



The Australian Hypnotherapy Journal

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

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Letters to the Editor should be clearly marked as such and be a maximum of 200 words.

Editor: Chereyl Jackman

Proof Reader: Bruni Brewin

Front Cover: Sunset, West Australia (*Your Photos are welcome*)

Presidents Report

Mailin Colman



Dear members,

Here's wishing you all wellness and abundance as we move into Autumn. After one of the longest and hottest summers in the red centre, I personally am very ready for the season change!

There are some wonderful things happening within the AHA over the coming months!

Renewal period

Renewals were due on the 31st of March, regardless of your joining date. If you have not received your email with the renew now link within, please contact administrator@ahahypnotherapy.org.au so that Kelly or John can assist you. There will be a window until the end of April at which time, the AHA members' database will automatically alter non renewed members to "suspended". If you require assistance, please also contact Kelly or John who will be only too happy to help you. If you have decided not to renew, an email would be much appreciated. In this, feedback is always welcome.

NHRA & AHA website change

The AHA will be moving to a new Customer Relationship Management (CRM) system in the very near future. What this means for the AHA is that we will then have a 3 in 1 system whereby the public register (NHRA), the AHA website and the AHA member's database will all originate from one system and source. This will, of course, also cut down administrative time significantly allowing all administrators and committee members to focus on growing the AHA in other areas.

What this means for members is that you will have a great deal more control over your public register management as well as your own membership details. You will log on via the AHA website, have access to workshop bookings and a great deal more.

The AHA will be rolling further details out to you as we progress and learn more of the new system ourselves. The negative side of course is that is a new system for all AHA members to learn but it is felt that this will be more user friendly and as per the previous change, help and support will be on hand. The new system has an abundance of "how to" videos for members to utilise along the way.

We anticipate the roll over to commence in mid May of this year.

Supervision / Supervisors

Discussions will also take place amongst national committee members and external advisors to bring more cohesion to AHA supervisors. At present, the AHA could do better in the way of support systems and provision for ongoing learning for AHA supervisors and the current thoughts are to introduce effective systems whereby ongoing learning is affordable, accessible and useful. Stay tuned ...

Warmest regards,
Mailin Colman
AHA President

The AHA has gone 21st century and interacting with Facebook.

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

National Hypnotherapists Register Australia: <http://www.national-hypnotherapists-register-australia.com/>
http://www.national-hypnotherapists-register-australia.com/listing_changes.htm
AHA guidelines & policies: http://www.ahahypnotherapy.org.au/aha_members_area/
AHA Submissions to Government: <http://ahahypnotherapy.org.au/submissions-to-government/>

Keeping in touch ...



<http://www.hypnotherapycouncilofaustralia.com>



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.

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Editor – Australian Hypnotherapy Journal



Alternative Solutions

Bruni Brewin

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Chronic Back Problems

An estimated 3.7 million Australians had chronic back problems in 2014–15, according to a report released by the Australian Institute for Health and Welfare (AIHW). In 2014–15, around 9% of people with back problems perceived their health as poor, compared to just over 4% in the general population.

Almost 7% experienced very high levels of psychological distress, and 4% experienced very severe bodily pain.

Chronic back problems were the third leading cause of disease burden in Australia in 2011, accounting for 3.6% of the total burden across all diseases and injuries. The majority (78%) of people with chronic back problems are aged between 15–64.
<http://www.aihw.gov.au/media-release-detail/?id=60129556269>

Alternative Solution?

A meta-analysis (a study of studies) in 2000 of 18 published studies by psychologists Guy Montgomery, PhD, Katherine DuHamel, PhD, and William Redd, PhD, showed that 75% of clinical and experimental participants with different types of pain obtained substantial pain relief from hypnotic techniques.

<http://www.apa.org/research/action/hypnosis.aspx>

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

You can obtain details of a qualified hypnotherapist near you, from the National Hypnotherapy Register of Australia (NHRA), on the link shown below:

www.national-hypnotherapists-register-australia.com/find_hypnotherapist.htm

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.

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

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

The Digital Age of Marketing a Hypnotherapy Practice Is it Too Late, Have I Been Left Behind?

By Maggie Wilde – The Potentialist

Whether you're building a sustainable client base for your local market or have a dream to expand your reach to a far wider audience, marketing seems far more complex than it used to be. Especially for some of us who are at the age where we remember the 'good old days' where a local flyer was all it took to be swamped with clients for a few weeks.

One of the greatest challenges that I hear hypnotherapists mention today is that this modern digital age makes many of them feel they're struggling to keep up. Comments I hear are that they're feeling left behind or overwhelmed because they don't fully understand how to be heard in a busier market place. Or they're not coping with the speed of change in digital marketing and don't know where to start.

Today we need to wear even more hats than we've ever had to. We still need to be a skilled and compassionate therapist (that goes without saying) and we still need to do everything that we've always needed to do to run a small business. Additionally now it seems, we also need to be a social media and digital genius, a savvy copywriter, an SEO (search engine optimisation) specialist, a computer programmer and a lead generation magnet. (Leads are prospective new clients in our 'old' language lol!)

As a 50 something Hypnotherapist moving as gracefully as I can into a digital marketing age, I wanted to help a little by sprinkling a glimmer of light on some of what we need to know about building our Practice in today's digital marketplace.

Your Headspace

If you're anything like me, or of the age close to mine where you weren't born with a computer or iPad in your hand and can remember what a landline is, then the thought of digital marketing and the jargon of 'funnels', SEO, Squeeze Pages, 'CRM's', 'Hashtags' and more does your head in. My first thought used to be *"I'll never get my head around this, it's not for me"*.

So my first suggestion is to use any skill you have to change your beliefs, remove your blocks and be open to the possibility that 'old dogs can learn new tricks'. Digital marketing has turned my business into a 6 Figure lifestyle, where I help more people than I've ever reached before, I've let go of potential burnout forever, and I get to travel the world and work from anywhere while contributing and serving more than I've ever been able to. You are the change specialist. You can change whatever's blocking you from learning *just enough* about digital marketing to help your business yourself, or just enough to outsource this role to others.

The only gentle warning I would add to this is, if you do choose to outsource this learn the fundamentals so you have a foundational understanding of what you're outsourcing. This will minimize your risk. (Believe me when I say you can waste a whole lot of dollars on the wrong digital marketing support, when you're not sure what you're asking for – been there done that as I've heard often from other Hypnotherapists, Psychologists & Coaches I speak to).

Contribution

Before I embarked on a digital marketing journey to turn my Clinical Practice into an online playground, I chose to get very clear on who it was that I was 'serving' or 'contributing' to.

Rather than thinking the way I had been thinking for years, which was that hypnosis can help everyone, so potentially everyone was a prospective client. I decided to get clear on exactly who I wanted to help with hypnosis. This gave me the ability to super refine my marketing and speak to the hearts of the people I wanted to reach. My customer base grew quickly after changing my perspective on this.

I started by getting clear on the contribution I wished to make, the legacy I wished to leave.

So I encourage you, if you haven't done so already to spend a little time getting clear on the contribution you wish to make, rather than just how many clients you need to have to earn what you want.

When your heart is focused on the contribution you make to those you serve, the abundance factor shifts inside too. To get clear on your contribution try this wonderful exercise I've adapted from the digital genius Chris Duncan. (*This will help define your focus in your marketing strategies too*).

1. **What is the Contribution you wish to make to your clients and / or to your industry or the world?** E.g. To serve people with emotional eating challenges who want to find peace with food and their bodies. Or my contribution is to serve Practitioners who have a purpose to get out there and share their message to empower others.
2. **Who do you serve?** (Be as descriptive as you can about the people you serve e.g. people aged between 35-55 with anxiety, depression who want to feel x, y z. Or people with addiction challenges who know they're ready for help. Or mine which is to serve Practitioners who want to share their message through a book and create passive income with online courses in a digital world. Get specific.
3. **How do you serve them?** Be even more specific. E.g.. Working with them one on one in my clinic, or in my workshops or through my books or products, or online course, retreat etc.
4. **This changes their lives by...** (Make a clear statement of the benefits they receive from being your client, get detailed)
5. **I measure my progress by...** (How do you measure your success at this? E.g. I help 12 clients a week, or I have 2000 followers on my support group on Facebook or I have 20 people attend my weight loss workshops regularly or I have a book and online course with 10 new people each week joining)
6. **This is important to me because...** be clear and precise here. Open your heart and tap into the emotional connection of why you want this for yourself, your family, your lifestyle, your professional goals etc.

By gaining clarity on who you serve and the community of people you seek to help, your focus is amplified. Any marketing or advertising you do will be on target and is more likely to attract the right clientele.

This is only a small fragment of the steps it takes to create the right language to use in your digital marketing and advertising. If you have more than one product or focus in your business, I recommend you do this exercise for each one. For example I have a contribution statement for each of my Practitioner Programs and a different one for each of my Personal Development Programs.

Client Profiling

I then take it to a deeper level and do what I call an ideal client profile questionnaire. This gives me the exact language I need to speak in order to connect with the hearts of prospective clients. It helps cut through the 'noise' on social media ensuring your message is heard by the hearts of the people who need to hear.

You would use this questionnaire to find the language that your client speaks. Understanding the problems they face and how they would describe those problems is vital to connecting with them in this noisy digital world. As therapists we often fall into the trap in our marketing of using jargon that our potential new client finds hard to connect with.

We might say "*Do you suffer from "general anxiety disorder?"*" Or "Quit Smoking in One Session."

However our clients are more likely to say things like: "*I feel worried all the time*", or "*I'm a mess, I don't know what's wrong with me.*" Or "*I'm scared I'll gain weight if I quit*". Or "*I'm embarrassed that I smoke, I feel like a leper*".

When we learn to speak our client's language in our marketing and blogs or social media posts and other communications, then our prospective client feels understood. They are more likely to follow your communications; feeling connected and heard until they have built enough trust. Only then will they feel ready to take the leap to become a client.

(If you'd like a copy of the Ideal Client Profile Questionnaire I use, email me at info@thepotentialist.com. I'm happy to share).

Digital Savvy

In honour of the digital jargon jungle that online marketing can lose us in, I've added here a list of some of the common terms and their explanations to help clear the fog a little too.

- **Funnel:** A step-by-step marketing model that a prospective client is guided through. Usually programmed on automation via your CRM (Customer Relationship Management System (see below). A standard recommendation is that you include a minimum of 5-7 steps in a funnel. Statistics indicate that new contacts need at least 5 to 7 steps in order to build rapport, like and trust online before choosing to take action or become a paying client. Each step of the funnel usually offers a useful strategy, a tip, a communication that helps the prospective client feel heard (so the language you use by doing your contribution statement and client profiling exercise will help connect here) and recognise you as 'the expert'.
- **CRM:** This is a software system that allows you to communicate with and track your customers. You'll store your database in order to communicate and initiate your funnels. (E.g. *Active Campaign, Mailchimp or others*). Funnel emails and marketing are linked back to your CRM to send to specific lists within your database and automatically collect new leads and tag them specifically to that funnel (tag means you'll be able to trace where a 'lead' has come from and they'll be placed into a specific pre-programmed funnel). When a prospective client responds to one step in your funnel, your CRM is programmed by you (or your technical wizard that you outsource to), to send the next step of the funnel automatically.
I promise it's easier than it sounds. Once your CRM has been programmed to do what you want, it happens on autopilot. There are many ways to outsource this development. I have wasted tens of thousands of dollars on 'learning curves' over the past few years. If you'd like to have a chat about your needs, I might be able to recommend systems or outsourcing companies that might suit, I don't do this myself, but I'm happy to share from my many miss-takes!
- **Lead Generation:** term used to define how you gather new prospective client or customer details. You will then develop lead generating products or give-aways that provide the 'new lead' with valuable content and evidence of your credibility. Examples of lead generators might be a 'whitepaper' (short pdf document or report), an e-book or sample chapters of an e-book, an mp3 meditation or hypnosis track, a 5 day challenge or even a quiz.
- **Optin Page / Squeeze Page / Landing Page:** A page that registers the details of new leads and provides a snapshot of information for a specific step of a funnel. A landing page will have a short specific marketing message (written or video), and an 'optin' box where a prospective client is asked to register their name and email address (or any other information you require).
The optin page would be linked automatically to your CRM (with something called a zap – zapier.com) so that a new registration would be automatically entered into your funnel. That new 'lead' would then be moved onto the next step of the funnel. Templates of landing pages that are simple to edit with your details and branding are available on systems such as: clickfunnels.com, leadpages.com, optimizepress.com and many others. Some of these systems offer free trials. You can always outsource this too if design or the technical side overwhelms.
- **SEO:** Search engine optimization. How search engines like Google, Yahoo, Bing rank your importance and place you in searches. How easy it is for you to be found on the internet.

Social Media

There's so many platforms, I often hear Practitioners asking "Which one do I do?" Or "Do I need to do all of them?"

The answer: it depends and no please do not do all of them till you're competent at the most relevant to your target market. The platforms you focus on should depend on who your ideal client is and how you wish to serve them.

Different social media platforms target different age groups. For example Facebook is the obvious starting point as most social media users are familiar with Facebook. However if your client is 12 to 25 you might want to develop a presence on a specific platform where that age group is to be found.

If your ideal client is a business owner, or industry leader you might want to focus your social media time on establishing relationships on LinkedIn, or if tweens are your target, you might consider Instagram and others.

For example I do have a presence on Twitter, Instagram and LinkedIn, however I focus my daily social media time to build my Facebook presence. I then share whatever I do on Facebook to other platforms (with #Hashtags to connect them together – see below for more on the purpose and importance of #ing). Once you're clear where your ideal customers are hanging out, choose one, put your energy there to build it and

get good at it. If you want other platforms simmering away in the background then just share what you do on your main choice of Platform to others. I spend 15-20 minutes a day on social media. I'm strict on myself with this, as it can be a time draining rabbit hole.

There are many other platforms, YouTube, Vimeo, Pinterest and more. Each has a specific target market. So once you've completed your 'Contribution' exercise outlined earlier, you can research which is the right social media platform for you.

My recommendation would be to choose one and get really good at it, build a following, create interaction and only then consider whether you need to be proficient at another.

Hashtags:

I wanted to mention Hashtags briefly too. I for one never really understood the importance of the humble Hashtag in social media and digital marketing until last year. I must admit I was Hashtag-phobic until then.

This was mainly due to the fact that I didn't understand the purpose of them, or exactly how I was 'supposed' to use them so I felt almost silly using them. I hope this inspires you to have a play with Hashtags too if you're not already. A Hashtag, (what we in our 50's and older used to call a pound sign #) is a connector, it is a cross platform link.

When someone searches a topic, word or phrase on the Internet, on *any and all* search engines, then the innocent little Hashtag is the link that connects that phrase wherever it's been used with a #.

So if you add #quitsmoking or #stopsugarcravings or #keepingitreal for example in your social media posts, and add them when you post your blogs, online press releases or in your marketing campaigns, then anyone searching the phrase 'quit smoking' or 'stop sugar cravings' or 'keeping it real' on Google or any other search engine will be linked back to anyone who has #hashtagged that phrase.

You're social media posts, blogs, press releases and web content are more likely to be prioritised on Google and other search engines this way. It organically improves your SEO (Search Engine Optimisation). SEO is a whole other can of worms we can perhaps leave for another article lol!

Using Video to Connect with Your Message & Contribution

The most important benefit social media can offer your business is that once you've decided which platform to focus on, social media offers you the chance to speak directly to and create trust and rapport with a prospective client *anywhere* in the world.

Statistically using video is a sure way to help your social media stats. The latest reports show that social media users are watching video content more every year. Growth has consistently been 147% annually for the last few years.

How can this help you? Embracing the opportunities to create free video content on sites like Facebook and other platforms is an amazing chance to connect personally with your followers. Nothing does it like a video of you being you. Facebook actually ranks a video post or a *Facebook Live* post higher and places it more frequently as a higher priority on newsfeeds. You're more likely to be seen with video than without it. *Facebook Live* is free from for everyone and you can use it on your smart phones or portable device.

Facebook is slowly rolling out the ability for everyone to also do Facebook Live free from desktops and Macs too. Some people already have this access. If you want to get fancy and brand your Live Streaming, then you can also create a free account in BeLive.tv.

Paid Advertising

The landscape of where we spend our advertising dollars as a Hypnotherapist has changed dramatically over the last few years too. More and more we are turning to social media platforms for ad spend.

My recommendation is do your due diligence, invest some time on learning how to target social media before you invest large dollars in it. Done well, Facebook advertising is a wonderful alternative to traditional ways we spent our advertising dollar. But it can be a 'money pit' if you don't know what you're

doing. I've had campaigns that have returned \$25 for every dollar spent; I've had others that returned nothing.

Go slow and go wisely. Whether you do spend on traditional media, TV, Radio, Social Media or Flyers and more it still comes down to return on investment. (ROI). The greatest marketing tool I've ever used is a Press Release that achieves 'free media coverage'. No paid advertising can ever beat the exposure you receive after great media coverage. My recommendation, learn the art of a good press release and target your local press. Contact the local journalist who writes health and wellbeing stories or human-interest stories for your weekly free press. Make a list of all the national and international days and weeks (e.g. "Heart Health Week" or others relevant to your Clinic).

Tailor press releases and send them out timed perfectly for these days or community events. Remember to follow it up with a phone call or two.

Which Business Model is Right for Me?

One last consideration for your business is to consider which business model is right for you now, and what you want for the future. For some the traditional one to one model of seeing clients in our clinic is where they are now and where they want to be.

For others they want to branch out into a one to many model. Running small or large workshops, webinars and seminars. Even high-end retreats and conferences.

Today's digital world also offers us the chance to globalise our business model too. For some like myself the desire to reach a wider market meant that developing books and a business around those books with online education to create passive income was important.

A few years back, I had burnt out and I became very sick after years of using only the one to one model. After recovering, I still had a driving passion to help in my little way. So I embraced the digital world and developed online platforms for delivery of everything from private sessions to automated online courses and everything in between. My health has never been better.

There is no right or wrong business model for a Practitioner. It is about defining which is right for you and then embracing it. If a wider passive income model is of interest to you here's a free video series that outlines the 4 step business plan I used to get my message out there. It's free and you might gain clarity on what you want for your Clinic in the future too. (You'll also get to see an example of an option landing page) <http://info.mindpotentialacademy.com/free-series>

In conclusion there is a wealth of free and paid resources available on the web and on social media to understand the digital world a little more. My advice is to decide the specifics of what you want first, delve deep into your ideal customer profile and your chosen contribution.

Once you have that clarity, you'll know more about which platforms you need to focus your precious time on. This structure helps you speak to the heart of a new prospective client in the places they're hanging out. The golden rule for digital marketing: focus on one market, be seen, build trust, build confidence and build more trust and you'll connect to more customers.

Maggie Wilde – The Potentialist

info@thepotentialist.com

Resources:

6 Figure Business By Design Program For Hypnotherapists & Wellness Practitioners: by Maggie Wilde

Platform – Get Noticed in a Noisy World: by Michael Hyatt

Sell Your Thoughts: by Matt Church, Peter Cook & Scott Stein

Secret of the 7 Figure Coach: by Ryan Magdziarz

Breaking the Habit of Being Yourself: by Dr. Joe Dispenza (great book to help you get out of your own way (if you're too close to use your own amazing skills we sometimes need outside resources to get clear of blocks).

Launch – An Internet Millionaires Secret Formula: by Jeff Walker

Does Twitter Have Any Value?

The Twitter symbol is on the bottom of all our websites these days. It seems we are expected to tweet. But does tweeting actually benefit hypnotherapists, counsellors and therapy practices?

In my own experience, I haven't attracted any new clients through tweeting and it seems I'm in the majority. One [study](#) has shown about 61% of small businesses don't have any return on investment from their social media activity.



Should you have a professional Twitter account?

A simple search for 'therapists on Twitter' will reveal hundreds of accounts. You'll even find lists of the best ones to follow. In some way, these colleagues' enthusiasm and commitment to Twitter is understandable.

It may not bring in business, but as many people will tell you, Twitter allows you to share your brand – the image you want to project about who you are and what you stand for. The Internet is an [increasingly popular way](#) for people to find healthcare services. Someone looking for a therapist may find it helpful to see you as more than just a name and telephone number. If they like how you present yourself, it could give you the edge over local competition or online therapy services.

Benefits: Twitter allows you to spread the word about your professional projects, conferences, and events. Communication doesn't have to be one-sided. Many therapists love the way Twitter lets them connect with each other and share news and thoughts about their fields of work. You can even meet new colleagues or specialists by using the site's search options (this helpful [form](#) lets you fill in spaces for specific searches). Therapist and social media expert Keely Kolmes points out that sometimes these exchanges [might even](#) lead to collaborations and other opportunities.

Some advantages of using Twitter aren't as well-known. Occupational therapist Paul McNamara [shares](#) that one of the reasons he likes the site is that it hosts online events like '[Twitter chats](#)' ('tweet chats') – scheduled discussions of a specific topic. So even if you don't get monetary rewards, the Twitter experience can still be enriching.

The Downside: This can be the amount of time you might feel you have to devote to it. If tweeting isn't getting in the way of your other professional (or personal) responsibilities, it's a good sign you've found a balance. If tweeting is making you miss out on preparation, research, or causing you to feel distracted during a therapy session (or other important real-life events), it's probably time to disconnect entirely.

Many therapists have pointed out another potential drawback to tweeting: The effects it can have on your image, and also on your clients. If you plan to tweet to promote your business, Kolmes and other experts advise that you 'must' create a separate professional account where you only tweet about topics relevant to therapy, and only follow colleagues, mental health institutions, and the like. Don't connect this in any way to your personal profile. Use different names, i.e. your actual name for your personal account, and @ [Your business name] for your professional account.

Another vital rule of thumb: [never tweet with your clients](#). Even if you communicate through DM's (Direct Messages), which are private, communication on Twitter is not guaranteed to be confidential. Events such as the recent hacking of Yahoo! prove that any site is vulnerable to information being leaked.

Another issue is that, if someone contacts you asking for advice, how can you accurately evaluate what's going on without seeing them in person? If a current or potential patient tweets you with a problem, it's best to kindly ask them to come for an appointment. If they don't already have your contact information, refer them to your website. If a person tweets you from another region or country, suggest they get help from someone locally. You could even offer to refer someone, if you know a colleague there.

Should you use Twitter to promote yourself as a therapist? If you have the time and enjoy social media, it can be a great way to connect with others in our field, and maybe even get an edge on the local competition. Don't expect it to bring in business. If you have too much going on or are intimidated by tweeting, it may be a good idea to just let that Twitter bird fly by. After all, Facebook is still King.



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www.transformationaltherapy.com.au

Don't be a Mini-psychologist, be a Great Hypnotherapist

It's time for clinical professional counsellors, psychotherapists and hypnotherapists to stand up to be counted as professionals in our own right. I am a proud counsellor. I am proud of the tradition of counselling and hypnotherapy and its role in helping and healing. I have long been frustrated at the lack of recognition for our great profession. And worse now, is the trend toward mental health training and become something other than what we are.

Yes, the lack of Medicare rebate is an issue for us. But I see a deeper problem. How can we ask the medical system to give us legitimacy, when we haven't given it to ourselves?

The time has come to better understand how to stand in the great gifts and uniqueness of our profession. Something that will be lost in trying to look like everyone else. We are no longer a profession with a low level of education. Many have degrees, masters and PhDs, yet we remain excluded from the medical model (psychologists, doctors and psychiatrists) and unable to offer Medicare rebates. The medical model deals with mental health issues diagnosed by the diagnostic book DSM5 along with medication. How long do we remain respectfully knocking at the door?

In a desperate attempt to gain credibility there has been a move by counselling associations ACA (Australian Counselling Association) and PACFA (Psychotherapists and Counselling Federation of Australia) to encourage members into mental health training.

I am concerned this is an attempt to transform counsellors and psychotherapists into 'pseudo psychologists' through adopting psychological terminology, methodology and diagnostics. This is worrying.

In following this path, counsellors who adopt the medical model approach, put aside their valuable counselling and psychotherapy theory and practice. But no matter how much we mimic psychologists; we remain excluded from the Medicare rebate scheme. We become 'mini psychologists' with no real credibility and even worse, lose the valuable knowledge we have as alternative practitioners in the field. Rather than mimic, let's find a better way to be of service as professionals. It's time for us to change our profile and position ourselves in offering services that are unique and of value to the public.

The medical model we are being urged towards consists of CBT (Cognitive Behavioural Therapy) in conjunction with medication to control symptoms. It's important to understand a bit of its history and question its legitimacy. CBT dates back to the 1960s. It was hailed as revolutionary compared to earlier Freudian and psychodynamic approaches. Freudian therapy was expensive and popular with the wealthy. In comparison, CBT was lauded as the scientific evidence-based approach and as such, appropriate for the public.

However, recent critiques of psychology research shows it mostly takes place in a closed, prescribed and preordained manner, rather than the open enquiry of true scientific process.

CBT is often the only approach researched whatsoever. It's surprising that other legitimate modalities are typically excluded. I don't see an honest attempt to source current 'best practice.' And this occurs in an environment where the co-dependent cohorts of CBT and the pharmaceutical industry remain intact as the foundations of the medical model.

Many effective approaches – in alignment with current discoveries in neuroscience – are going unnoticed and un-researched. Why is this? Because they are not CBT?

While we in the counselling and hypnotherapy profession have been stuck in our dilemma of exclusion, the coaching and personal development industry have stepped in. People who don't wish to be aligned with the medical model or viewed as 'sick' now consult with a coach rather than approach the now-stigmatized counselling profession. See The Big Taboo. Link <https://www.linkedin.com/post/edit/big-taboo-yildiz-sethi>

We do not have to accept being stuck in the same time-warp as the medical model. We are free to move on if we change our mind-set. Exert our professionalism and our points of difference.

Let's be creative and embrace innovation and high quality professional development to improve and fine-tune what we offer to our clients in being effective. There have been considerable

advancements in psychotherapy philosophy and practice as a result of neuroscience and epigenetics research. Let's come out from below the radar of the mental health model and bring these discoveries with us.

I took on the challenge of innovating in the fertile climate of evolving science and my own evidence to become the most effective practitioner I could be. I'm imagining a world where every counsellor does this in their own way, and that we learn from one another too. I was able to create two psychotherapy modalities, which fuse the best of the past and present in psychotherapy, neuroscience, epigenetics and trance work.

I present this in my latest book *Rapid Core Healing Pathways to Growth and Emotional Healing* (2016). In this I present the new modality RCH (Rapid Core Healing) that includes Family Constellations and EMI (Emotional Mind Integration) in a unified wholistic approach.

It is rapid, locating core issues and providing naturally occurring healing pathways to recovery. It is a body-sensed based approach dealing with the mind, body and spirit in a revolutionary way that transformed the way I work as a therapist. I am able to offer short-term results for most in 3-5 sessions for a wide range of issues. This includes anxiety, depression, panic attacks, self-esteem, and inner conflict, relationships, sexual abuse and trauma related issues.

I have no problem telling potential clients if they ask, I am not a psychologist and don't offer Medicare rebates. I swiftly follow this with my experience of the benefits of the approaches I offer, and there are many. In short I emphasize my point of difference. There is no point in attempting to compete with psychologists.

I am grateful I didn't become a psychologist, as this would have constricted me in an outdated medical model. I celebrate my freedom to stay up-to-date with latest developments in the field and create more effective ways of working.

There is a place between the medical model and personal development that hypnotherapy and psychotherapy can legitimately occupy. We work effectively with depression, anxiety, lifestyle, wellbeing and relationship issues. If we gain the skills and knowledge to work most effectively with our clients and have the courage to develop the healthy pride required to take our place, we will create an alternate and exciting future for our profession.

Stop apologizing for not being a psychologist able to offer Medicare rebates. Do charge appropriately for your education, experience, knowledge and effectiveness in facilitating positive change.

I call on you to find your point of difference. Embrace it, glorify it, and enjoy the freedom it offers. Give yourself permission to stand tall, grow and expand your knowledge and have a thriving practice. Find what works and become really effective at what you offer. Find your niche and hone it.

I have a vision of the professions of counselling, psychotherapy and hypnotherapy taking their place between the medical model and personal development. We'd offer highly effective services to the public, free of stigma and full of hope, consisting of speedy effective pathways to recovery. These ideas are presented in my book *Rapid Core Healing for Growth and Emotional Healing* (2016). Let's start a discussion on this subject.

Yildiz is a proud counsellor/psychotherapist: the founder of two psychotherapies, a clinical hypnotherapist, Family Constellations facilitator and educator/trainer and author of three books. Her latest book *Rapid Core Healing Pathways to growth and emotional healing* (2016). Yildiz lives and runs a private practice in Brisbane, Australia, travelling nationally and globally to train clinicians and run workshops for the general public.

Organizations involved in training or growth or interested in courses or applications:



Yildiz Sethi

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Here is who I am: www.yildizsethi.com

This is how you may engage in what I have to offer: www.rapidcorehealing.com.

On Being and Becoming

Our language is often thought to be merely a *reflection* on who we are and what we do. But language is a *practice* that shapes who we are and what we do (Foucault, 1971; Willig, 1999; Burr, 2003).

Imagine a client says "I *am* fat and I would like to *be* thin". We could just say that '*am*' is a statement of fact about the present (the *reality*) and '*be*' is a future projection (*ideality*). However, there is more at stake here. In saying I '*am*' fat, the client is creating a *static description* of themselves as an *object* (fat person). In saying they would like to *be* thin, on the other hand, they are talking about a *practice of being*. The *object* (fat) is *presented*, while the *practice of becoming* fat and maintaining fat, including unhealthy eating or not exercising, is *absented*.

To move clients on, we can encourage the adoption of new discourses (i.e., analytical units of meaning in language):

C: I am fat.

T: I am interested in this statement, 'I am fat'. It is factual in a sense that everyone understands, that is, you're overweight. Yet the words 'I am' freeze you as an object - fat - what you *are*. Behind this seemingly innocuous phrase is your *practice* - what you *do*. Fat is a result of behaviours, so let's look at these. What behaviours are involved?

C: I've been eating too much and eating a lot of junk food.

T: OK, so these are your practices or behaviours. They are dynamic, in motion. So, we need some radically new language here. Every time you would normally think or say 'I am fat', in future, I want you to rehearse 'I am *being* fat' or 'I am *fattening*'.

C: 'I am *fattening*'?! [laughs]

T: This captures the *practice of being* fat - behaviours that fatten you up - rather than presenting it as a static object. Fat does not just happen to someone. It takes a lot of hard work. At the time when you are eating unhealthily I would like you to say to yourself, 'I am fattening'. When you are sat watching TV for hours, you say, 'I am fattening'. Yet when you are exercising or watching your portion size you can say, 'I am being thin' or 'I am thinning'. As things change, you can enjoy saying to yourself 'I am thinning' more and more. But be honest with yourself.

C: It's just words though isn't it?

T: Words are important. Think of your reaction when I asked you to change them from 'I am fat' to 'I am fattening'! It got quite a reaction! Try saying to yourself 'I am being fat' now. Notice how you feel. Where do you feel that?

C: It's like my stomach is sinking.

T: Now say 'I am being thin'. What do you get now?

C: [laughs] It doesn't seem real, not me, but I feel warmer all over.

T: So, are words important?

C: Well, yes, I suppose they are.

The client's language is shifted from a static discourse around *objectification* to a dynamic discourse around the practice of *being* fat. The implication is that both being fat and being thin take effort to achieve. The physiological sensations reward good language and behaviour and create a direction for progress.

Another example:

Problem: 'I am anxious. I want to be relaxed.'

Solution: When anxious: 'I am being anxious'. When relaxed 'I am relaxing'.

Clients therefore have a choice (once they are conscious of it) between a subject position that presents them as static, and occupation of a different subject position as a dynamic actor who can take control of their issue.

One further example is that if someone says "I am an alcoholic" you could suggest "Drinking too much alcohol is what I do". Backing themselves into a static label is not dealing with the practice of drinking too

much. It does not matter if the new phrases are cumbersome. In fact, it can help them be more conscious of it rather than something said with little effort and investment.

Let's turn now to a related issue, the *language of ownership*.

"I have sleep problems"

To 'have' is static. The therapist's task here is to create dynamics in this static discourse e.g. 'I am problematising my sleep'. As an alternative approach, if the problem is insomnia, the client does not have sleep problems, they have waking problems! They are encouraged to say, "I wake too efficiently". This turns their attention away from sleep and sleep problems as an object and toward waking as a practice that needs to be done differently (e.g. by relaxing, or talking to the neighbours about their noisy dog).

Do not be afraid to make words up or use them out of their usual context! We're looking for semantic, and ultimately behavioural, shifts here, not grammatical or academic ones. Here is another example:

C: I have been traumatised.

T: Could you try saying this in future: 'I am traumatising'

C: Traumatizing?

T: Yes - lots of people have experienced traumatic events and manage to move on. At some point they have to deal with the memories or they will continue traumatising. Before filing memories away as *objects*, they need to be *processed*...and that's what therapy is all about.

Further reading

Burr, V. (2003) *Social Constructionism*. London: Routledge

Foucault, M. (1971) *Madness and Civilization*. London: Tavistock Press

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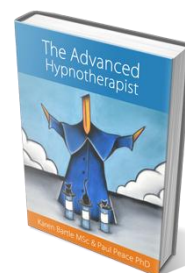
Karen Bartle, MSc, is an Advanced Hypnotherapist, certified hypnotherapy supervisor, Co-founder of the **Academy of Advanced Changework Hypnotherapy & NLP Training Academy**, and Co-author of '*The Advanced Hypnotherapist*'.

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Letters to the editor

Current News has reached me to advise of a scam involving a presenter/owner of an international company which is charging considerable amounts of money with promises to provide work after graduation. The said company has apparently organised an agreement to use their trained coaches counselling War Veteran's. This of course hasn't happened and is said not to be occurring at all.

The presenter/owner of the company is currently under investigation by Canadian and American authorities. The presenter has advised her coaches that she is coming to Australia in March 2017 and teaching her course at a centre in Melbourne.

Members are advised to check the authenticity of presenters/organisations before paying large sums of money for courses that promise big returns in Counselling, Coaching, Hypnosis and NLP.

If you require further information, you are welcome to contact me:



Bruni Brewin JP

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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“The Three Sentence Induction”

Graham Andrewartha, B.A., A.U.A.

This paper outlines a simple trance procedure for effectively introducing induction techniques to training therapists.

Rationale

In training practitioners in the application of Erickson's techniques of hypnosis, I have been impressed by their reluctance to commence practice in any form of induction until they have mastered an understanding of all the forms of trance phenomena, indirect suggestion, binds, frame of reference, diagnostic criteria and so on. Their caution in the face of a complex body of knowledge is understandable, but limits their learning by practice. They try to do too much and look for too many things too quickly. As a result, their inductions tend to be uncomfortable and cluttered.

Even with more limited information and a step-by-step training program, practitioners resist being comfortable with their early inductions believing they need to know much more about hypnosis before they take the first step. This reinforces the belief that one's initial trance inductions require specialized skills and extensive knowledge even during the learning process.

While the study of hypnosis and all the forms of trance induction requires extensive training and practice to achieve competence, a practitioner's first trance experiences should be as easy as possible. Practitioners' first few inductions shape their subsequent practice. To make their first trials successful and comfortable learning experiences, I teach a very simple process: the Three-Sentence Induction. This procedure is effective with most subjects and credible to beginning practitioners. The induction calls for the minimum number of things to remember, to do, and to observe, and teaches some of the principles of Ericksonian hypnosis.

Construction

The induction consists of the use of the following sentences, repeated in selected order, with appropriate voice tone, and matched to the subjects' minimal cues.

1. You may *allow* (pause) what you are experiencing right *now* (pause) just to continue.
2. You may be *really curious* (pause) about just how *comfortable* (pause) you can be.
3. It's not necessary for you (pause) to go *deeply into trance*.

This construction appears deceptively simple, and like most Ericksonian teaching, it operates with multiple levels of meaning simultaneously. After two years of experimentation with different phrasings, the final result is the essence of hypnotic effect with the minimum effort on the part of the practitioner. The three sentences compress many aspects of Erickson's approach to hypnosis (Erickson, 1980).

The first sentence effectively introduces the induction, gives permission, aids rapport, and matches the subject's experience. The subject needs only to continue doing whatever it is he or she is doing to be behaving appropriately. The melody conveyed by the pauses and rhythming "ow" sound may enhance access of the non-dominant hemisphere, while simultaneously focusing the conscious mind (Bandler & Grinder, 1975, p. 76). When used at later stages of the induction, this sentence is an indirect suggestion for relaxation, slowing of breathing, eye closure, deepening of trance, and even arm levitation.

The second sentence reinforces many of the elements of the first. The words "really curious" also introduce elements of drama and expectation, as well as age regression. It disrupts the subject's conscious set and focuses awareness on *inner* processes, as it raises a paradox about the experience of "comfort." The indirect suggestion to be "comfortable" is incorporated as a nonspecific aspect of the trance state.

The third sentence utilizes potential resistance or noncompliance. It incorporates the embedded command "go deeply into trance." This also contains a double bind, so a subject who chooses not to go deeply into trance may, implicitly, go lightly into trance.

By their nature and repetition, the sentences have proven to foster amnesia, time distortion, and dissociation. The whole induction conversation consists of only three sentences, so the subject has no reference point for the duration of the experience. There is a natural temptation to think there must be something more to it. Further, there is a confusion as to what is intended for the conscious mind and what is directed at the unconscious mind. Once trance is established, these sentences also deepen the trance experience.

Directions

In preparing for the Three-Sentence Induction, practitioners are given the following directions:

1. Explain to the subject you are going to use a very simple process of trance induction.
2. Have the subject sit comfortably, feet resting on the floor, arms comfortably in their lap.
3. Commence the induction with sentence one.
4. Use lower voice tone where indicated and develop a repetitive rhythm.
5. Observe the subject and select sentences related to the minimal cues. For example:

Use **sentence one** with

- relaxing of muscle tonus
- slowed breathing
- eye blink
- distracted gaze
- eye closure
- finger jerking

Use **sentence two** with

- appearance of boredom
- signs of distraction shifting position
- signs of relaxation

Use **sentence three** with

- smiling
- tightening of muscle tonus
- looking away
- shifting position
- signs of relaxation

6. When in doubt, use any of the three sentences.
7. When there is rapport but no observable cues, silently count to 20 between sentences.
8. Continue until trance develops and deepens.

The use of this technique can result in the induction of a moderate-to-deep trance in 15 minutes or as rapidly as 1 minute. When the subject is in trance, careful lifting of the hand, combined with sentence one, can result in arm levitation or catalepsy. From this basic framework, more advanced techniques can be easily developed.

At later stages of training, other procedures and responses can be incorporated as the practitioner feels more comfortable about including them.

Trance is concluded in the normal ways. For the sake of elegance and for use as a process of self-hypnosis, a fourth sentence — And *now* (pause) you may *come completely awake* (pause) whenever you are ready — may be added.

This induction is not designed to be used indiscriminately as a technique with all subjects. It is an introductory technique to encourage comfort with using hypnosis. It can also be a bridge to more sophisticated and varied forms of induction. The occasional use of one or the other of the sentences can also be incorporated as a comfortable adjunct to more advanced and individualized trance work.


Conclusion

Evaluation of this technique over 2 years of use with both naive and experienced hypnotherapists has confirmed its effectiveness. Experienced subjects report it to be an impressive and satisfying way of achieving trance. They also confirm its attractiveness as one simple process of self-hypnosis. For practitioners, it enables them to observe closely, to be comfortable with pauses and minimal operations, and to rapidly experience the confidence of the expectant attitude. Finally, it confirms that beginning to acquire the skills of trance induction can be enjoyable and rewarding.

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- Erickson, M.H. (1980). *The collected papers of Milton H. Erickson on Hypnosis* (Vols. 1-4. E.L. Rossi, Ed.) New York: Irvington.

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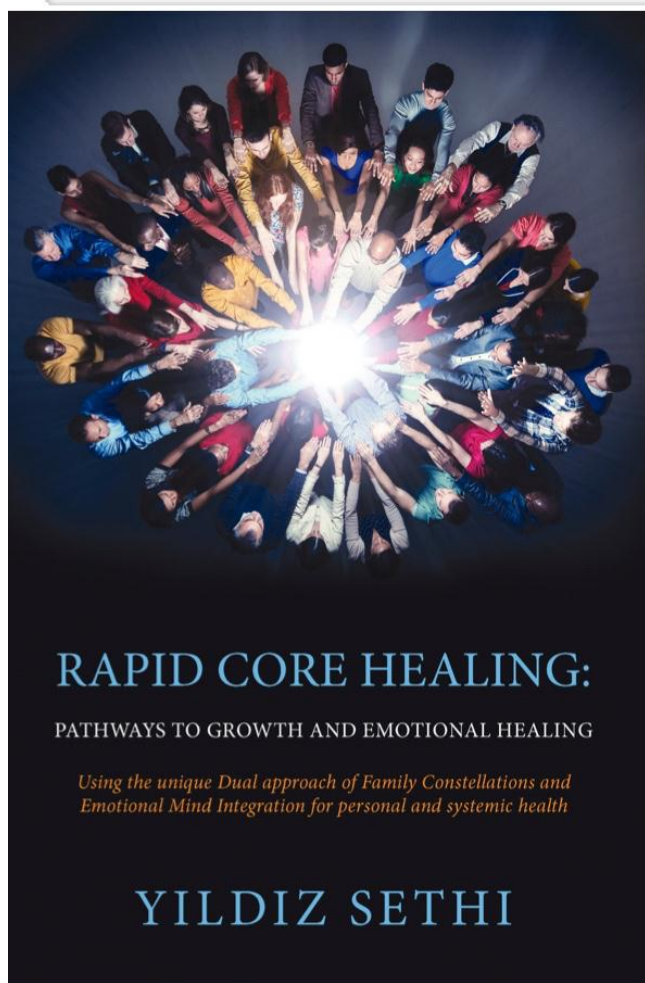
for personal and systemic health (2016) Yildiz Sethi is the name of my new book.

It is designed to encourage you to think outside the box about how you approach your therapeutic practice. The book is a guide for hypnotherapists, counsellors and psychotherapists in utilising the best from the past with the latest findings in neuroscience and epigenetics for best practice in the twenty-first century.



Yildiz is an author, psychotherapist innovator and trainer.

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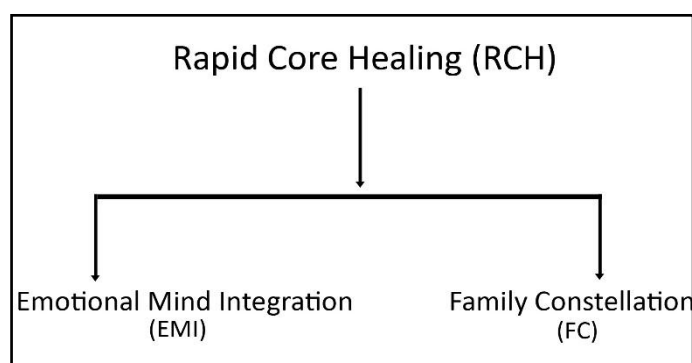
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Yildiz is the founder of two psychotherapies. These are **Rapid Core Healing (RCH)** for systemic and relational issues and **Emotional Mind Integration (EMI)** for personal issues of depression, conflict, anxieties trauma and the underlying dynamics of addiction. EMI is a psychotherapeutic hypnotherapy. Yildiz is a Family Constellations facilitator and educator/trainer and author. Her latest book is *Rapid Core Healing Pathways to growth and emotional healing* (2016). Yildiz runs a private practice in Brisbane, Australia, traveling nationally and globally to train clinicians and run workshops for the general public.



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- Worrying about clients outside of work hours
- Low mood and apathy.

It is important that if you are feeling any of these signs or symptoms that are not typical or are out of character, you seek help immediately. Having an emotional reaction to ongoing exposure to traumatic material is a natural and human response, but if it is impeding your ability to function at home or work then it is time to seek help.

Bravehearts has introduced support strategies for their staff to address signs and symptoms of VT. It is recommended that organisations, where staff are dealing with trauma related material or situations ensure they also have a proactive approach.

Below are strategies that have been adopted within Bravehearts:

- **Provide supervision to staff.** Staff receive regular individual and group supervision to discuss concerns and to work through any challenging situations, so that issues can be shared with a trusted colleague or supervisor.
- **Encourage regular planned breaks.** Taking meal breaks away from the desk is highly encouraged so people can have a physical and mental break, plus it offers people a great way to disconnect from their work and have time thinking and talking about things outside of their work.
- **Provide debriefing opportunities.** We ensure that staff know the value of talking through their concerns with other staff and do not frown upon people using time in the day to have these conversations.
- **Highlight the importance of self-care.** Through our staff education we advise on and encourage the use of individual self-care activities, such as exercise, engaging in hobbies, healthy eating, regular sleep, mindfulness strategies and spending time outdoors. The team has allocated time within work hours to engage in team self-care activities. These can include physical activities such as playing sport, creative activities or social activities.
- **Create work hour boundaries.** The team at Bravehearts are not expected to do overtime. However, in circumstances where overtime is necessary, staff accrue time in lieu for any work activities completed outside regular hours to ensure there is no time pressures or unrealistic expectations on staff. We understand the importance of having a well-rounded approach to work and life.
- **Educate and acknowledge the existence and reality of vicarious trauma.** Have ongoing discussions with staff about the reality of the trauma experienced by their clients and themselves and create opportunities for ongoing learning and co-worker interactions.

Personal strategies coupled with a supportive work environment can help minimise the effect of VT on health workers. Bravehearts recommends that you consider implementing a VT prevention plan in your workplace or private practice.

An individualised prevention plan should include:

1. Identification of individual risk factors for developing VT. These may be personal things, such as personal history, work style, organisational culture and individual cultural factors and personal beliefs.
2. Personal warning signs for VT.
3. Individualised strategies to use if symptoms of VT are recognised.

Vicarious trauma impacts on professionals who work with traumatised individuals and it is important to implement a multi-level approach to self-care - at an individual, team and organisational level to address the issue of VT.



When we make a commitment to working with trauma in our work we need to make an equal commitment to addressing VT for staff and individually. Our duty of care to clients requires a duty of care to ourselves – **it is imperative that we ensure a healthy workforce.** Bravehearts information and support line call 1800 272 831.

For personal support contact Beyond Blue on 1300 22 4636.

Reference: Morrison, Z. (2007). "Feeling heavy": Vicarious trauma and other issues facing those who work in the sexual assault field (ACSSA Wrap No. 4. Melbourne: Australian Centre for the Study of Sexual Assault, Australian Institute of Family Studies.

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 Mobile: 0411355053 Landline: (02) 9316 668

Drug & Alcohol Recovery Hypnosis Masterclass: 6 Step Program

2-Day Live Training

7-8 October, 2017 (Sydney)

**Presenter: Dr Tracie O'Keefe DCH, BHSc, ND
Clinical Hypnotherapist & Naturopath**

Are you prepared to handle cases of addiction ranging from heroin to alcohol and get results fast?

Are you confident to help clients who come through the door of your therapy practice with any kind of substance abuse?

Do you want to have the level of skills that enable you to instantly interrupt your clients' addictive behaviours?

Most hypnotherapists see substance abusers as the scary end of their clinical abilities and have no experience in dealing with addicts.

Helping clients withdraw from life-threatening and destructive substance abuse addiction fast can be one of the most rewarding experiences for a therapist.

If you want to learn how to handle all substance abuse addictions with hypnotherapy then join Dr Tracie O'Keefe DCH in a LIVE, 2-day training in Sydney.

What you'll learn:

- How to attract substance abuse clients to your practice
- How to recognise addiction
- How to instantly stop addictions with hypnosis
- How to handle clients with substance abuse addictions
- How to adapt your treatment and hypnotic techniques to different types of substance addiction
- How to address addiction issues with your client
- How to rehabilitate your clients to become clean and sober
- What hypnotic language patterns to use in treating addiction
- How to become confident in working with people with addictions
- How to deal with addiction-related co-morbidity
- How to deal with clients with multiple addictions
- Practice hypnotic techniques for substance abuse pattern interrupters in a safe environment with your peers
- How to deal with drug and alcohol complications

14 hours Continuing Education Points. Earlybird rate available until 30 July.

The previous training sold out well in advance, so secure your place now:

[CLICK HERE FOR DETAILS](http://www.doctorok.com/drugs-alcohol-masterclass-aha-oct-17)

The link is <http://www.doctorok.com/drugs-alcohol-masterclass-aha-oct-17>



New Dates for 2017

Supervision is... **Super Vision!**



**It is *NOT* all about Case Studies
and
It is *NOT* a Cuppa and a Chat!**

As a Supervisor You *NEED* the basic 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

Imagine the damage a Doctor would do if he practiced without being qualified.... What about a brain surgeon... or a pilot...

Do you know the Risks? Are you placing yourself and others at risk by not having the proper supervision training?

**Supervisors are ultimately responsible for the therapist and the client...
... so do you know your legal and ethical responsibilities?**

IF NOT, then to maintain your skills as an effective Supervisor it is important that you update your skills and this course is:

AHA Recognised Supervision Course

Please register your interest for other cities. If enough numbers register, a course will be organised in your home city or state.



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Supervision**
Counselling and Hypnotherapy



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Danielle Aitken

Psychotherapist, Tutor AHS & Clinical Supervisor, R.N., R.M.

Member; AHA, ASCH, ACA, ACACoH, ACACoS, ANMF, AHPRA

Ph.: 0409 332 052 By Appointment; Face to Face, Phone, Skype

<http://www.naturaltherapypages.com.au/connect/daitkencounselling>



AHA State Workshop Reports

Queensland – 27th November 2016 by Marilyn Colvin Boon

Trish Purnell-Webb, BPsych (Hons) MP synch (Clin.) is the official trainer for the Gottman Institute in Australia and has been instrumental in bringing awareness to the importance of 'Understanding a Sound Relationship House'. The AHA members had the opportunity see the concepts of the programme at our last Queensland meeting, 27th November 2016 which I highlight below.

The Sound Relationship House is the work of Dr John M. Gottman, PhD & Dr. Julie Schwartz Gottman, PhD, on Couple Therapy that has a research-based integrative approach. Research by Levenson & Gottman that extended for 35 years led them to measure interactions, perceptions and physiology which could predict the course of a relationship. Previous therapeutic interventions did not have the support of research that could lead to the understanding of a relationship's success or failure. From their research work, the Gottmans recognised three areas that required attention:

- Reducing the escalation of negative emotions during a conflict
- Increasing positive emotions in the conflict
- Increasing positive affect outside of the conflict

The development of the Sound Relationship House came from the recognition that everyday interactions of couples required attention by building and repairing their friendship, shared meaning and love. As with every heated argument that begins in a relationship, there are four behaviours identified as the most critical areas that require attention because these are the predictors of a relationship's health. They are collectively named, The Four Horseman:

- Criticism
- Defensiveness
- Contempt
- Stonewalling

For each of the above behaviours, the model guides the couples to choose an antidote, during their sessions with their therapist. The theory of the Sound Relationship House has nine parts. Imagine a house with seven floors and two pillars which make up the walls.

- The ground floor is the foundation of a relationship where each of the couples gets to know each other's world; this is called building 'The Love Maps'. Couples get to know each other at the beginning of a relationship, however, if this is not continued a relationship suffers.
- The relationship culture is defined by changing the habits of the way each couple thinks and sees their partner by developing a new habit called 'Shared Fondness & Admiration'. Couples can learn these new skills with their therapists – as bad habits are not recognised and begin to erode the foundations.
- Often during an argument, one party wants to make it up. However, the cues are missed by the other party; the therapist invites one party to "bid" for emotional connection and the other party to acknowledge the signal. This part of the relationship connects the couple's long term. In many arguments, heated exchanges, and flooded emotions hamper the ability to recover.
- Positive Perspective is all about the quality of a relationship that can only be developed and successful once the first three phases of the relationship are built.
- Conflict is common, and it has to be managed effectively by identifying two key issues – the triggers of escalation of an argument and the antidotes that change those behaviours.
- Helping the couple maintain a healthy relationship through conflict with the conscious and intentional building of emotional states from negative to positive "Make Life Dreams and Aspirations Come True", unlocks the couple's cycle of gridlock.
- The top of the house is where couples create special meaning in their life, through rituals, a conscious building of a life together, where time is made for each other through 'Create Shared Meaning'.

The pillars or walls that hold the house together are 'Commitment & Trust' without which there will be no stability or long term relationship.

For more information about training across Australia, contact Trish: <http://www.trishpurnellwebb.com/>

	<p>Marilyn Colvin Boon CHt. HBCE Level 2 Gottman Method Couple Therapy 23 Karumba Street, Warana QLD 4575 Phone: 07 5493 4363 Mobile: 0415 493 778 http://www.naturaltherapypages.com.au/connect/thealternativecentre/service/16350#ixzz4dJNdmRem</p>
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Resource Therapy

Professor Gordon Emmerson, PhD presented Resource Therapy at the Brisbane Workshop on 19th February 2017.

CENTRAL RESOURCE THERAPY CONCEPT

Resource States are a physical personality part. They are something we develop in childhood by turning something over and over and over again to create neural connections. Later on when it feels like the proper state to have out, it pops into the conscious.

If I tell jokes as a child and people think I am pretty funny, I will develop a joking resource state. If people think I am just being silly and tell me to be quiet, I may not develop a joking resource state.

In Resource Therapy we learn how to map people's states so that we know what parts they have. Only one part of the personality can be in the boat at any one time. It is conscious, it is experiencing, deciding and in control. When eating, the conscious part is the eating part.



There are other states which are surface states that observe and advise. One part may want dessert while another part advises against it. The Eating conscious part must make the decision.

Underlying states are dissociated from consciousness. They are unaware but may come to the surface or move around. Driving a car is an example. If you've been driving for fifteen minutes and an underlying state has come straight to the conscious, it has no memory of what the conscious was doing before it arrived.

In Hypnosis there are relatively few surface states. Usually we switch between mainly surface states. In Deep Hypnosis there are no states. The Client can focus really well as there is no self-talk.

An Introject is an Internalised impression with only the power that resource states give them. All resource states have their own introjects. A child's perception of Mum and Dad may be that they were stern and grumpy. The Adult state's perception of Mum and Dad may be that they are helpful. Introjects cause a lot of problems. If a Resource state has an introject of a bully that can hurt it and is hanging onto that introject, it can cause fear. When that state comes out the client may not remember the bully but they will remember the fear.

In Resource Therapy we go back and make sure that states that are holding those introjects can become empowered and realise that there is nothing there to fear now. This creates a huge change for clients. It allows people to engage with the world.

Resource Therapy is different from Ego State Therapy. Ego State Therapy believes that parts are created as a result of trauma. Resource Therapy considers personality parts as resources that developed repetitively as coping skills that can be useful. The physiology of the brain does not change that quickly.

The best way to help a client is to help the part that needs help.

If there is a child part and it is afraid of a bully, bridge back to empower the child part. I will say to the client, "Let's just shrink that part down to one inch tall but *PLEASE* ... don't step on him because I want you to be able to say what you want to say." By saying "Please," that empowers the state in contrast to telling the part that it has more power than the bully. The part may not believe me. After the part has said what it wants to say to the bully, it can realise that there is nothing to fear any longer.

Ego State Therapists tell the client to fight internal protagonists. Resource Therapy lets the client realise that it is just a memory fragment from the past which has no power.

Resource Therapy has Eight Diagnostic Criteria for Pathological conditions and fifteen corresponding resource treatment actions. The client isn't diagnosed, a state is diagnosed. There are nine categories. One is normal – the client is at peace with themselves and the world. The other eight are pathologies.

There is hypnosis in Resource Therapy but the actions of themselves bring that on. If you have the client revivify a time when that state was out with eyes closed and talking in present tense and in great detail, this brings clients into a working state of hypnosis.

A resource is a physical neural pathway with dendrite and synaptic connections and is created by neural growth and recurrent synaptic firings. It is a division of the personality holding a relative level of intellect, fear, emotion and ability

If you have a resource that plays tennis, that's the one you want out when you're playing tennis. If you get a part out that really wants to win but doesn't enjoy playing tennis, you're not going to play very well. Each resource has its own level of ability and intellect. Some resources don't think very much, especially child states which may be more reactive.

Disassociative Identity Disorder (DID) is a condition when children who have chronic abuse in childhood learn a good coping skill of "I'm not going to think about it, I'm not going to think about it." When they stop reviewing what happened with that other state the synapses atrophy until the states can no longer communicate with each other.

If you're going to be criticized, it's good to get an intellectual state, one that doesn't really feel much. You don't want to be in a reactive state.

Normal States have a positive role for the benefit of the person's other states. Introjects are memories or impressions of anyone or anything that has happened. They belong to the client.

CONFLICTED STATES

Vaded with Fear: Phobias, PTSD, Panic Attacks, Anxieties, Fear. Person will physically feel afraid when this state is out. (*Almost always created in childhood*). **Treatment:** Bridge back to the original sensitizing event (ISE). Reframe.

Vaded with Rejection: Person feels not good enough - rejection. People who suffer with Anorexia and Bulimia are pleasers and have a huge need to be liked. Narcissists let you know how good they are but they really don't feel good enough and they are fragile. (*Almost always created in childhood*). **Treatment:** Bridge back to the original sensitizing event (ISE). Reframe.

Vaded with Confusion: Anticipation. Rumination, can't let something go i.e. guilt, blame and usually associated with someone's death. Person feels, down, low and disappointed. Conflicted states feel anxiety about another state. They don't like another state. Wrong State out. **Treatment:** Have the person talk to the empty chair with the person (living or dead) who they're confused about. Have them sit in that chair and say something back as that person. When they return to their chair they still hanging onto the feelings they had when they were the other person and that quells their confusion. When you don't have understanding about something it is difficult to let it go.

Vaded with Disappointment: Depressed, this state holds or shuts other states down and prevents them from being able to do things. If a person finds that they have a partner who has been unfaithful, then may become so disappointed that they may not let any other state participate in a positive way with that relationship. Everything stops and they no longer enjoy anything. They usually have low energy.

Often clients have more than one pathology. States can collude with one another. It is normal and healthy to grieve and have deep sadness when a person dies. States that interfere with sadness are heavy and prevent a person from grieving normally. If the client feels that someone did something wrong, a vaded state will be involved. Vaded states come when we don't talk about things or don't get love and understanding. Empower states to feel safe and loveable. All children deserve love. "*Let's shrink the bully down and PLEASE be careful not to step on her/him,*" or use phrases such as "*Two logs in a fire warming each other in a fire,*" are useful.

Retro Original: Unwanted anti-social behaviour learnt in childhood i.e. nail biting, pouting, hair pulling, rage, tantrums, passive/aggressive. It becomes Retro Original when the person decides that they don't want to do that anymore.

Retro Avoiding: When a state learns to avoid the negative feelings of a vaded state or unwanted behaviour i.e. gambling, smoking, drinking, over eating, etc. When Retro states are out they are in control. They push other states below the surface and out of the way. The person feels out of control because the other states can't get control away from the Retro State. This state goes into the casino and feels important because it is helping this person. This state is not driven by emotion, it is a state learned in childhood. **Treatment** is a two step process. Attend to the emotion first and then work on the behaviour. This part likes to be liked. Negotiate with it and thank it for all it has done in the past and find a way for it to be useful and liked by the other states. It deserves to be liked. You can accomplish your purpose and the state will still be liked.

Conflicted: This involves two good conflicting states who want to be out at the same time. Inner decision creates anxiety. causes anxiety. For example, when buying a car one state may know which one you want but you will need to access another state who knows how much money you have. Chronic Fatigue: Negotiate a time frame with the state that needs rest so that it can rest and the state who wants to work so it can work. If you don't like washing the dishes, find another state that does.

Chronic Insomnia (Vaded Emotional): A planning state or thinking state may not get enough time during the day and uses sleep time. Negotiate a solution so that they can plan or think while driving the car or having breakfast.

Dissonant: Wrong state out at the wrong time. It doesn't want to be out. It feels very uncomfortable. It can be frustrated but does not have unresolved emotions.

Sensory Experience Memory (SEM) is a positive or negative emotion that lingers from an event from the past. After a while it gets separated from the intellectual memory. It is not a thought, it is an emotion which may be associated or dissociated from an emotional memory. Bridge to ISE or Intrusive Emotional Memory to reconnect their sensory memory with their intellectual memory. Always allow the client to feel the emotion during bridging. You can't engage the brain and bridge. You need the experience and emotion.

PATHOLOGIES ASSOCIATED WITH SEMs

When a state holding a negative SEM is conscious, then the person can be experiencing and feeling panic attacks, phobias, PTSD, anxiety, fear, a sense of worthlessness and being unlovable. When a state holding a SEM is being avoided, then the person can be doing addictive behaviour, i.e. OCD, anorexic, bulimic, narcissistic behaviour, compulsive shopping, over competitiveness; these are the things people do to avoid unresolved SEMs.

A Resource Therapy Therapist may speak with the introject of a father whose perceived rejection caused a resource state to feel unloved in order to allow that state to understand that it was not the resource that was unlovable but the father who was unable at that time to share unconditional love.

EIGHT RESOURCE THERAPY ACTIONS

1. **Diagnosis:** Which pathology are you dealing with?
2. **Vivify specifics:** Bring that state into the conscious or put the state you want to talk with into the boat.
3. **Bridging:** Bridge back to the ISE. Vivify specific. Get an age for the feeling of the state. Use the age to funnel to the ISE. Make sure that that State is out and they are there in the ISE. Ask them how they feel. Empower, give a sense of safety and support. The more you do the more powerful you become. These next four action deals with changing a state vaded with fear or rejection to a state of normality.
 - i **Introject Speak:** Only with a State Vaded with Rejection - Expression, Removal & Relief
 - ii **Expression:** State Vaded with Fear - Removal and Relief
 - iii **Removal:** State Vaded with Rejection - Introject Speak, Expression, Removal & Relief.
 - iv **Relief:** Bring in a nurturing part, empower the state.
4. **Find a Resource:** Define how they want to act and feel. Find a time, vivify specific, name the part with the qualities / abilities required and negotiate a solution. Anchor it.
5. **Change Chairs – Introject Action:** States Vaded with Confusion. Gives client the opportunity to resolve issues. The Feeling the client experiences when in the Introject's chair gives a cathartic understanding.
6. **Retro State Negotiation:** Appreciate a Retro State, find another thing it can do and have another state appreciate it for it's new activity.
7. **Conflicted State:** Two states in conflict – Negotiation. Learn to respect and appreciate each other, and to communicate and compromise.
8. **Imagery Check:** Go back to the original image the client came in with. Check it out now and see if they're feeling a lot better. If they aren't then you haven't hit the mark. You need to do something else. Resource: Can't talk in front of a group – Bridging ISE. Clear. How do you want to act and feel?

For more information please refer the following Reference Materials written by Gordon Emerson:

Ego State Therapy (2003, 2007, 2010)

Resource Therapy (2014)

Advanced Techniques in Therapeutic Counselling (2006)

Healthy Parts Happy Self (2012)

Resource Therapy Trainer's Manual (2014)

Learn Resource Therapy (2016)

Resource Therapy Primer (2014)



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



AHA Information and Updates

Workshops for 2017

NSW	Sunday 4th June 2017	AGM & Training	PLEASE NOTE CHANGE OF WORKSHOP DATES
	Sunday 10th September 2017	GM & Training	
	Sunday 26th November 2017	GM & Training	
QLD	Sunday 28th May 2017	AGM & Training with: AM: Yildiz Sethi: Rapid Core Healing PM: Isabella Parker: Repressed Anger: Origin, Expression and Treatment	
	Sunday 20th August 2017	GM & Training with Dr Olyessa Burges: Practical solutions and applications working with simple and complex clients and children.	
	Sunday 28th November 2017	GM & Training with Helen Mitas; Mastering the Art of Client Attraction	
SA	Sunday 3rd June 2017	AGM & Training with Helen Mitas	
	Sunday 9th September 2017	GM & Training with Cas Willow	
	Sunday 7-10 December 2017	GM & Training with Melissa Tiers in conjunction with a planned SA Workshop	
Vic	Sunday 21st May 2017	AGM & Training	
	Sunday 27th August 2017	GM & Training	
	Sunday 26th November 2017	GM & Training	
WA	Saturday 6th May 2017	AGM & Training	
	Sunday 6th August 2017	GM & Training	
	Sunday 18th November 2017	GM & Training	

Renewal Information (Due by 31st March, 2017)

All renewals are due by the 31st of March 2017 in order to begin the new membership year on the 1st of April.

Required accompanying documents:

- CPD record card – filled out and with accompanying evidence of all CPD completed during the 16/17 membership year. This should equal a minimum of 20 points and include at least 2 AHA workshop attendances. Clearly if you live in a rural or remote area, you will be exempt from this requirement.
- Supervision record card – this must be completed and signed by your supervisor / peer group leader. **Professional members** should have a minimum of 6 one on one supervision sessions with the rest being made up of either group (peer or supervision group) or continuing with one on one for the entire year to a total of 24 points.
- If your first aid, insurance and police check / WWC are current at the time of renewal, this will be noted on your renewal form and uploading the document again is not necessary. Uploading is only necessary where the document has expired.

Please call the admin line if you require any assistance – we are happy to help you with this process.

AHA National office toll free number
Available to members and the public
Email:

1300 552 254
9am – 12 noon Monday to Friday
administrator@ahahypnotherapy.org.au

State Links

The NSW State Report

Go to the AHA – NSW website for further updates:

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

THE QLD State Report

Go to the AHA Queensland website for further updates:

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

The NT State Report

Go to the AHA – NT website for further updates:

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

The VIC State Report

Go to the AHA – Victoria website for further updates:

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

WA State Report

The time has come WA members to think about putting something back into an Association that has been supporting Hypnotherapists for over 65years. Yes the AGM is upon us and the WA Nomination forms will be sent out shortly, in fact by the time you are reading this they will be in your in box. I would like to invite all Clinical and Professional members to please consider standing for one of the roles on the Executive. At the present moment the role of Membership Secretary and Workshop Coordinator are open. You are also more than welcome to stand for State Executive Officer, Secretary, or Treasurer if you wish to. The date of the AGM is Saturday the 6th of May. Our President Mailin Colman will be attending and will be there to answer any queries you may have re the Association.

After the AGM / GM meeting and morning tea our Presenter for the Day is Jules Leeb and the subject is an Introduction to Medical Hypnoanalysis. This experiential workshop will provide opportunity to observe through demonstration and practice with case studies. This will be a wonderful and rare opportunity to gain insights from an established and experienced practitioner in the field of Medical Hypnoanalysis

At the recent National Planning day a discussion was had re the public being made more aware of the importance of engaging a professional Hypnotherapist for their therapy. Hence a decision was made that states are open to make cost enquiries into engaging a media consultant. So I put it out to the members if you are or know of anyone who is a Media Consultant please contact Linda Milburn via email on ahaseowa@gmail.com

Next training and meeting dates

Sat May 6th AGM and Jules Leeb Medical Hypnoanalysis

Sun August 6th GM and Ondrej Bursik Metaphor and Acupressure

Sat November 18th Helen Mitas Mastering the art of client attraction.

Remember part of the requirement to renew your membership is that you need 20 CPD points and to also attend at least two AHA trainings and meetings. By attending the above workshops you will fulfil that requirement, receive some valuable information that will improve both your personal growth and that of your business and also support us to bring you quality speakers for future workshops.

Kind Regards

Linda Milburn
SEO/AHA/WA

AHA Queensland State Report April 2017

Queensland membership continues to grow and currently stands at 204 plus 4 from Northern Territories, that combined is a total of 208 members. Our membership is very important and I would like to encourage you to bring your fellow hypnotherapists to the workshops and to join the AHA. Committee members are available to assist with information or any support you may need in your practice at all the workshops.

The next AHA Qld Workshop will be held on Sunday, 28th May. There will be TWO presenters:

- Yildiz Sethi will present Rapid Core Healing Pathways to Growth and Emotional Healing (RCH)
- Isabella Parker will present The Origin, Expression and Treatment of Repressed Anger.

The AHA Qld Annual General Meeting will follow the workshop on May 28th, 2017 at 4:30 to 5pm. All members are invited to attend.

Later in the year, the scheduled workshops are:

20 August 2017: Dr Olessya Burges: Practical solutions and applications working with complex clients and children.

26 November 2017: Helen Mitas: Mastering the Art of Client Attraction.

The Qld Committee has 3 vacancies to be filled at the next Annual General Meeting.

1. State Executive Officer
2. Workshop Coordinator
3. Secretary

We do have nominations for these positions but if anyone would like to put their name forward, please contact Gwen Pasin (Qld@ahahypnotherapy.org.au) or Bernadette Rizzo (Bernadetter@ahahypnotherapy.org.au).

I will be stepping down from the Qld State Executive Officer position at the Annual General Meeting. I have been on the Qld Committee for 6 years, first as the Qld Supervision Coordinator, then as the National Supervision Coordinator and finally as the Qld State Executive Officer. I will thoroughly enjoy attending the workshops in future. I have enjoyed being part of the Qld and National team and will watch with interest as the AHA goes forward.

Hope to see you all at the next workshop on Sunday, 28th May 2017.

Warm regards,
Gwen Pasin
State Executive Office, AHA Qld

The AHA has gone 21st century and interacting with Facebook

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

AHA State & National Committees

National Committee



President
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Vice President
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National Treasure & SA Representative
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National Head Office & Free Advisory Line
National Administrator
Membership, Health funds, Database
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administrator@ahahypnotherapy.org.au
OR your local state membership secretary or committee member.

NSW / ACT Committee



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Queensland / North Queensland Representative & Northern Territory Committees



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QLD State Secretary (Vacant)



QLD State Treasurer

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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 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.
6. When advertising the price of goods or services, the total cash price, including GST, must be provided. You must show the full price, including any commissions, charges, or postage and handling.
7. Advertisers should not advertise goods or services at a specified price if they are aware, or should be aware, that they are unable to supply reasonable quantities at that price for a reasonable period. Advertisers must not make false or misleading representations about the products and/or services being advertised. Misleading behaviour includes any kind of conduct or behaviour in business that could give a customer the wrong impression or may potentially breach the Trade Practices Act.
8. Disclaimers should be specific, clear and highly visible.

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

Artwork

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

Bookings and Payment

Please provide your advertisement together with your payment to 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/)

- 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://ahahypnotherapy.org.au/about-australian-hypnotherapists-association/how-to-join-the-aha/> and download the prospectus and application forms.



The AHA has gone 21st century and interacting with Facebook

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