psychological signs here:

<https://headspace.org.au/health-professionals/understanding-self-harm-for-health-professionals/>

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.

## If Hypnotherapy Works, then where is all the Research Evidence?

Karen Bartle (MSc) and Paul Peace (PhD)

Every soon to be, or qualified, hypnotherapist will have been asked these questions countless times by their clients, colleagues, family, and friends, who are genuinely intrigued as to if, how, and why, hypnotherapy works.

Published research can be found in every reputable psychotherapy and psychology journal on the efficacy of the likes of CBT, and millions of dollars in funding secured every year to promote such therapies to elevate their status as the therapy of choice for many psychological issues. However, where is the research on hypnotherapy and other approaches to health and well-being? Are they not getting a look in or a voice deserving to be aired?

There are many filters at work when it comes to conducting and publishing research in hypnotherapy, or more generally, here are just a few of them:

- Funding is very limited in hypnotherapy and funding bodies can put limitations on the kind of research they would like to see.
- Peer reviewers have personal preferences and ideas about what constitutes good research.
- Influence: some figures are highly respected and well-known. Others are relatively unknowns. As well, researchers and editors have been known to socialise together and are mostly human. The rest is left to your imagination.
- Market dynamics: journals need customers. Customers demand certain things; there is a market for fashionable research e.g., because it is in the news. In psychology research more generally, funding for researching AIDS was huge in the 1980s, for example, and obesity research has been high on the agenda in recent times.
- Politics: professional journals and the like, decide what kind of research is most valuable. All fashions come and go with time.
- Access: many journals and databases are expensive to subscribe to. And many people do not understand academic and technical language. It can be elitist and alienating.
- Perceptions: there is a common and erroneous belief that research is necessarily boring.
- Utility: a great deal of hypnotherapy research has little utility in clinical practice. Few therapists work according to protocols, and few wish to. Even fewer can relate brain scans or blood tests to their work. It is an unfortunate fact that much of it is highly irrelevant. Some effort is required to identify what therapists really want to know. There seems to be a gulf between those with academic and clinical interests at times.
- Point of focus or interest: effective therapists don't always make good researchers, and vice versa. Having worked and trained in this area for some time, it's clear there's a lot of apathy towards conducting research in clinical practice. Professional associations have attempted to solicit the views of therapists about research, and the response rate has typically been low, with few bothering to reply. This is a real shame. Mutual responsibility is required.
- Lack of training in research methods: research methods should be taught on advanced courses at the next level up from initial training. If people don't know that research is out there, and how to access it and understand it, we cannot blame them for ignoring it. Unfortunately, short courses are not the place for something this intensive (if done properly); time will be stolen away from other important areas such as clinical skills and techniques. Making courses longer may steer prospective students towards shorter, poorer quality courses.
- Non-results are rarely published. However, non-results can be very interesting. They might lead to speculation about why the result was not as expected. Creativity is as much part of science as rigorous

research. The fact that non-results or 'experiments gone wrong' are interesting, is lost on most people and especially journal editors but an example should suffice.

Antibiotics were discovered when Alexander Fleming was researching cultures of staphylococci bacteria. One day he noticed that a fungus had grown on what should have been pure bacterial cultures. Although this was a disaster for the intended experiment, he noticed something interesting. Where the fungus grew, the bacteria had been killed. The fungus was identified as *Penicillium* and the extract was named penicillin. This would turn out to be one of the greatest ever medical discoveries.

Fortunately, in this case, Fleming did publish his findings but only because of the obvious importance of the discovery. Lesser accidents are treated less respectfully. Fortunately research into the efficacy of hypnotherapy does exist in abundance, when you know where and how to find it!

### **How to find research in hypnotherapy.**

There are many ways to find research on hypnosis and hypnotherapy. If you are struggling, here are some examples to help you on your way...

#### **Research journals**

International Journal of Clinical and Experimental Hypnosis <http://www.ijceh.com> (includes abstract search facility. It contains the abstracts from every single article published since the launch of the journal in 1953.)

American Journal of Clinical Hypnosis

<http://www.asch.net/Public/AmericanJournalofClinicalHypnosis.aspx>

Research journal articles are sometimes available online. It has been said that less conscientious university departments and others often host copyright protected articles – documents that are not supposed to be freely distributed – in public areas of their websites, which then get indexed by search engines. Abstracts are available for many articles if not the full text which will help you decide whether to pursue obtaining a full text copy from your library.

#### **Search engines**

e.g., Google Scholar: <http://scholar.google.co.uk>

#### **Books**

Nash, M.R. and Barnier, A.J. (2008). *The Oxford Handbook of Hypnosis: Theory Research and Practice*. Oxford: Oxford University Press.

Heap, M. and Aravind, K (2002). *Hartland's Medical and Dental Hypnosis*, London: Churchill Livingstone.

Yapko, M. D., (2003). *Trancework: An introduction to the practice of clinical hypnosis* (3rd ed.). NY: Brunner-Routledge.

#### **Databases and online resources**

The following databases routinely produce interesting results on searches for hypnotherapy research.

##### Academic access

You would need to be a university student or find out whether your employer subscribes. It can be expensive to subscribe privately.

PsycInfo

Medline

ASSIA

Cochrane Library

##### Public access

Anyone can sign up to use these resources.



Searching of databases is relatively easy once you know how. For most purposes, the following guidance should suffice. Most databases have help files if you wish to get more technical.

- The first choice for most hypnotherapists would be to use a database that has free public access such as PubMed <http://www.ncbi.nlm.nih.gov/pubmed>. Databases require a huge amount of time and effort to construct so we shouldn't be surprised that access is often restricted to those who have paid a fee. With public databases, usually no login will be required. If the database is subscription-only, the first task, having signed up, will be to log on.
- Some databases such as PubMed and PsycInfo contain numerous separate databases. You will normally be asked to choose which database/s you wish to search from a drop-down menu or checkboxes.
- The next task is to enter your search terms. How you do this varies from one database to another. Some, such as PubMed are very forgiving but less accurate. For research on hypnotherapy for IBS, for example, you could enter 'hypnosis ibs'. It even guesses at your search term and autocompletes with popular searches. Other databases require more precision, perhaps separating terms by commas or placing different keywords in different boxes.
- With some databases, you choose from a drop-down menu whether you wish to search by title, subject, author or ISBN (International Standard Book Number). A further option might say 'All fields'. An all fields search will yield more results but it could produce an overwhelming number of results. It might also contain many duplicates because results are found in the title field and subject field. Some databases will permit a retrospective, more advanced filter or de-dupe the results, i.e., remove duplicates.
- Search terms need to be specific. If you enter 'hypnosis' you cast your net very widely and catch lots of articles. However, you will probably be overwhelmed. If your search terms are overly specific, such as 'double blinded experiment on hypnotherapy for 45-year-old smokers', you will probably end up with no results returned. Searches by presenting issue can be productive and are more likely to be relevant to clinical practice.
- A lot of research in hypnotherapy uses the term 'hypnosis' so remember to try variants, 'hypnosis' and 'hypnotherapy', on separate searches. 'Trance' also features in some research.
- Some searches will have a drop-down box saying 'And/Or'. This can be useful to be more precise about your search terms. Saying you would like results for the words 'hypnosis' and 'phobia' is very different from searching on 'hypnosis or phobia'. The former would be more precise and productive. The latter will return anything and everything which contains the keywords 'hypnosis' (which could mean results returned on hypnosis for weight loss and smoking as well, for example) or 'phobia' (which could mean returning studies on other therapies for phobia such as behavioural therapy, for example).
- So, aim for search terms that are general enough to be productive but specific enough to make the results manageable and useful. To use an everyday example, imagine if you gave someone a shopping list which read '2 vegetables, 1 fruit and a packet of pulses'. The results of the shop could yield anything and everything in the categories. If you want sweetcorn, cabbage, an orange and some lentils it is best to state this. If, however, you ordered *Zea mays var. rugosa* (Latin name for sweetcorn), a Lincolnshire organic cabbage, an Egyptian orange and a 500g packet of Lentilles Vertes, you make it much more difficult for the shopper to find results. Where they do find results, however, you have got exactly what you wanted!
- The results sometimes take a few seconds to come in as these are big searches. Once they do, you need to decide which are of value. The first line of filtering is the title of the article. Let's say you were searching on a database and came across the following: 'Efficacy of hypnotherapy in the treatment of eating disorders.' This tells us that the study has looked into whether hypnotherapy works with a particular presenting issue – eating disorders. If you're interested in phobias you probably made a mistake in your search terms. If you are looking for research on anorexia nervosa you might now have to sift manually through the results because some will be for bulimia, obesity, etc. or conduct a new, more specific search on this particular eating disorder. If you are interested in finding research on eating disorders generally you have found what you were looking for.



- The next task, once you have a list of titles that look promising, is to look at the abstracts (usually by clicking on an entry). Please don't be put off by technical terms. It is possible to glean plenty from research without understanding every last aspect of it. It needs a relaxed attitude.
- Where the abstract looks promising, your next task is to obtain a 'full text' copy. Sometimes these are available directly through the database so always check this first. Your next option is probably to search online using the paper title to see if you can obtain a free copy. If this is not successful, you should be able to order almost any research paper through your local library for a very small fee. If they cannot do this, escalate to a main library in a local town or city. If you still have no joy, escalate your search to the main research library for your country.
- Regularly save your searches online or locally. It can be frustrating to find yourself timed-out and logged off after lots of work and having to start the search process again.

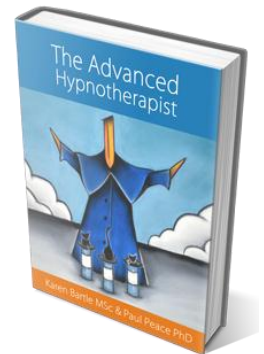


**Karen Bartle, MSc, and Paul Peace, PhD**, are Advanced Hypnotherapists, Co-founders of the **Academy of Advanced Changework Hypnotherapy & NLP Training Academy**, and Co-authors of ***The Advanced Hypnotherapist***.

The book serves as manual and Part 1 of the accredited distance learning Advanced Diploma in Hypnotherapy course (AdvDipH), for qualified hypnotherapists.

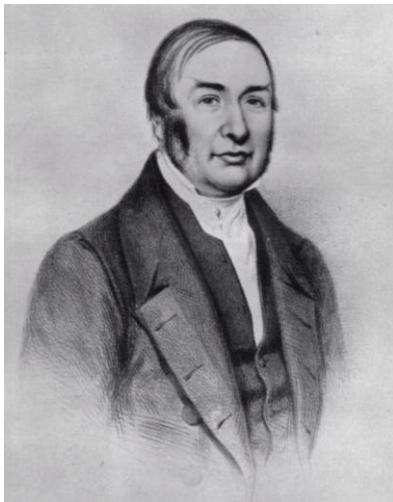
For more information, contact Karen Bartle on (07) 53 292 293

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



## [Crowd Funding to Fund a Commemorative Plaque for Dr James Braid ...](#)

This is to inform AHA members/readers of this historically important project for all hypnotherapists:



<https://www.justgiving.com/crowdfunding/DrJamesBraid>

Fund raising for a commemorative plaque for Dr James Braid, 'discoverer' of hypnosis to be installed at his 1841 home/practice- 67 Piccadilly, Manchester to coincide with the European Society of Hypnosis Congress being held in Manchester in August 2017.

James Braid was born on 19th June 1795 at Ryelaw House, Portmoak, Fife, Scotland. He studied medicine at Edinburgh University 1812 – 1814, qualifying in 1815.

In 1816, aged 21, he was appointed surgeon to Lord Hopetoun's mines, Leadhills, Lanarkshire, Scotland. In 1825, the Braid family moved to Dumfries, Scotland where James worked as a general practitioner and ophthalmologist in private practice with Dr. William Maxwell.

In November 1841, Dr. James Braid paid half a crown to attend a magnetic demonstration with Charles Lafontaine at the Manchester Athenaeum. He stated "*I attended fully inclined to join in with those who considered the whole to be a system of collusion or delusion or of excited imagination.*"

Dr. Braid believed that he could reproduce the effects he had witnessed without magnetism. His first recorded success 22.11.1841 was at 67 Piccadilly. In the presence of witnesses he induced in Mr. Walker the effects he had seen produced by Lafontaine without the use of 'magnetism'. He then successfully hypnotized his wife and later his manservant.

On 27th November 1841, Dr James Braid gave his first public demonstration and reproduced the effects of 'magnetism' without physical contact and using only eye fixation, a phenomenon that soon became known to the world as '**hypnosis**'.

Lindsay Yeates, F.A.H.A.

Email: [lindsay.yeates@unsw.edu.au](mailto:lindsay.yeates@unsw.edu.au)

Profile: <http://tinyurl.com/kphs8ou>

Lindsay B. Yeates,

Ph.D. (History & Philosophy of Science), UNSW.

M.A. (Cognitive Science), UNSW.

Grad. Dip. in Arts By Research (HPS), UNSW.

B.A. (Asian Studies), ANU.

Diploma of Clinical Hypnotherapy.

Diploma of Traditional Chinese Medicine.

Cert. of Competence as a Therapy Radiographer (RMIT).

Editorial Assistant, *Australasian Journal of Philosophy*

Adjunct Associate Lecturer, School of Humanities and Languages, UNSW

## Spiritual Hypnosis: A Regression took a Detour

by C. Roy Hunter, DIMDHA, DAPHP

This article includes a case summary taken from my latest book, *The Art of Spiritual Hypnosis: Accessing Divine Wisdom* (Blooming Twig Publishing, 2016). Note: Bruni Brewin, Past AHA President, contributed an entire chapter, along with other highly respected professionals in the hypnotherapy profession.

Let me preface the case summary by mentioning that over 20 years ago Linda (not her real name) came to me requesting a past life regression (PLR), simply out of curiosity.

### Possible Explanations

Before describing how Linda's session took an unusual turn with a spiritual result, let me digress and provide five possible explanations for a past life regression (PLR):

1. *Fantasy or metaphor (false memories)*: The subconscious can easily fantasize, especially when we are in a state of hypnosis. We could identify with a movie we like, or a story from childhood, resulting in the subconscious confabulating an alleged past life. Also, any client could easily fantasize an alleged past life of his or her choosing.
2. *Actual soul memories (reincarnation)*: Just as a past life regression is not proof that we lived before; the lack of scientific evidence does not *disprove* reincarnation as an explanation for some PLR sessions. Some people estimate that over half of the people alive around the globe believe in reincarnation.
3. *Soul-Tapping*: During hypnosis we can "tap into" memories of another soul who lived in the past, somewhat like "channeling" from the spiritual realm. This could be like a spiritual internet.
4. *Universal Consciousness*: Many people believe we are all interconnected through a divine consciousness, Holy Spirit, etc. that contains all memories of all lives lived. As with "soul-tapping" mentioned above, this could also be comparable to a spiritual internet.
5. *Genetic Memory*: Some people believe memories may be passed on through heredity.

You can draw your own conclusions as to which category best describes any specific PLR; but I mention the above explanations to most clients who request a PLR, and to any client who has a spontaneous PLR.

Now it is time to read about Linda. Her case is reproduced verbatim from a chapter section in Chapter 5 of *The Art of Spiritual Hypnosis*.

### Digression from Regression

Linda came to me requesting a past life regression (PLR), simply out of curiosity. Because there are several explanations besides reincarnation for a PLR, I normally ask my clients to set aside any preconceived opinion about where they might go because the subconscious can easily fantasize. For example, if someone wants to believe he/she lived in Ancient Egypt, the subconscious is fully capable of fabricating an Egyptian experience during an alleged PLR.

There are several imagery techniques that I commonly use to initiate a PLR. After describing them, the client chooses. Linda chose the imaginary bridge across the river of time. Then, as with other clients, I asked her to allow her Higher Power to take her where she needed to go, setting aside any preconceived opinions.

After guiding her into a deep state of hypnosis, I asked her to imagine walking across the bridge. She suddenly interrupted me saying, "Someone is blocking me..."

Instead of telling her to go around the person, I asked her WHO was stopping her from crossing; and Linda immediately started crying. She told me it was her father. Then I asked Linda why her father was there; and she said that he wanted to talk to her. From this point the expected PLR session changed into Gestalt therapy with her late father.

Linda's mother was an abusive spouse; and after her father passed away, Linda became the target of her mother's abuse. During the Gestalt role play, she cried real tears while complaining to Dad about the abuse she suffered when he left. Then, speaking as Dad, the response was: "I stayed around as long as I could in order to protect you from your mother's abuse; but when it was my time, God called me home."

The conversation got very lively from her, with Linda using many tissues for her tears. She was instructed to forgive her mother as her father had done, but her father told her that she should never condone abuse. He also told Linda that he was at peace knowing that she was a good mother who knew how to raise her own daughter with love and kindness. Dad told her that he was proud of her, and that he would always love her from the other side. He then instructed her to release him and get on with her life.

Many weeks later Linda returned, and enjoyed a successful past life regression. More importantly, however, she told me that she finally came to terms with the loss of her father during her childhood.

### Observations and Comments

What I omitted from the book is the fact that my client brought a close friend who was a psychotherapist to witness the session. She was very empathetic with Linda, and went through more tissues than my client did during the session. When her friend emerged from hypnosis, the psychotherapist immediately said, "I told you that you were in denial about dealing with your father's death!" (I am glad it was not me who said that...)

Several weeks later, Linda returned and enjoyed a successful past life regression. More importantly, she healed the grief that she carried for over a decade since her father's passing. Additionally, the psychotherapist also became one of my clients.

### About the Book

My latest book contains over 80 amazing stories contributed by over two dozen well-known hypnosis professionals from around the world. All are very experienced, most are hypnosis trainers and over half of them are published authors.

The theme is about the ability to access divine wisdom during hypnosis, providing hope for the average person that there is more than the physical realm. The first chapter overviews health care professionals who wrote about a spiritual realm as a result of their experiences. Examples are: Raymond Moody, MD, whose book *Life after Life* (2015, HarperCollins) has sold over 13 million copies since its original publication in 1975. Eben Alexander, MD, is a renown neurosurgeon at Harvard, who was an admitted skeptic until he spent a week in a coma and experienced an afterlife journey that inspired him to write *Proof of Heaven* (2012, Simon & Schuster). Other professionals whose work is mentioned include: Melvin Morse, MD, Brian Weiss, MD, Elizabeth Kubler-Ross, MD, Michael Newton, PhD, and more.

All remaining chapters except for the Epilogue contain actual case summaries. Some involve variations of parts therapy with a spiritual part, and some are past life regressions. One amazing story involved a woman who entered the therapy office in a wheelchair that she had been in for several years. After the session she folded it up and walked out.

### References:

- Alexander, E. 2012. *Proof of Heaven: A Neurosurgeons Journey into the Afterlife*. New York, NY: Simon & Schuster.  
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**Roy Hunter** practices hypnotherapy near Seattle, USA. His experience includes providing hypnotherapy part time for terminal patients of the Franciscan Hospice from 2001 thru 2008, and teaching professional hypnotherapy (based teachings of Charles Tebbetts) since 1987.

Upon request, he travels and teaches workshops to the general public or hypnotherapists who wish to learn how to facilitate spiritual sessions.

Visit Roy's website at: [www.royhunter.com](http://www.royhunter.com)




## If a Woman Needs It, Should She be Spanked?

Bruni Brewin

"The New York Daily Mirror started in 1924 and ceased publication in 1963. The clip below seems to be from the late 1950s. It may indicate why The New York Daily Mirror didn't last through the '60s."


### If a Woman Needs It, Should She Be Spanked?




(Today's question by Herman Martin, 125 Broad St., New York 4, N.Y.)


**MIGUEL MATOS**, Brooklyn counterman: "Why not? If they don't know how to behave by the time they're adults, they should be treated like children and spanked. That ought to make them grow up in a hurry. If it doesn't at first, they'll soon get the idea."

**FRANK DESIDERIO**, Brooklyn barber: "Yes, when they deserve it. As a barber, I've got a lot of faith in the hairbrush. I think there are certain cases when it is advisable. When it is, there's no reason why you shouldn't go right ahead and do it. I can't knock the idea. In my business, a man sets a lot of store by the results he can get with a hairbrush properly applied."





**TEDDY GALLEL**, Brooklyn, parking lot attendant: "You bet. It teaches them who's boss. A lot of women tend to forget this is a man's world and a lot of men who stepped down as boss of a family wish they hadn't. Spanking might help get back some of the respect they lost."



**WILLIAM DAVIS**, Brooklyn toy factory owner: "Yes, Most of them have it coming to them anyway. If they don't, it will remind them how well off they are. I subscribe to the theory than an ounce of prevention is worth a pound of cure."


**WHAT QUESTION is buzzing around you mind? Send it to "You Said It!" New York Mirror, 235 E. 45th St., New York 17, N.Y. For each query used the Mirror will pay \$10.**


2 SECTION TWO

**CHICAGO SUN-TIMES, Fri, July 22, 1968**

**ANN LANDERS**

### A Ping-Pong Paddle Keeps Wife In Line





**DEAR ANN LANDERS.** What in the world is wrong with a husband who finds some phony excuse to spank his wife at least twice a month? He keeps a ping pong paddle in the bedroom for this purpose. The wife happens to be my sister. She told me recently this has been going on since their honeymoon last May. I had never

"What in the world is wrong with a husband who finds some phony excuse to spank his wife at least twice a month?"

heard of such carryings on and believe me, I am shocked. Is there something mentally wrong with this man?"

My sister says he's a swell guy and even went so far as to defend him by admitting she usually deserves the spankings. Please give me some information. **SIMPLY SHOCKED**

**DEAR SIMPLY:** Of course there's something wrong with the man, but before you reserve a room for him in the Laughing Academy, let me suggest you make it two. Your sister is also pretty sick.

Men who enjoy inflicting physical pain on women are sadistic and the line between a "spanking" and a beating is sometimes pretty thin.

Neurotic women who feel the need to be punished seem to attract the type of man who will oblige. You say this started on their honeymoon? I'll bet he belted her around during courtship.

The Chicago Sun-Times was first published in 1948 and is still going. In the article "A Ping-Pong Paddle Keeps Wife in Line" Ann Landers gives some common-sense information to 'Simply'.

Are these bullying tactics just as prevalent today? Is it true that neurotic women who feel the need to be punished seem to attract the type of man who will oblige? And if so why?

The University of Queensland's Kim Halford, professor of clinical psychology, suggests that perhaps three-quarters of a million children witness both parents engaged in domestic violence every year. Most family violence does not fit the picture we imagine i.e. a violent man severely beating up his partner to control her.

Gender symmetry emerged in violence studies published in 2010-11. Halford focused on couples at the start of their relationships, newlyweds and couples expecting a child together. Even with these early



relationships, about a quarter of the women and just as many as the men admitted they had been violent towards their partners.

Eva Solberg, Swedish politician, proud feminist and chairwoman of the Moderate Women Party, was presented last year with her government's latest strategy for combating domestic violence. Like similar reports across the world, this strategy assumes the only way to tackle domestic violence is through teaching misogynist men (and boys) to behave themselves. (The definition of 'Misogynist' is a person who dislikes, despises, or is strongly prejudiced against women.)

The government felt that eradicating sexism was the solution to the problem. Solberg reasoned that despite extensive practice and experience, attempts to solve the issue through using this solution have failed because violence is not and never has been a gender issue. She referred to the Partner Abuse State of Knowledge (PASK) project that shows that we must recognise the fact that domestic violence, in at least half of its occurrence, is carried out by female perpetrators.

Solberg noted that one of the key patterns that emerged from PASK, was that violence in the family was an inherited problem and children learned from watching the violence of both their parents.

PASK is the most comprehensive review of the scholarly domestic violence research literature ever conducted. The unprecedented study spanned three years, was conducted by 42 scholars at 20 universities and research centres, and includes information on 17 areas of domestic violence. It affirms, among other things, that women perpetrate physical and emotional abuse at comparable rates to men.

No one denies the need to protect the vulnerability of women and to take critical steps to protect and ensure their safety. In Australia we use distorted statistics and fund attempts to solve the issue by citing domestic violence as a gender issue. According to AIC figures, one woman is killed by an intimate partner or ex-partner every nine days. One man is killed by his partner about every 30 days. Male violence towards a partner is likelier to result in injury or death than female violence.

The federal government ran a \$30 million television campaign a few months ago, which showed a little boy slamming a door in a little girl's face. A series of scenarios that clearly expresses the typical characteristics of violence perpetrated on women followed. The whole thing was based on the erroneous acceptance that domestic violence is caused by disrespect for women. Our government spent at least \$700,000 in research and production of this campaign.

Adam Graycar, a former director of the Australian Institute of Criminology, wrote in an introduction to a 2001 paper that 23 per cent of young people were aware of domestic violence against their mothers or stepmothers. He failed to mention that the study also revealed an almost identical proportion (22 per cent) of young people were aware of domestic violence against their fathers or stepfathers by their mothers or stepmothers.

Augusto Zimmermann, a commissioner with the Law Reform Commission of Western Australia, explains that AVOs can be used to force men to leave their homes and deny them contact with their children. Often men are caught in police proceedings and evicted from their homes by orders that are issued without any evidence of legal wrongdoing. "It is a frightening reality that here in Australia a perfectly innocent citizen stands to lose his home, his family, his reputation, as a result of unfounded allegations. This is happening to men every day as a consequence of domestic violence laws which fail to require the normal standards of proof and presumptions of innocence." He added that this did not include genuine cases of violent men who seriously abuse their wives and children. He was referring to "law-abiding people who have lost their parental and property rights without the most basic requirements of the rule of law".

It is often claimed that women hit only in self-defence. According to Halford the evidence shows this is not true. "One of the strongest risk factors for a woman being hit by a male partner is her hitting that male partner. It's absolutely critical that we tackle couple violence if we really want to stop an escalation of the violence which causes women serious injury."

The impact on children is the other important reason to make couple violence a significant focus. Children witnessing any form of family violence suffer high rates of mental health problems and are more likely to be violent themselves. *Refer article links below for more details.*

### Case Study:

One of my clients had parents who engaged in domestic violence. She had a history of 3 marriages where domestic violence was the break-up factor. She worked with a loving non-violent man who was always asking her to marry him. She told me that he was a lovely person, but boring. She explained that she hated the violence in her previous marriages, but afterwards her partners would buy her an expensive 'sorry' present which she loved and found exciting.

Violence can leave symptoms of a very frightening or deeply distressing or disturbing experience of the initial causal event. The initial triggering event has resulted in a wound or injury that is now caught in a psychological and neurological loop that remains hair-trigger. It is easily activated or set off at the slightest provocation or cause, bringing back the causal event as though it is happening in present time. The psych-neuro-loop must be redirected from the original happening to a place of memory. The original event will still be remembered but the person can talk about it and react differently without triggering those earlier dis-ease emotions.

### Cited at:

<http://www.zoominfo.com/p/Kim-Halford/32897930>

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[www.theaustralian.com.au/.../domestic-violence.../2749c4517a57c33aca8bc2da9a40e...](http://www.theaustralian.com.au/.../domestic-violence.../2749c4517a57c33aca8bc2da9a40e...)

[https://www.researchgate.net/publication/228350210\\_Gender\\_symmetry\\_in\\_partner\\_violence\\_The\\_evidence\\_the\\_denial\\_and\\_the\\_implications\\_for\\_primary\\_prevention\\_and\\_treatment](https://www.researchgate.net/publication/228350210_Gender_symmetry_in_partner_violence_The_evidence_the_denial_and_the_implications_for_primary_prevention_and_treatment) Full-text [pdf] available from Murray Straus

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#### 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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## Ego States, Hypnosis and Nail Biting

Edward John Fearn

### Abstract

Nail biting, or onychophagia is classified in the "Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition" or DSM-5 under obsessive-compulsive and related disorders.<sup>(1)</sup>

While simple treatment options such as the use of bitter substances to discourage nail biting are often recommended as a first line therapy,<sup>(2)</sup> for some patients this treatment only offers a temporary reprieve. Hypnosis has long been used by Hypnotherapists for the treatment of nail biting, with published case reports spanning well over half a century.<sup>(3)</sup>

This article discusses a case study as well as highlighting the value of taking into account ego states in formulating a holistic approach to patient therapy.

### Nail Biting (Onychophagia)

Nail biting, or onychophagia is classified in the "Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition" or DSM-5 under obsessive-compulsive and related disorders.<sup>(1)</sup>

It is estimated that the percentage of children between the ages of 7 to 10 years that bite their nails could be as high as 33%, but with adolescents the number is believed to be even higher at 45%.<sup>(4)</sup>

This percentage then decreases somewhat in adulthood.<sup>(5)</sup>

The most common treatment is a topical application, applied directly to the nails of a bitter substance such as “denatonium benzoate” to discourage nail biting. This topical application is generally recommended as a first line therapy.<sup>(2)</sup> While this treatment can potentially be useful for some patients, for others this treatment only offers a temporary reprieve.

## Therapy

### The 1st Session

The client was a 40yr old female who was biting her nails for as long as she could remember. Stress, boredom and hunger were all reported triggers for this behaviour. The topical use of bitter agents on finger nails as an aversion technique was largely ineffective.

Using “Ego State Therapy” the client was regressed to the initial sensitizing event which was that of a three year old biting her own toe nails. For that three year old child having the ability to bite one’s own toe nails was quite an accomplishment, not surprisingly achieving this feat also brought a great deal of happiness to this child. In therapy when the client was asked to give a name for us to call this ego state, the name she chose was “Happy”.

This ego state was treated with respect and dignity, and told that it was a valuable part of the client, worthy of admiration. *And it deserved to feel happy, and that there were many, many other ways to play and experience that happy feeling. The creative part of the mind, the subconscious mind can come up with many other ways to experience that sense of play... that happy feeling. I’m curious to know what fun and exciting things the subconscious mind will come up with for you. I can’t wait to find out.* We agreed it was time to stop biting nails and move on to something better.

*(The ego state “Happy” is an important part of the client’s personality, to simply remove nail biting without allowing that state another form of self-expression may result in conflict and self-sabotage. Just like a real child if it is ignored and told it cannot play anymore it may begin to fight for attention.)*

I explained to “Happy” that my own son (who was then 6yrs of age), also loves to play and has games he loves to play quite often that also makes him feel happy. ***But if he were forced to play that same game over and over again 24hrs a day (said with a tone of disgust) he would get quite sick of it, and want to play something new and exciting, because that’s what children do as they get older.***

*(Using metaphor to re-frame the experience of nail biting from fun and spontaneous to something that is forced and boring. Preparing the ego state to discover and learn new fun ways to experience that playful happy feeling.)*

*I will be curious to find out what new fun ways that “Happy” will experience those playful happy feelings. I can’t wait to find out. (Planting the seed of curiosity, building anticipation, expectation.)*

And just like a small child grows, I will be looking forward to seeing those nails grow, strong and healthy... and beautifully manicured. As they slowly grow like that of a child. I will be really curious to see that change.

*(Seeing the nails as the child, it is emphasised that the growth is slow as to have the nails remain a child for a longer time and not quickly become an adult. The “Happy” child is more likely to nurture another child possibly as a playmate or even as part of itself as it grows, but may lose rapport if it sees the nails as an adult entity.)*

A standard hypnotic induction was then undertaken with eye catalepsy induction, progressive relaxation, ego strengthening and future pacing. As an adjunct therapy, mild aversion techniques were utilised quite conservatively and sparingly and inter-spaced with more positive ego strengthening. There is always the risk that the ego state may see the aversion therapy as a threat undermining the rapport already established earlier in the session. Being observant of non-verbal cues and communication in therapy is essential as is flexibility in therapeutic approach.

### The 2nd Session

During the second appointment some 10 days later, it was reported by the client that there were no further episodes of nail biting. The client did note however that on a few occasions she felt annoyed by small

irregular and uneven areas on the tips of the fingernails as well as small protruding pieces of broken skin around the nail. Though the nails themselves were not bitten, the protruding bits of skin were bitten off. As the client had been biting her nails for most of her life the sensation of her nails growing out was a new experience. Some uneven nail growth was also to be expected. It was suggested to the client to keep a nail clipper and file in her handbag to address the issue when needed.

With the therapy itself a strong focus on stress management suggestions was emphasised, glove anaesthesia was also utilised with suggestions given to the subconscious mind that the right level of sensitivity be given to the fingers and in particular the area around the nails. *Not too sensitive as to notice every unimportant sensation... or to reduce sensitivity too much and not feel anything. But perhaps the subconscious mind will give you just the right amount of sensitivity... Not too much... and not too little, just the right amount.*

### The 3rd session

At the third and final session some 21 days since the initial treatment; the client reported that she had continued to abstain from biting her nails. Most importantly she continued to have no desire to bite her nails. One brief episode of biting a small piece of broken skin near the nail occurred between the 2nd and 3rd sessions, however since the client had been keeping a set of nail clippers and a file in her hand bag, there had been no further episodes. As such, proper nail care had also provided an outlet for uneven nail growth. The focus of this final session was ego strengthening, and post hypnotic suggestions for relaxation linked to deep diaphragmatic breathing.

A couple of the suggestions given to the client and their subconscious were as follows;

- *Learning to relax... is a wonderful thing... it is far more valuable than many of the things you learnt at school.*
- *We know from numerous scientific studies that the subconscious mind can affect the physiological functions of the body... It can lower blood pressure... it can... slow the heart rate... it can relax the nervous system. And it can release those natural relaxing chemicals... those neurotransmitters... whenever you feel the need... to relax and take that deep breath... that's it... that's it... and relax... whenever you feel the need...*

### Discussion

The case study combined a number of different strategies which led to the resolution of a long term nail biting habit. While the "ego state" or "parts therapy" component made an important contribution to this case study, there is no way to ascertain for certain whether the clinical outcomes would have differed by its absence. The same can of course be said of any of the therapy tools used in this case study.

These clinical approaches may vary not just between individual practitioners, but by taking into account the individual needs of the clients themselves. They will likely be adapted and modified accordingly.

In the case study I have discussed a client that has been allegedly biting their nails for 37 years and is now no longer doing so. This is why we as therapists have such a passion for hypnosis, because we see over and over again, the tremendous difference it makes in our clients lives.

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For more information about Hypnosis and Nail Biting contact

**Edward John Fearn ND.** Dip CH CMAHA

Contact: 0402 538 147

20 Belleglade Avenue, Bundamba, Ipswich, QLD 4304

<http://ipswichqldhypnosis.com.au/>



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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.

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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.

# ISOCCS

INTERNATIONAL SOCIETY OF COUNSELLING  
& CLINICAL SUPERVISORS

## Recognition

This workshop satisfies the requirements of professional development by:

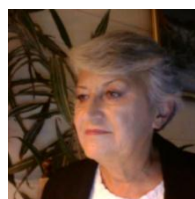
- The International Society of Counselling and Clinical Supervisors (ISOCCS).
- The Australian Counselling Association (ACA),
- The Australian Hypnotherapists Association (AHA)

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, MGKIH, 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

Basa Education & Counselling Services ABN 80 098 797 105  
GPO Box 359 Chelsea Vic 3196  
Ph: 03 9786 4743 Mb: 0418 387 982  
Email: [info@becsonline.com.au](mailto:info@becsonline.com.au)  
Web: [www.becsonline.com.au](http://www.becsonline.com.au)

## 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).

## Payment Options

1 - Cheques to be made payable to International Society of Counselling and Clinical Supervisors Inc (ISOCC)

2 - Direct deposit to ISOCCS's Account:

**Name of Bank:** Commonwealth Bank  
**Account Name:** International Society of Counselling and Clinical Supervisors Incorporated  
**BSB:** 063 118  
**Account Number:** 1059 4603

Please reference your First name and Surname,

## CANCELTIONS AND REFUNDS

Reason for Refund	Notification	Refund Amount
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)



ABN 27 748 785 250

## Are you Looking to become a Professional Supervisor?

Supervision Training Services offers

Fast ~ Effective ~ Accredited ~ Very cost effective ~ Models ~ Satisfying ~ Straight forward ~

Applicable & Practical Training

Recognised by: the ACA – the ASCH – the AHA ~ & others

- Supervision is an essential safeguard for clients, part of maintaining registration as a therapist, a support for professionals and a process through which practitioners can develop their skill and competence.
- A competent Supervisor are able to conduct supervision sessions using various supervision interventions, provide effective evaluation and feedback to their supervisee's and address the ethical and legal considerations of supervision.
- This training is designed to provide Supervision training to Allied health practitioners such as Counsellors, Psychotherapists & Hypnotherapists and the like who are currently in Clinical practice.
- Course sizes are small to provide personal education & group compatibility. Your Presenters are practicing Professionals and are multi-disciplined therapists and supervisors. Our three-day program meets the ACA Supervisor Registration training criteria and is one of the component for eligibility to apply for membership in the ACA College of Supervisors.
- Please be sure to visit your registration body's website for all entry criteria to your Supervisor Registers.
- Applications to Reserve Places is Now Open for all workshops
- **Register your interest by completing the contact form on [www.supervisiontrainingservices.com.au](http://www.supervisiontrainingservices.com.au)**  
Email: Barbara Matheson E> [a1supervisiontraining@gmail.com](mailto:a1supervisiontraining@gmail.com) Group discounts **M 0412 977 553**

- **Melbourne** June 16/17/18. **Wodonga** July 24/25/26. **Sydney** July 15/16/17
- **Adelaide** September 22/23/24. **Tweed Heads NSW** October 27/28/29.
- **Melbourne** November 10/11/12. **Broken Hill** November Dates to be confirmed

Barbara Matheson Honorary ACA, Fellow CV, ACACOS, the CEO of STS is dedicated to improving the Supervision Industry. Supervision Training Services is licenced by Optimize Potential" to deliver the Rise Up model of Supervision Training, the author is Mr Philp Armstrong CEO of the ACA. Your Success is our Success, all STS staff are registered ACA supervisors and experienced public speakers and educators holding current trainer an assessor qualification.

RISE UP Relationship Based Integrated Supervision & Education to unlock Potential





# THE HYPNOFIT EXPERT THERAPIST SYSTEM<sup>®</sup>

HOW TO CLEAR ALL EMOTIONAL  
BLOCKAGES FROM YOUR CLIENTS  
WITH PRECISION EVERY TIME

## THE COMPLETE 2 DAY WORKSHOP



In Helen's **FIRST** year of business she made \$165K. This is over **4 TIMES** the average annual revenue for an experienced hypnotherapist in Australia.

### HOW DID SHE DO THAT?

The truth is that Helen had undertaken over \$100,000 in business coaching & mentoring and Hypnotherapy training. Creating a successful business resulted in valuable experience in helping thousands of clients, which has lead to the creation of the powerful **Hypnofit Expert Therapist System<sup>®</sup>**

### WHAT YOU WILL GET FROM THIS SYSTEM

- A structured system that you can apply to any clients issue
- How to structure session 1 right through to the final session
- LIVE demonstrations of Helen's successful techniques
- A comprehensive 90 page resource manual
- How to **SELL** the programs to clients – word for word



### INCLUDED IN YOUR COMPREHENSIVE 90 PAGE RESOURCE MANUAL

- 27 Powerful breakthrough questions that help clients make massive shifts from session 1!
- All scripts to be used during every step of the therapeutic & sales process
- Examples of tasks to be given to clients between sessions
- Client agreement, doctor's authorisation, referral template & file note template
- A simple guide to understanding depression
- How to deal with resistant clients

### DATES & LOCATIONS

#### ADELAIDE

**29 – 30 JUN 2017**

#### MELBOURNE

**30 – 31 JUL 2017 SOLD OUT**  
**17 – 18 SEP 2017 NEW DATES!!!**

#### ST LOUIS, USA

**19 - 20 AUG 2017**

#### AUCKLAND, NZ

**09 - 10 SEP 2017**

#### SYDNEY

**07 – 08 OCT 2017**

#### PERTH

**03 – 04 FEB 2018**

#### BRISBANE

**10 – 11 FEB 2018**

### YOUR INVESTMENT

**\$997\*** Upfront  
**\$297\* x 4** 4 Monthly Instalments

☎ 1300 797 622

✉ helen@helenmitas.com

🌐 helen.mitas



## **SUPERVISE THE SUPERVISOR: Opportunities for growth and development**

**This collegial initiative is offered to support supervisors in improving the quality of their supervisory practise.**

Your personal and professional growth as a supervisor will support the supervisory process. Through reflection, learning and experience you can facilitate your supervisees to get the most from the supervisory process.

Ponder this, over the next five years in the supervision process:

Do you need to change, if so, discover what and how?

If not, how can you behave to give or receive better supervision?

Research shows that the clients of therapists who participate in supervision have better outcomes than those therapists who don't.

### **About the Workshops**

The workshops have an educational and practical focus.

Each workshop covers different content within evidence based supervisory frameworks. Methodologies and structures are presented that will add to your supervisory practise.

You will also be asked to participate in different supervisory processes.

A series of 3 workshops are available. You can attend one workshop or the series:

1. Explore your supervisory identity: **30th July 2017, 9am – 1pm**
2. Supervisory relationships: **29th October 2017, 9am – 1pm**
3. Getting the most out of the different types of supervision: **25th February 2018, 9am – 1pm.**

**Location: The Centre, Randwick**

### **Outcomes of workshop 1: Explore your supervisory identity**

Enhance your critical supervisory skills

Awareness of Supervisory Identity Stages within a supervisory framework

Reflect on your development and growth needs

Explore methodologies and structures that support you as a supervisor

Understand what Supervision cannot provide

Apply ethical decision making

**To register and for more information, please contact Linda Taylor**

Email: [linda@lindataylor.com.au](mailto:linda@lindataylor.com.au) Mobile: 0411355053 Landline: (02) 9316 668

**Do You Want To Be A Supervisor?**  
**AHA & ACA Recognised Supervision Course**  
**Have You Been A Therapist For Years And**  
**Feel You Have So Much To Offer The Profession?**

**Give Us Just 4 Days Face-To-Face!**

*(Plus some Pre and Post Readings and Assessments)*

**And Walk Out A Certified Supervisor!**

*(Providing You Complete and Pass the Assessments of Course)*

*Everything you've ever wanted to know about Supervision begins here...*

Yes! You're reading right!

Not only **AHA** Approved and Recognised, but also **ACA** Approved and Recognised.

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.

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
- Solving supervisory issues
- Practicing cultural competence
- Making ethical and legal decisions
- Managing each stage of Supervision
- Evaluation processes
- Using Supervision Tools/Instruments



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 for Melbourne and the Gold Coast are currently available.

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.

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

# AHA State Workshop Reports

AHA Queensland Workshop 28/5/2017

## Repressed Anger

By Isabella Parker

### What is 'repressed anger'?

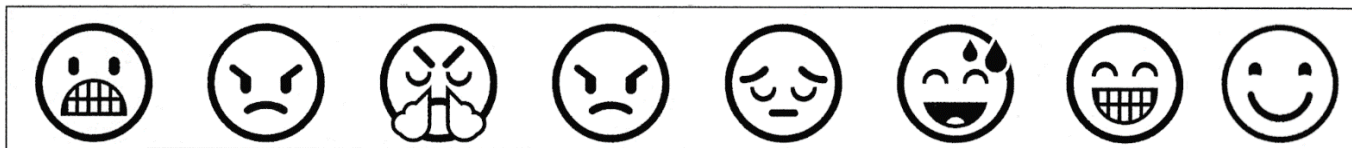
This is anger experienced by a child towards a parent when that parent has violated developmental emotional needs (as per the CAARP-ALIAS model), but it has to be concealed because the child is dependent on the parent for care, so it is 'repressed' into the subconscious mind ('internalised' *against the self* or *against other targets*) and 'stored' in Child Ego States from where it influences adult behaviour and emotional reactions. 'Repressed anger' can continue to have this ongoing influence on the adult because CESs are 'locked into a time warp' and 'think' the original childhood events are still happening in the NOW.

### Alcohol-fuelled violence

Alcohol-fuelled violence implies alcohol causes violence. However, alcohol is a 'depressant', so has a depressant action on the CNS, meaning a slowing down or inhibiting action on neural pathways. This may appear to be contradictory when behaviour becomes highly aroused emotionally and physiologically in aggression and violence. How alcohol does this is by inhibiting or interfering with 'social inhibition' (that function in the fore brain responsible for monitoring behaviour and making judgments about what is appropriate behaviour in a situation and subsequently 'inhibiting' socially unacceptable behaviour) so the 'social mask' slips and reveals the true character concealed behind that mask. For drinkers who become nasty, abusive, aggressive and violent, behind the 'mask' is concealed *existing anger* and a *desire* to 'lash out'. This concealed anger is mainly 'repressed' childhood anger.

### Faces of 'repressed anger'

Meaning, unless someone is aggressive after consuming alcohol, you can't tell by appearances if someone has 'repressed' anger - if they are doing a good job at 'internalising'.



### Child Ego State

Definition of Child Ego State in the context of its complementary role as a vehicle for the CAARP--ALIAS Model of Child Emotional Development: A CES is the subconscious representation of significant childhood experience of a specific event or ongoing circumstances. (Can be +ve or -ve). The contents of a CES represent the five steps in the CAARP-ALAS model of child emotional development:

#### Objective/historical facts -

- I. Parent behaviour (*what the parent says and does or doesn't say and doesn't do*)  
*Subjective elements* – (represent child's subjective experience, basis of *subconscious beliefs*)
- II. *Feelings* elicited by parent behaviour (loved, unloved, hurt, anger),
- III. *Perceptions* of what the parent *behaviour meant* (Mum loves me. Mum doesn't love me),
- IV. *Implications* for how the parent *valued* the child (Mum thinks I am worthy/not worthy of love)
- V. *Internalised* value about self (I am worthy / not worthy of love, sense of Self Worth)

### Treatment approach:

CAARP-ALIAS Child Ego States Therapy is an application of commonly used techniques targeting CESs to resolve 'problems' and restructure emotional/cognitive foundations by addressing unmet and violated emotional needs, changing negative self-beliefs and related 'dysfunction'.

The goal in my therapeutic approach is to *resolve problems* and rebuild emotional and cognitive foundations via changing the *subjective* elements in the contents of the CES from *negative to positive*, for



each unmet or violated emotional need.

### Transcript

Transcript for the presentation of 'Repressed Anger' is available as a Word file on application. Two versions are available. The one presented at the workshop and a longer original version that contains a more information. **Email:** isabellaparker@hotmail.com: Subject: AHA Transcript

### Books:

- i) "Self Worth *BEFORE* Self Esteem: What Every Parent MUST Know about Building the Foundations of Self-Esteem", Isabella McKenzie Parker, available on Amazon or email Isabella.  
This model has application to: Child emotional development; parenting, self-understanding for adults; therapist resource for treating children, adolescents or adults.  
Note: The book does not cover therapy.  
A Mickey Mouse version of the model for non-professional readership is available on: selfesteemparenting.com.au.
- ii) Not yet published: "How to *Rebuild* Faulty Emotional Foundations": A therapist's guide, a companion manual to "Self Worth *BEFORE* Self Esteem".
- iii) Not yet published: A book on a "Self-medicating Model of Alcohol and Drug use."



#### Isabella Parker

Clinical Hypnotherapist, Ninderry-Yandina, Sunshine Coast, Qld.  
Phone: (07) 5446 8620 Mobile: 0402 912 228  
Email: [isabellaparker@hotmail.com](mailto:isabellaparker@hotmail.com)  
[www.isabellaparkerhypnotherapy.com.au/](http://www.isabellaparkerhypnotherapy.com.au/)  
<http://www.selfesteemparenting.com.au>



## Helping People come out of a Toxic Story into Hope and Freedom

Presented by Yildiz Sethi

Clients are stuck in a story. After many sessions with a psychiatrist, psychologist and counselor, the client comes with an ingrained story which imprints the brain deeper and deeper and deeper.

These treatments help in one or two sessions only. People who have a toxic story latch onto the traumatic parts only and ignore the rest.

### What needs to heal?

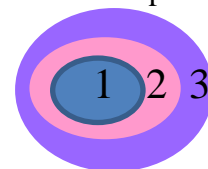
- Thought processes
- Beliefs
- Emotions
- Perspectives
- Something else?

*"It's never too late to have a happy childhood."* Milton Erickson.

Reconstruct the self to gain a different perspective and a happy view. The story we have of ourself is crucial. It involves relationships, career, wellness. Clients need to create a new lens to reality instead of being blind to their possibilities. As hypnotherapists, if we can help a person change their story, they will change their life.

Our story shows our sense of worthiness. Understanding the brain can help us know how to help clients more effectively.

1. Reptilian (Snakes / Lizards)  
Nervous System, Survival, Instincts, Images, Dreams, Rituals.
2. Limbic (Cats / Dogs)



Emotional Centre, Formation of new memories from past experiences.

### 3. Cortex (Primates / Humans)

Sensory perceptions, Motor Commands, Spatial Reasoning, Conscious Thought & Logic, Language.

After 20 – 30 years with a psychiatrist – no change. The client is being treated from the context, not the core issue. We can either talk about it or do something about it.

## The Generational Brain

**Neuroscience** shows the brain is constantly rewiring itself so it can change / heal. **Epigenetics** shows the brain stores generational/ancestral information (memories / visions).

How do birds know ancient flight paths? How do those in the present feel or sense past generational trauma?

## Generational Brain and Family Constellations

All areas of the brain are engaged for resolution to form a new story.

- Cortex – Spatial reasoning.
- Limbic – Feelings, ability to make new memories.
- Reptilian – Generational content, rituals.

## Constellation Therapy – Phenomenology

### How does this help us as Hypnotherapists?

- Where do most of our clients' issues come from?
- How can you best help resolve them so they can feel better, form a better memory and assist them in finding a better perspective to live by?

### How to Work?

- Why do you do what you do?
- Why do you choose those methodologies you do for clients?
- Do you have a grab bag of techniques?

If we know where the problems are, we can find the best ways to resolve them. The deepest issues come from emotional trauma, disturbing visions, lack of worthiness, lack of love and nurturing, disconnection. These stem from disturbances in the Reptilian (Generational) and Limbic (Emotional) parts of the brain. These are unconscious. (OCD – Repetitive traumas). These present as symptoms in DSM5.

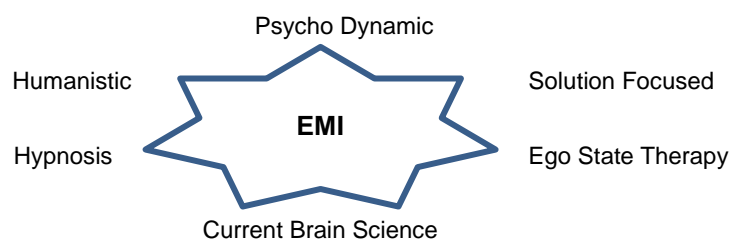
## Basic Hypnotherapy Approaches

- Direct hypnosis (deep)
- Indirect – metaphor (Optimum light trance)
- Blend

**Emotional Mind Integration (EMI)** is a complete Neuro Trance Psychotherapy, not simply a set of techniques. It is a simple and elegant approach that is a synthesis of the best from the past and in line with current research and knowledge.

EMI is different to Ego State Therapy in several ways:

- Simple theory and practice
- Comes out of Family Constellations philosophy for growth and wellness.



Let's go back to the essential core elements that make a difference. Family Constellations is Transgenerational and Family Oriented.

EMI addresses personal Issues i.e. Fight, Flight, Freeze – Abreaction – bring them out and call them down. Don't retraumatize.

- |              |                                |                      |
|--------------|--------------------------------|----------------------|
| 1. EMI       | All made up of parts.          | Depressed.           |
| 2. Triggered |                                | Very Depressed       |
| 3. After EMI | Responsible, Confident, Happy. | No longer depressed. |

### Pathways for healing Trauma safely:

- Trauma – Rapid Core Healing (RCH) processes – Resolution
- No abreaction or retraumatization.

Unconscious doesn't know difference between truth and reality. Person can come into their own power by completing their response – anger, outrage.

Go into beginning cause. Put into state they need to be to resolve it. Integrate.

Seven steps are done in one Session.

Underlying problems of addiction – self medicating.

EMI is Neuro Trance – Psychotherapy designed to resolve deep personal biography issues such as trauma, conflict, depression, anxiety, panic attacks, addiction, sexual abuse, etc.

- Direct person centred approach
- Psycho-dynamic - going to root cause
- Mind/body sensing release processes
- Emotional/body release process
- Solution focused in following healing paths for completion of unfinished business or finding the best solution.

**Rapid Core Healing = Emotional Mind Integration and Family Constellations**, a complete philosophy and practice to change the toxic story.

*"It's never too late to heal from the past and grow into the present with acceptance and love."* M. Erickson.

Become a Rapid Core Healing (RCH) Practitioner or become an Emotional Mind Integration (EMI) Practitioner or become a Family Constellations Practitioner.



#### WORKSHOP PRESENTER:

**Yildiz Sethi**

Contact: [yildiz@yildizsethi.com](mailto:yildiz@yildizsethi.com)

Mobile: 0412 172 300

**Family Constellations Pty Ltd.**

[www.rapidcorehealing.com](http://www.rapidcorehealing.com)

[www.familyconstellations.com.au](http://www.familyconstellations.com.au)

Summarisation of *Helping People come out of a Toxic Story into Hope and Freedom* written by:



#### Chereyl Jackman

BVA; MEd; Dip. Hypnotherapy; Dip. Kinesiology / Supervisor & Mentor;  
NLP, NLK & NOT Practitioner, CranioSacral Therapist. Cert IV Workplace Training & Assessment;  
Cert IV Small Business Management, Cert IV Freelance Cartooning & Illustration.  
Editor – Australian Hypnotherapy Journal



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

<https://facebook.com/Australian-Hypnotherapists-Association-1831236970460290/>





# AHA Information and Updates

## Workshops for 2017

### Workshop dates

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

<b>NSW</b>	Sunday 10th September 2017 Sunday 26th November 2017	GM & Training GM & Training
<b>QLD</b>	Sunday 20th August 2017  Sunday 28th November 2017	GM & Training with Dr Olyessa Burges: Practical solutions and applications working with simple and complex clients and children. GM & Training with Helen Mitas; Mastering the Art of Client Attraction
<b>SA</b>	Sunday 9th September 2017 Sunday 7-10 December 2017	GM & Training with Cas Willow GM & Training with Melissa Tiers in conjunction with a planned SA Workshop
<b>Vic</b>	Sunday 27th August 2017 Sunday 26th November 2017	GM & Training with Bill Patterson; chronic pain /drug & alcohol GM & Training with Felix Economakis, Beryl Comar + 1 TBA
<b>WA</b>	Sunday 6th August 2017 Sunday 18th November 2017	GM & Training with Ondrej Bursik; Metaphors and more GM & Training

## 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

**Fenton Green & Co on (03) 8625 3333 or 1800 642 747.**

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

## State Links

### The NSW State Report

Go to the AHA – NSW website for further updates:

[http://www.ahahypnotherapy.org.au/nsw\\_workshops.htm](http://www.ahahypnotherapy.org.au/nsw_workshops.htm)

### The ACT State Report

Go to the AHA – ACT website for further updates:

[http://www.ahahypnotherapy.org.au/act\\_workshops.htm](http://www.ahahypnotherapy.org.au/act_workshops.htm)

### THE QLD State Report

Go to the AHA Queensland website for further updates:

[http://www.ahahypnotherapy.org.au/qld\\_workshops.htm](http://www.ahahypnotherapy.org.au/qld_workshops.htm)

### The TAS State Report

Go to the AHA – Tasmania website for further updates:

[http://www.ahahypnotherapy.org.au/tas\\_workshops.htm](http://www.ahahypnotherapy.org.au/tas_workshops.htm)

### The NT State Report

Go to the AHA – NT website for further updates:

[http://www.ahahypnotherapy.org.au/nt\\_workshops.htm](http://www.ahahypnotherapy.org.au/nt_workshops.htm)

### The SA State Report

Go to the AHA – SA website for further updates:

[http://www.ahahypnotherapy.org.au/sa\\_workshops.htm](http://www.ahahypnotherapy.org.au/sa_workshops.htm)

### The VIC State Report

Go to the AHA – Victoria website for further updates:

[http://www.ahahypnotherapy.org.au/vic\\_workshops.htm](http://www.ahahypnotherapy.org.au/vic_workshops.htm)

### The WA State Report

Go to the AHA – WA website for further updates:

[http://www.ahahypnotherapy.org.au/wa\\_workshops.htm](http://www.ahahypnotherapy.org.au/wa_workshops.htm)

## WA State Report

Western Australia held their AGM in May.

To Miranda Diprose and Hope Wesley who decided to stay on the Executive I give my very grateful thanks. To Leanne Raeside and Amanda Hassall who both for some very valid personal reasons had to take time out for a while I say thank you for all the time you spent doing a wonderful job in your respective roles as Workshop Coordinator and Membership Secretary. To Michelle Blom I say thank you for taking a step forward and joining us as our new Membership Secretary. However we are still looking for someone to take on the role of Workshop Coordinator. So please members, consider putting something back into the association and help us to run quality workshops here in WA. You don't have to do it all by yourself if you have a colleague you can work with well, the role can be split.

At present moment WA Membership stands at 82 members & if all those members attended at least 2 AHA workshops a year we would be able to source some amazing speakers. Our last workshop was Dr Jules Leeb and it was great to have access to someone who has been in the industry for so many years. Our next workshop presenter on the 6th of August will be Ondrej Bursik; the subject is Metaphors and More, Flyer with more information should already be in your inbox. Also at the present moment we have 30 clinical members and only 7 Supervisors please if you have been in practice for more than 5 years consider becoming a Supervisor. Regards, Linda Milburn  
SEO/AHA/WA

## South Australian Winter Report

Our AGM was held early in June, at that point there were 18 Clinical members, 26 Professional members and 6 Students. The AGM was held in conjunction with a workshop, our first for the year, as unfortunately we missed out on hearing from Sheila Granger earlier in the year due to ill health. The next workshop is in August when Cas Willow will be presenting some of her wisdom, something that we can look forward to.

Since the AGM we have held our first committee meeting, interesting times as the Chinese saying goes, as half the committee (three) are new members, along with a new SEO. The main agendas of this meeting were; an opportunity for us to meet and establish a rapport (at least I hope that is what happened); and for us to establish a common direction / focus. Workshops and Supervision emerged as requiring our attention, to this end a workshop sub-committee has been formed, with an initial task of working out priorities and specific roles. Two concerns that were raised and will become the main focus are the quality of the content of the workshops and increasing member attendance, probably these two are not independent.

One general concern is that the content that is being presented all too often does not live up to the expectations that were delivered. I will be enquiring further with the other states and national, as this may be of concern with others and if so determine if we can help each other to form a solution.

Other than that we are new (naïve) and enthusiastic and I am looking forward to interesting times.

Colin Darcey, State Executive Officer, SA

## AHA Victoria State Report June 2017

Victorian and Tasmanian membership currently stands at 178 members.

We will be working to attract members in the coming year. As part of this we are planning to facilitate more networking at our AHA Vic Workshops. We will have our workshop presenters as normal, but will experiment with utilising and potentially extending the lunch period so that members can have the opportunity to avail of some of the peer support and expertise in the room. Initially we propose to invite members to submit topics and questions they'd like addressed. It's also an opportunity for us to get an understanding of our fellow therapists practices and e.g. if they 'niche' to explore the potential for alliance and/or referral.

We have a relatively new committee and some positions remain vacant, these are:

- Secretary
- Treasurer – 1 Nomination received

If you are interested in volunteering in one of these positions, we will be holding a meeting at our next workshop on the 27th of August to enable new committee members to be appointed, please contact me and I'll explain the process. Existing committee members are available to answer questions and assist you; contact details will be displayed below and are on the AHA website.

Our next Workshops are as follows:

27th August – Presenter Bill Patterson – There will be two topics covered Pain Management and Addiction. Bill has more than 25 years of experience as a successful Therapist in Toorak.

26th of November (Christmas gathering) – We're ending the year with a bang with 3 x Presenters – In the morning we will have [Felix Economakis](#) from London and [Beryl Comar](#) who is located in Dubai. Don't miss this opportunity to see presenters that will only be in the country for a short time.

- Felix is a Chartered Counselling Psychologist, Clinical Hypnotist and Master NLP Practitioner, he specialises in fast and effective treatments that work particularly well for all forms of anxiety, Felix has also published two books.
- Beryl is an expert Hypnotist, NLP and EFT practitioner who among many other things trains the Dubai Police in NLP and Emotional Intelligence. Beryl is the Author of "Hypnodontics" which was published through the Elman Institute.
- As this is also our Christmas gathering in the afternoon we will be having an entertaining demonstration of induction skills by a stage hypnotist to be advised. As well as being entertaining and enabling us all to brush up on inductions skills and suggestibility tests this will be of particular interest to those interested in group work.

As you are probably aware we lost our Secretary Myles Green to Suicide in April this year. I'd like to take this opportunity to remember him, he was a very professional and accomplished person, much loved by all who knew him. He is dearly missed. This can be an isolated profession, as an association we offer each other support and connection, if you feel you need some support please reach out and contact us.

Thank you to all our committee members for volunteering their time to support the AHA.

Finally I would like to extend a very sincere thank you to Christine Taiplin. Christine stepped back in to the role of SEO VIC to guide us through a very difficult period. We are eternally grateful for her many years of voluntary work on our behalf.

Kind Regards,

Georgina Mitchell

State Executive Officer Victoria



## 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

[bernadette@ahahypnotherapy.org.au](mailto:bernadette@ahahypnotherapy.org.au)


**National Treasurer & SA Representative**

Rona Spicer

0408 816 118

[rona@strategicmc.com.au](mailto:rona@strategicmc.com.au)


**National Secretary**

Miranda Diprose

0450 747 886

[miranda@soulworkstherapies.com](mailto:miranda@soulworkstherapies.com)


**Vic Representative**

Georgina Mitchell

Mob: 0435 923 817

[georgina@hypfocus.com.au](mailto:georgina@hypfocus.com.au)


**QLD Representative**

Tony Hardie Grant

0407 441 410

[tonygrant8@bigpond.com.au](mailto:tonygrant8@bigpond.com.au)


**Director – NSW Representative**

Lydia Deukmedjian

0410 327 665

[nsw@ahahypnotherapy.org.au](mailto:nsw@ahahypnotherapy.org.au)


**WA Representative**

Linda Milburn

0409 079 435

[glmilburns@bigpond.com](mailto:glmilburns@bigpond.com)


**South Australia**

Colin Darcey

0419 808 593

[colin@selfiqy.com.au](mailto:colin@selfiqy.com.au)

**National Head Office & Free Advisory Line**
**National Administrator**
**Membership, Health funds, Database**

Kelly Buckley or 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 SEO**

Georgina Mitchell

0435 923 817

[georgina@hypfocus.com.au](mailto:georgina@hypfocus.com.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

[noelinerobinson@bigpond.com](mailto:noelinerobinson@bigpond.com)

## South Australian Committee



### State Executive Officer

Colin Darcey  
0419 808 593  
[colin@selfigy.com.au](mailto:colin@selfigy.com.au)



### SA State Secretary

Marilyn Peterson  
0408 825 932  
[info@innerresolve.com.au](mailto:info@innerresolve.com.au)

### SA State Treasurer

Dianne Bradey  
0402 831 716  
[dianne.bradey@yahoo.com](mailto:dianne.bradey@yahoo.com)



### SA State Workshop Coordinator

Carolyn Guerin  
0414 497 771  
[carolyn@stateofmindhypno.com.au](mailto:carolyn@stateofmindhypno.com.au)

### 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 SEO & Workshop Co-ordinator

Tony Hardie Grant  
0407 441 410  
[tonygrant8@bigpond.com.au](mailto:tonygrant8@bigpond.com.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)



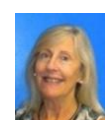
### QLD Workshop Co-ordinator

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)



### Northern Territory Representative

Anne Holleley  
0423 963 083  
[Darwin.hypnotherapy@gmail.com](mailto:Darwin.hypnotherapy@gmail.com)

## West Australian Committee



### WA State Executive Officer

Linda Milburn  
0409 079 435  
[glmilburns@bigpond.com](mailto:glmilburns@bigpond.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  
[mblom60@gmail.com](mailto:mblom60@gmail.com)

### WA Committee Member (VACANT)

### WA Committee Member (VACANT)

### WA Committee Member (VACANT)

# 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.
5. Advertisers are responsible for ensuring that all claims about your goods and services are accurate. Do not claim that your goods and/or services have any special sponsorship or affiliation that it does not have.
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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 **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.

