



The Australian Hypnotherapy Journal

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

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Contents

	Page/s
AHA Presidents Report	2
Keeping in Touch	3
Articles	
How easy is it for Therapists to Mislead the Public by Quoting Success Rates on their Marketing Materials? – Karen Bartle	5-7
The Big Taboo – Yildiz Sethi	8-9
The Vital Importance of a Pre-talk Prior to Induction – Phil Harrison	10-12
Major Changes in Victorian Health Complaints – Amanda Healy & Michael Quin	12
Dynamic Hypnosis for Pain Control – Kaz Field Anderson	13-16
Is Research Helpful to Hypnotherapy Outcome? – Bruni Brewin	17-20
Why I Treat Eating Disorders with Hypnotherapy - Bianca Skilbeck.	21-22
Milton H Erickson	33
Life in Metaphor: Grief from Loss - Bruni Brewin	20
My Favourite Induction: The Stone Induction – Chereyl Jackman	23
Professional Indemnity Insurance	24
Advertisements	17
Alternate Solutions – Bruni Brewin	4
Diploma of Modern Psychology – The Mind Academy	24
Brave Hearts – Get the Facts	25
Body Focused Counselling Course 2017	26
Mastering Ego State Therapy	27
Supervision Training – Cas Willow	28
Visual Emotional Repatterning VER System	29
AHA Discussion Group	4
AHA Information and Updates	30
AHA State Workshop Reports	29
AHA N.S.W. GM & Workshop 5th March 2017	31
AHA State Links & State Reports	32-33
AHA National & State Committees	34-35
AHA Journal – Benefits of Submitting Quality Articles	36
Australian Hypnotherapy Journal Advertising Guidelines	37
Benefits of AHA Membership	38-39

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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 at Bongaree, Bribie Island, Queensland (*Your Photos are welcome*)

Presidents Report

Mailin Colman



Dear Members,

Welcome to the summer edition of the Australian Hypnotherapy Journal. We sincerely wish you enjoyed a well-deserved and happy break over the Christmas and New Year period.

AHA Administration

I'm very sad to let you all know that Amanda Healy, our amazing national administrator, is moving on to new adventures. Amanda started with the AHA on the 1st of September, 2014 and was responsible for moving the AHA membership records from a series of excel spreadsheets to the AHA members' database – a massive task! Amanda worked patiently with the database and the members, liaising with the designers effecting continuous improvement, adapting the system to the AHA and the member's needs. Having worked with her through that process, I can attest to the enormity of the task Amanda took upon herself and the AHA is very grateful for her dedication and hard work. During that time, we saw Amanda get married and welcome beautiful Reuben into the world. I'd like, on behalf of all of the AHA national committee, to wish Amanda the very, very best for her future – she'll be fantastic at whatever she sets her mind to next. Thank you just doesn't seem to be enough.... THANK YOU AMANDA.

Renewal time is looming

Renewal emails are set to be sent from the 13th of February. Of course, you have right up to the 1st of April to submit your renewals but we'd be grateful for those members getting in early! As you're all aware, renewal time can be quite frantic so your patience is appreciated. Please phone Kelly on 1300 55 22 54 between 9am and 12 (EST) for assistance. I will also be available to help as this will be Kelly's first renewal experience. You can also contact your local state membership secretaries.

There will be a grace period of 30 days post the 1st of April but please be aware that unrenewed memberships as of the end of May will be auto suspended by the AHA member database.

Members who have joined mid membership year – please be aware that your supervision and CPD requirements will be pro rata and that equates to the following: 1 supervision point per month; 1.666 CPD points per month. For all full year membership renewals, the requirement is 20 CPD and either 12 one on one supervision points or 18 if 6 one on one and 6 group supervision sessions were attended. Peer group through the year amounts to 24 points. If you have mislaid your CPD / Supervision record form, please email administrator@ahahypnotherapy.org.au for a replacement.

One final reminder, all CPD and supervision must be evidenced. That is, certificates of attendance, receipts, letters of acceptance uploaded for CPD and for supervision, either a signed letter from your supervisor stating dates/duration and type of supervision or your signed supervision record card.

I wish all AHA members and their families a wonderful 2017 – may it be prosperous and all that you wish it to be.

Warm regards,

Mailin Colman
AHA President

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/>

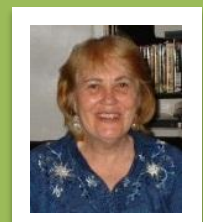
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Advertising rates for the Australian Hypnotherapy Journal:

Full page	\$75.00
½ page	\$45.00
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Please Note: Payment must be made in full prior to lodging your advertisement. Details are listed in Journal.

Contact: Australian Hypnotherapy Journal
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Alternative Solutions

Bruni Brewin

www.brunibrewin@bbbenefits.com.au

Lifestyle risk factors

- Smoking is the single most important cause of ill Health and death in Australia. In 2011/12, one in seven Australians aged 15 years and over smoked daily.
- In 2014/15, close to two in every three (63%) adult Australians aged 18 years and over were overweight or obese, with 27.5% obese and 36% overweight.
- In 2014/15, more than two in every three (66%) of adult Australians aged over 15 do very little or no exercise at all.

<https://www.heartfoundation.org.au/about-us/what-we-do/heart-disease-in-australia>

Alternative Solution?

Have you tried Hypnosis?

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 Hypnotherapy Register of Australia (HRA), 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.

How easy is it for Therapists to Mislead the Public by Quoting Success Rates on their Marketing Materials?

The quick answer is it's very easy! In professions, which are largely unregulated, e.g., hypnotherapy, this issue is particularly rife. It's not uncommon for practitioners to want to show what a great job they do by quoting their success rates on their websites to prove their worth to potential clients. It's also not uncommon for clients, especially seeking e.g., hypnotherapy, to ask practitioners what their success rates are. Perhaps a hypnotherapists' need to do this stems from a client's desperation for results where the perception is it's the hypnotherapist who is firmly in the driving seat and responsible for them achieving that success?

Perhaps this has something to do with the way practitioners portray themselves in professions such as hypnotherapy. To elevate the therapy, and indeed, compete in the marketplace, practitioners feel the need to quote success rates on their literature to attract more clients. This would be fine and very helpful if the information practitioners put out there was accurate and substantiated.

A quick search on the internet on practitioner's websites shows a common figure of 95% success. Now if hypnotherapists were all using the same protocol, had been trained in the same way and were delivering that protocol without deviation, with clients presenting with the same issue, and had worked with enough clients to achieve a decent level of significance, we could appreciate they, in theory, could all be gaining the same level of success in their practice. However, this isn't the case. For example, take just one variable, hypnotherapy training. This ranges from a weekend through to many months or even years, and the quality of the training is just as varied.

So, where does this figure come from? Hypnotherapists who have collated hundreds of hours of practice data, using rigorous scientific methods of inquiry which can clearly be scrutinised by others? It appears not. So here are 5 good reasons why most practitioners of any persuasion, if not all practitioners, who quote their success rates, may be seriously misleading the public.

1) Who's success it is?

Perhaps an example will best illustrate. So, let's take 5 clients each attending to stop smoking with the same hypnotherapist.

Client 1 stopped smoking over 6 months ago and is concerned that they have a funeral coming up and they know stressful events often trigger a craving for cigarettes.

Client 2 is very motivated to stop smoking as his father recently died of heart failure and his mother is in remission for cancer.

Client 3 has been a heavy smoker for 30 years. She's still smoking 30 a day and is not motivated or have any intention to want to stop but her daughter thinks it's a good idea.

Client 4 is wanting to get pregnant. Her GP suggested her stressful job, and 20 a day smoking habit, may be contributing to her infertility. She wants to give it a go but enjoys it too much to want to stop and she also believes it's what keeps her weight down.

Client 5 has no belief in hypnotherapy and that it will help, but a friend who went to see a stage hypnotist recently said what a laugh it would be if he could come out clucking like a chicken instead of smoking a cigarette.

As you can imagine the way a hypnotherapist would work with each one of these clients will vary because their expectations, motivation, confidence, rewards for continuing, benefits of stopping, ability to manage relapse and triggers, etc., all vary. It's very unlikely any standard protocol would work here. Each client needs an approach that is tailored to their needs. The hypnotherapist with all the skills and luck in the world is unlikely to be very successful with clients 3-5 above without a lot of pre-work on motivation, managing rewards and secondary gains, and lots of education. These clients are in for a fair few sessions, to say the least, if indeed they attend at all!

Unfortunately, therapy isn't just about the therapist's skills, knowledge or experience. Sure, these are important because common sense would suggest that a competent, well trained and experienced therapist is likely to have more success with clients than a novice might, right? Not necessarily! However, the client has their own set of variables which will contribute to, and influence, how successful they are in achieving success with hypnotherapy or any therapy or intervention for that matter.

2) How is success measured?

Measures of success need to be clearly defined and operationalised by both therapist and client, and have objective as well as subjective ways of detailing whether that criteria have been achieved. Without these before and after measures, practitioners and clients will have no obvious and verifiable ways of knowing whether, what, and whom, has achieved this success.

Unless a practitioner is totally transparent about how their research was conducted and what research methods they used, there's nothing to stop them plucking figures, which make them look good, out of thin air.

"I have 95% success rate with stop smoking" means absolutely nothing unless the practitioner has published their research in reputable peer reviewed journals, so others can critique their claims. When challenged, claims typically have no substance. For example, I contacted a hypnotherapist recently who was claiming a 95% success rate with all his clients in just one session and this included client's presenting with complex mood disorders! On inquiring, as to how he could make such claims, he replied that it was because he had a busy practice, with plentiful supply of clients coming from referrals and recommendations, even from psychologists!

Measuring one's success on the basis that you get more clients referred to you has nothing to do with whether the clients one is seeing have achieved success, especially ones with complex disorders! Another hypnotherapist recently told me that the reason his success rates were 95% were because these clients never came back for their free follow up session for smoking cessation. Basing one's success rate on the fact the client didn't take up a follow up session is ludicrous, misleading and highly unethical!

3) If you know your success rates then what are your relapse rates?

The other side of success is re/lapse, i.e., when a client slips back to old habits either momentarily, or more permanently.

It's interesting that practitioners who are able to quote their success rates have no idea when asked about their re/lapse rates. However, aren't they two sides of the same coin? A practitioner's claims of success must be balanced with the fact that a client who re/lapses is a client who needs, or needed, more work/help in putting solutions in place for the long term, not just for the duration of the therapy session! Success in the clinic, i.e., in the client's imagination is great, but this is not a total measure of success in the 'real' world i.e., the external environment. The therapy room is a false environment to measure complete success. The client then must go out and 'play' that behaviour in the natural environment where they are more likely to re/lapse when presented with the typical and variable triggers that ordinarily instigate a re/lapse. These situations are many and varied and require the client to experience them over time in different ways to assess whether their behaviour has indeed changed for good in those situations.

The age-old problem of managing an issue, such as weight loss, is maintenance. For example, it's relatively easy for someone to lose weight, but for most, the hard part is maintaining a steady weight once that excess weight has been lost. Studies have found that within 3 years most weight that is lost has been regained ^[1, 2, 3]. So, for this reason any claim made by a practitioner of their success must be accompanied with a disclaimer about what period they are claiming to be measuring that success over! If they proclaim success after one, two or even twenty sessions of hypnotherapy after failing to follow the client up over the longer term to check for maintenance of these changes, they are surely misleading the public with their claims of success?

The re/lapse rates with most issues especially depression, anxiety disorders and habits involving rewarding behaviours such as eating, smoking and drinking, are very high. To my knowledge and experience, practitioners spend little time, if any, servicing previous clients by calling them up months later to assess informally and formally, e.g., via surveys, questionnaires and blood tests, how they're doing. However, for a practitioner to be able to quote success rates they need to have followed up their clients over a period to assess how successful the therapy has been over the longer term.

4) What else could be responsible for the client's success or re/lapse?

Not only do practitioners need to follow their client up over the longer term to assess success, they also need to have very clear methods of teasing out what contributed to that success. There are many variables contributing to success and whilst practitioners are typically very keen to relate that success to their own skills, there are often more important factors going on in the client's world which have nothing to do with the 1 hour of therapy a week a practitioner spends with their clients.

According to Miller, Duncan and Hubble (1997) ^[4] extra-therapeutic factors are actually largely responsible for the success or failure of therapy. According to Lambert (1992) ^[5] extra-therapeutic factors account for 40% of therapeutic outcome, the therapeutic relationship accounts for 30%, therapeutic technique 15%, and expectancy and placebo 15%. Even such cherished notions as the importance of the length of a therapist's professional training, or the style of therapy employed, are, it seems, relatively unimportant compared to these factors.

5) What is the practitioner successful at?

Is there a tendency for practitioners who quote success rates to typically choose to work with clients who are highly motivated and present with simple issues, where the chances of success have very little to do with the therapist or even the therapy they've provided? For example, if a practitioner works with client 1, in our illustrative example above, the client has already stopped smoking before they arrive at the clinic. Is this statistic included in the practitioners 95% success rate for smoking cessation? If it is, it shouldn't be because technically the client was already a non-smoker before he arrived at the clinic. His issue was a fear of relapse as he was already in maintenance stage and didn't come to the therapist to stop smoking. Who knows what the figures include because typically practitioners leave out the detail so no-one has information about what is included in their 95%!

What do you think about practitioners in your area quoting success rates on their marketing material? How would you feel about challenging one or two and ask them to state what they base their claims on?

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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'.

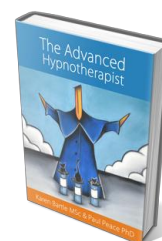
The book serves as manual and Part 1 of the accredited distance learning Advanced Diploma in Hypnotherapy course (AdvDipH), for qualified hypnotherapists.

Karen & Dr Paul Peace provide [approved hypnotherapy Diploma](#) training in Brisbane, Sunshine Coast, Sydney, Melbourne and Perth.

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The Big Taboo

By Yildiz Sethi

People are comfortable being open about having a doctor's or hairdresser's appointment, a personal trainer or coach. Yet few are willing to disclose they are seeing a counsellor or psychotherapist. The reality is most of us don't want to reveal they are dealing with depression, anxiety or relationship problems. This is surprising because we all deal with such issues at times.

Shame surrounds emotional, psychological or relationship problems; a fear of revealing vulnerabilities, of being labeled or judged.

The fear of mental illness probably has its roots in our past. There was a time when mental illness was thought to be caused by the possession of entities or dark forces. People with mental health conditions were sent to asylums, with little expectation of recovery. Hell indeed.

This remains a shadow in our relatively recent history. It wasn't until the 1980s that mental asylums were finally closed in Australia. This has an effect on community consciousness.

The present trend is for more open conversations about mental health. So much so media frequently engages members of the public as well as professionals when covering mental health issues. No doubt this is driven by an intention to normalise the taboo of mental health. If we are drawn into human stories it is likely empathy and acceptance may unfold in wider society. While some would say things are improving, unfortunately we still have a long way to go. There are at least two themes in operation that are in opposition.

More people than ever are being diagnosed with mental health problems due to the expansion of the diagnostic book, the DSMV. This is used by psychiatrists and supported by the pharmaceutical industry. This is the traditional medical model comprising of GPs, psychologists, psychiatrists and the pharmaceutical industry.

Unfortunately, this traditional medical model is in direct opposition to the movement to normalise the common stressors of human experience.

Here we have the dichotomy. The public is being encouraged to open up and seek professional help. This inevitably results in more diagnoses, labelling and medication.

Unfortunately, this has consequences. While we no longer incarcerate most in mental institutions, diagnoses of mental illness remains a permanent imprint on medical records.

Did you know the traditional mental health model maintains the belief that the majority of mental health issues cannot be cured? The only hope offered for most is the management of symptoms and this is in the form of Cognitive Behavioural Therapy and medication, often for life for many.

In the traditional mental health model the brain is considered a mechanical mechanism; once broken it can't be fixed. This does not take into account neuroscience, which shows a very different story.

The brain has been found to have a plasticity: continues to grow and change. It has the capacity to be rewired. Further, neural pathways are constantly being reformed as an ongoing natural process. This makes recovery and healing in terms of mental health a real possibility for many.

Why isn't this knowledge being taken into the traditional mental model and our universities?

We all experience suffering and distress. I too have had my fair share of tragedy, sadness and trauma. Such situations cause imbalance for a while. This is normal and much of it does not require labelling or long-term medication. What is required is effective help that builds resilience and enables the resolution of trauma and the resources for growth. (I also remain mindful that the more serious mental health problems do require diagnoses and medication with traditional mental health care.)

I will never forget the day a young woman came to me desperate for help. Her severe depression intact, regardless of extensive hospitalization, numerous electric shock treatments (ECG -electroconvulsive

treatment), Cognitive Behavioural Therapy and medication. She was about to be readmitted to hospital and was seeking another pathway to recovery. A few sessions of Rapid Core Healing with me helped her come out of depression and withdraw from medication. She could return to her husband and children to commence a normal life.

I am a registered systemic psychotherapist and clinical hypnotherapist, educator, trainer and supervisor. Since 2000 I have developed a way of helping people through such crossroads and stressors in life including depression, anxiety and relationship issues in a brief cost effective manner. As a psychotherapist I remain outside the traditional mental health system. This means I cannot offer Medicare rebates. Counsellors, psychotherapists and hypnotherapists are not included in the medical model.

There is a wealth of modern psychotherapies excluded from funding because the psychological research to verify efficacy has not taken place. Psychological research typically focuses on Cognitive Behavioural Therapy (CBT) alone and does not include other newer methodologies. There is no level playing field.

Unfortunately the public largely see the mental health system as the only legitimate answer to emotional and psychological suffering.

It is time for hypnotherapists to take their place as a viable alternative to the medical model. Stop trying to become mini psychologists in order to be admitted into the medical model club; when clearly the door is closed. Embrace our creativity and diversity. Develop our point of difference as a group and as individuals. Promote our humanness, effectiveness and hope. It is the responsibility of each of us to develop ourselves so as to be as effective in our art as possible.

The suffering in mental health is intolerable and set to grow unless radical changes take place. These include dismantling the vested interests, alliances, exclusions and blind spots blocking innovation and growth in the mental health industry. Individuals deserve the right to question treatments and medications and make choices in aid of their recovery. Registered counsellors, psychotherapists and hypnotherapists need to be given their place as providing viable pathway to recovery. They offer viable pathways to recovery. They offer through genuine human connection a wide range of engaging creative and therapeutic skills.

Imagine a world where children are taught the value of their feelings and thoughts and where mentoring is a common, life long experience. Each of us being mentored and mentoring others as a communal sharing. Where people receive mental health support alongside treatment for physical ailments; in a truly wholistic approach to wellness.

In this world the highs, lows and crossroads of life are viewed as normal. Not only that, they provide the opportunities for the growth and resilience necessary for a life well-lived.

The mental health industry has expanded its web to include more people than ever in pathologising human suffering. This has resulted in a larger percentage of the population being labelled as mentally ill. At the same time there is a well-meaning impulse to normalise human suffering that is unaware of the real nature of the present mental health industry. It's time for the mental health industry to come into the twenty-first millennium. Yes, let's continue to talk and normalise human suffering and let go of the taboo of mental illness. Let's also make sure that this results in a world we want to live in and pass onto our children and grandchildren. From taboo to acceptance.

These ideas are presented in my book Rapid Core Healing for Growth and Emotional Healing (2016).



Yildiz Sethi

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Here is who I am www.yildizsethi.com and this is how you may engage in what I have to offer www.rapidcorehealing.com

The Vital Importance of a Pre-Talk Prior to Induction

by Phil Harrison

When we see our clients for the first time, they will usually have a dozen questions about hypnosis that sometimes they either don't know how to express, or they keep silent for fear of looking foolish. Maybe that question they've been meaning to ask has simply dropped from short term memory during the drive to your office. Even though we may have sent them out all the information about hypnosis (that they haven't read). Whether it's a doubt over the procedure, what they should expect in trance, if they're doing everything "right" or "wrong", how they should be feeling, all these questions come from a conscious mind that may be valiantly trying to analyse whilst wanting the "magic" of hypnosis to make a change.

In our attempts to gain rapport, determine representational style, planning and thinking "on our feet" ahead for the actual hypnosis part of the session, it can be easy to bulldoze ahead and miss out on placing that critical mind at ease before the "my voice shall go with you" part we all love.

We all know where that can lead. A doubt or a fear preventing the session from being as efficacious as it could be.

What I have found, is that by directly (and indirectly) addressing these concerns immediately prior to induction, many of the unanswered questions the client may have, are answered without them even asking! It also prevents the post session questions of "Was I hypnotised? I could hear everything. My mind was wandering everywhere, I hope that was ok?"

I have always found ratification immediately following the termination of the session to be very important. I always cite time distortion and use glove anaesthesia with every client I see for a first session. The critical mind cannot grasp the fact that I have dug my nail into the back of their hand without them feeling any pain whatsoever, or that the 15-20 minutes they believe they have been in trance was actually an hour and 12 minutes. These 2 simple processes can short-circuit any attempt for the critical conscious mind to bring doubt at the end of the proceedings. After all, the reason they have come to see you is to be hypnotised. Proof of this is wonderful for the client.

What I routinely do is, when the client reaches the "comfy chair" part of the session, I explain to them exactly what to expect or not to expect. My patter goes something like this...

So, what is hypnosis?

Hypnosis is a completely natural state for your mind to be in. Your mind is designed *for* hypnosis. You are *in* hypnosis every day of your life – you just don't realise it. The medical term "hypnopompic" means "waking up". "Hypnogogic" means "going to sleep", so every night and every morning you pass through a natural state of hypnosis. You simply don't recognise it.

At night, it feels like this. Your head hits the pillow and you think, ok, I'm going to go to sleep now, and you begin to drift. That drifting feeling is timeless. You never know how long you drift before you lose consciousness. The loss of consciousness is sleep. The drifting is hypnosis.

In the morning it feels like this: It's a rare day off for you. There's no alarm, nowhere you have to be this morning. And all of a sudden you're awake, but your eyes are still closed. What's woken you? You can hear the next door neighbour's car. Well. You don't have to get up yet, you can have ten more minutes. And you begin to drift. If nothing else bothers you, the next time you glance at the clock, 40 minutes have gone by. That drifting feeling with your eyes closed, yet intently tuned into your neighbour's car, is pure hypnosis.

We just call it different things. We call it "Day dreaming;" "Zoning out;" "Being in the zone;" "Being off with the fairies." Long distant Truckies call, it "tunnel vision;" "highway hypnosis" or "white line fever." If you've ever heard of someone staring into a fire and being "mesmerised" by the flames, or an artist on stage giving a "mesmerising" performance - this term was coined from the name of Franz Anton **Mesmer** – the father of hypnosis. Being so lost in a book or a movie that you can't hear someone talk to you - that's hypnosis. Travelling along the freeway and missing your exit because your mind was somewhere else, or arriving at your destination without knowing exactly how you got there - that's hypnosis.

We actually drift in and out of a natural state of trance about every 90 minutes during the day, without recognising it for what it is. Today, you and I are just going to go a fraction deeper than usual, but it will feel very familiar to you.

It's not sleep. I think a lot of people think it's sleep because of what they see on TV. Some guy up on stage with a pocket watch – “your eyes are getting sleepy”. If you were asleep, how could you hear me? You couldn't. You'd be asleep. Hypnosis is simply a state of deep physical relaxation, but it is joined together at the same time with a heightened state of mental focus.

What that means for *you* is that in a state of trance, you're going to be feeling very safe, very calm and relaxed, yet mentally, completely aware of what's going on. You will hear every single word I say, and probably remember 90% of what I say. If for any reason you wanted to end the session, all you have to do is open your eyes and say “Phil, I'd like to end the session.” That's the control you have. I have no control over you.

I sometimes say to my clients, “Would you like to experience what hypnosis feels like for some people before we do the actual session itself?” And they'll say, “Sure, that might come in handy.” And I'll say, “Well just close your eyes and count to 4. Now, open your eyes. What did that feel like?” “It felt like I was sitting in a chair counting from 1 to 4!”

That's what hypnosis can feel like for some people. We get the whole idea from Hollywood that you must be either floating around the room or slumped down in your chair. That's rubbish. Your subconscious mind will interpret the state of hypnosis in a way it knows is just right for you.

Now, don't be surprised if your conscious mind begins to wander. If you're thinking about work or the weather or the weekend. It's perfectly normal. It simply means your conscious mind is bored and it wants to go for a walk. It's what conscious minds do when they get bored. But it's not your conscious mind I'm talking to. It's the subconscious. And if you remember, (*from previous discussion during the first part of the session*) the job of your subconscious mind is to protect you. It never leaves your side. It listens carefully to everything I'm saying, either letting it in, or simply rejecting it.

Don't be surprised if your arms, your legs, even your eyelids start to feel heavy. It's a beautiful feeling. It's called catalepsy. Now, you can always move your arms if you want to, you can always open your eyes if you want to, because you are always in complete control, but it's this feeling like - I just can't be bothered, it would just take too much effort. Some people describe it as if they're sinking into the chair, others feel as if they're floating about an inch above the chair. Other people feel absolutely nothing. Your experience will be uniquely your own. If I need you to answer any questions, they'll be simple “yes” or “no” questions so you can just nod your head or shake your head. If you want to use your voice, you can, but quite frankly at the time it may seem a little too much effort. Just easier to nod.

Pretests

There are a number of tests I do at the beginning. They're not tests for you – they're tests for me. *You cannot fail anything in this room.* The tests simply let me know what level of trance you're in, because I need you to be at a certain level in order for my suggestions to go where they need to go. If I don't think you're there yet, I'll get you to relax a little more until I'm certain that you are. Between you and me, you probably won't even know these tests are happening.

So, what do you need to do right now? Exactly what you're doing. Just listen to me. If you can do that, my words, my voice and my simple instructions will lead you into the state of hypnosis automatically. And because it happens automatically, somewhere along the line – and I'm not going to tell you when, because then you'll be looking out for it with the conscious mind, I'm going to show you, respectfully and calmly, before your open eyes, that you are exactly where you need to be. I will show you that you are hypnotised. And if I say so myself, it's pretty cool. So just leave that up to me. Do I have your permission to hypnotise you?

Hypnosis Routine

I then routinely commence with eye fixation, progressive muscle relaxation, a deepener and glove anaesthesia to ratify the session at the end. By addressing these issues above, hopefully all doubts and

uncertainties expressed (or unexpressed) by the client have been answered, allowing the conscious mind to more easily relax and facilitate change.

You will probably have your own procedure that you follow prior to induction, but I felt that if I could let you all know my slant on proceedings that I have found useful, you may be able to glean some more helpful information to make you a better Hypnotherapist and in so doing, facilitate life changes in your clients.



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Major Changes in Victorian Health Complaints

Article submitted by Amanda Healy

Important changes are coming for anyone providing a health service in Victoria.

The Health Services Commissioner is being replaced by a new office, the Health Complaints Commissioner (HCC), from 1 February 2017.

The HCC's powers and functions under the [Health Complaints Act 2016 \(Vic\)](#) will apply to anyone providing a health service in Victoria, including professions not registered under the National Law. A new Code of Conduct for these non-registered providers, agreed to by Australia's health ministers in 2014, will provide grounds for complaints or investigations. Non-registered health providers will also need to make information about this code and the HCC available to consumers. The full code is included in the legislation.

Health Services Commissioner Dr Grant Davies said it would not mean extra work for those already operating safely and ethically.

"The Code of Conduct is an important change because it will bring greater consistency to the standards practitioners are held to across the healthcare landscape," he said.

The HCC will be able to accept third party complaints, including from other practitioners. The office has a role in reviewing complaints data to identify issues and make recommendations to healthcare providers for improving their service.

It will also have greater investigative powers and information sharing responsibilities with AHPRA, the department and other bodies to support quality and safety in Victoria's health system.

Dr Davies said the changes would modernise the office and make it more responsive to the needs of the Victorian community.

"We are committed to maintaining our independent and impartial approach to complaints resolution and supporting safe and ethical healthcare in Victoria," Dr Davies said.

For more information visit health.vic.gov.au/hsc

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Dynamic Hypnosis for Pain Control

by Kaz Field Anderson

Before Kaz Anderson stepped up as Director of Training after the passing of her Mother, renowned Hypnotherapist and former Director of Training, Marilyn Newman, she specialised in Cancer Patients, Pain Control and Trauma. She had great success with terminal patients who, after many years are still alive today. After a terminal stage 4 cancer diagnosis herself in 1990, she developed a method that worked so well that her Specialist asked her to teach him how she did it, especially when she underwent surgery without anaesthetic using only hypnosis and a muscle relaxant. Having 2 small children whom she adored, Kaz was not going down. Sheer determination saw her come up with her own method which eventually saved her life.

Kaz used a very holistic approach, which included a vegetarian organic diet (with the occasional meat treat), 6 vegetable juices per day, colonic irrigations and daily hypnosis.

"26 years later, I AM still going strong," says Kaz. The biggest bonus came in 2000. After being told by her surgeon that she would never have any more children, she had a baby daughter!

The mind plays an important role when it comes to pain control. The use of pain medication to control pain, or in extreme circumstances, surgery, has for many years been the conventional solution for pain control. Complimentary medical practices such as acupuncture, osteopathy, homeopathy, naturopathy, chiropractic, and herbal medicine may provide an alternative way of controlling pain. However, medical methods which may not have a scientific explanation for their effectiveness are often accepted. Hypnosis, which is considered an 'alternative practice', is empirically supported as an effective treatment for the reduction of pain intensity (reference, Jensen). Thus, hypnosis is gaining acceptance as a treatment that can bring powerful and welcome relief as a method of pain control.

Chronic Pain now has the top spot as a debilitating illness. We, as a Clinical Hypnotherapists, would be doing ourselves AND our clients a huge disservice if we didn't offer an alternative.

Hypnotherapists come in two flavours. Firstly, there are those from scientific backgrounds, i.e. doctors, psychologists and dentists who use hypnosis as an adjunct to a wide range of medical, psychological and dental issues. They do not view hypnosis as an independent science. The second group of hypnotherapists may or may not have qualifications other than hypnotherapy. They are often referred to by scientific hypnotherapists in a derogatory way as lay-hypnotherapists. This second group are more alternative than the first. As a result, they may have a more experiential view of client treatment than scientific hypnotherapists. Many experiential hypnotherapists have excellent and thorough training in hypnotherapy (admittedly, some may not). To differentiate between the two groups, the first group will be called 'Scientific Hypnotherapists' and the latter group will be referred to as 'Experiential Hypnotherapists'.

Here, we aim to explore the practical application of hypnotic techniques for the reduction and management of pain. Our aim as Hypnotherapists is to empower clients, to teach them their own power to heal, and how to release blocked 'pain' energy so the body is free to heal.

This article is particularly interested in an experiential approach to hypnosis. Experiential Hypnotherapists often hold the view that the causes of pain and dis-eases operate from a position of passion. They may consider the **psychological issues underlying the illness which operate as a catalyst for the 'dis-ease' within the psyche**, and if left unresolved the disease will remain. Hence, their treatment plans will consider multiple factors including biological, emotional, nutritional and structural issues which may be contributing to the disease or discomfort. For example, a person suffering from liver disorders may be suppressing unexpressed psychological anger. An Experiential Hypnotherapist would aim to help the client release such tension. Some alternative therapists believe that unchecked grief manifests as lung issues and sexual issues in reproductive areas, etc. Hence, the experiential hypnotherapist aims to help the client come to terms with loss, and to release and complete their grieving process.

A problem with the experiential hypnotherapist approach is that their theories may not be scientifically validated. This does not necessarily make them less effective as therapists. The experiential

hypnotherapist is not limited to evidence based practices and is able to use novel, innovative and flexible approaches to help clients. This flexibility allows them to become a tangible force for healing and relieving pain (both physical and emotional).

Therapeutic tools available to modern hypnotherapists.

Scientific hypnotherapists may use cognitive-behavioural therapy or mindfulness training in their treatment plan. Experiential hypnotherapists may use a broader approach aimed at getting the client and their energy systems 'un-stuck', using techniques to move 'stuck' energy which is contributing to the dis-ease and allow it to flow freely. For example, a hypnotherapist may use any of the following:

- Gestalt Therapy to bring about emotional awareness
- Somatic or Affect Bridge to regress a client to a past negative experience for release, or to regress them to a past positive experience to act as a future resource;
- Sacred Bench - a Gestalt-Hypnosis technique designed to release grief/regret (Marilyn Newman);
- Body Psychotherapy to assist an emotional release from the affected area.

Once the physical symptoms are attended to, the stuck energy becomes 'unstuck' and the pressure, pain or discomfort held in the body is released. The behaviour patterns linked to the pain or discomfort are also changed and the symptoms will probably not return.

The connection between pain and fear.

Pain and fear are the body's safety mechanisms. Pain and fear send out alarm signals to alert the person to potential risk. However, sometimes the alarm (pain) can be false. For example, a person may be so conditioned to pain that they come to expect it even if it is not required as a warning device. The fear response can also be false. What we fear, we can create. In the case of chronic pain, the client may become fearful of pain, or even expect pain which further heightens arousal. After seeking medical attention and determining there are no contra-indications for hypnosis, the therapist may seek permission from the client or their licenced medical practitioner to 'turn the alarm off'.

Novel treatment approach for pain reduction.

Michael Ellner and Scott Sandland (2011) developed a method of pain relief to allow people with these afflictions to release the fear associated with their levels of pain. They suggested that feeling out of control with pain can be one of the most debilitating aspects of pain. Their model allows clients to gain a sense of control over their pain, and consequently reduce their fear of having pain. Their hypnotic protocols provide effective pain control treatment for patients suffering from permanent injury, cancer, multiple sclerosis and other chronic pain conditions. Their hypnotherapy course teaches powerful visualisation techniques for clients to 'refocus' their energy. Clients learn self-hypnosis to minimise their own pain and regain a sense of control in their lives. This approach offers value to the experiential hypnotherapist for helping clients with pain management. Specific techniques and their application will be discussed shortly.

Hypnotherapists have the opportunity to change the quality of the experience of pain.

Hypnotherapists can suggest changes to the form. For example, the client describes the pain as a physical object and is able to change the way they express, describe and experience that pain. Another technique widely used by hypnotherapists is the Spinning Technique (Bandler). According to Bandler, pain doesn't have a reverse direction. In the reverse direction, allow the client to experience and anchor happy, fun memories in the reverse direction. Thus, by reversing the direction of the pain, the pain is reversed.

Individuals are experts of their own pain.

Conventional models seem to consider the clinician as the expert. People suffering pain know their own history. They know how the pain operates. They understand how the pain looks, feels and behaves. In hypnosis, the visual, kinaesthetic, auditory and internal dialog about the pain is called a 'sub-modality'. Once the pain is converted to a concept, the concept and the sub-modalities can then be changed using hypnosis.

Of utmost importance is how the hypnotherapist elicits the patient's experience of pain.

Changing the Concept of Pain.

"Imagine the pain is a cloud, use everything you can muster to experience this cloud. Then make it bigger... blow it right up until it is all you can see, you are surrounded completely by this massive cloud, then use anything you feel will blow it away. See it disappearing into the distance, until it has disappeared completely."

Practical example: Client with cancer pain (8 years old)

Immune System: Stress can be very detrimental to the immune system. Stress sends T Cells into the organs to fight a perceived attack. Hypnosis can turn off stress, and send T Cells back into the blood to aid in healing.

Part 1. Scott Sandland: On a scale of 1-10, where is your pain? And on a bad day where would it be? (Client with eyes closed) Taking a few deep breaths, and holding the in breath for a few seconds. Experientially, the pain or discomfort right now, what does it feel like? Does it have a colour? What size/shape is it? Where does it nag you? I would like to help you reduce that nagging, is that alright with you? What if you could give it what it wants? What if you could teach it to be not so loud, and not so impatient? What if you could let it have its say? Now feel everything begin to slooow and quiet right down, just allowing stillness and quietness to be. Just listen, just a calm, quieting right down, still, calm, peaceful. Now it's at a 0.5 and all is quiet and still. At the count of 3, bringing that calm back with you into the now.

Part 2. Michael Ellner: (Client with eyes closed) Take a few deep breaths and hold the in breath. Relax, and let go of any tension. Think of something. Laugh Out Loud... a cheeky private thought that really makes you laugh every time you think about it, let that laughter fill your body. Now imagine that you have developed a skill to turn down your pain at will without even thinking about it, an internal monitor that says, "Turn it down!" without you even thinking about it. Imagine now you are on a beautiful white cloud, relaxed and comfortable, filled with good feelings. Your brain has a mind of its own and can turn it down automatically 1-2-3, imagine you can turn it down automatically. In a moment, I will count from 1 to 3 again and at 3 you know "I can do it!" "I CAN DO IT!" is now vibrating through every cell in your brain. Every cell is vibrating with the belief. "I CAN DO IT!!!" You now have the skill and the ability to do things automatically. Inhale deeply, exhale deeply. When you wake up, you will remember only the LOL moment, only joy and laughter. 1-2-3.

I felt it necessary to test out these techniques for myself so that I had a good understanding of the concepts and to be better able to serve my clients and meet their needs. I learnt the Scott Sandland and Michael Ellner methods for Dynamic Pain Control and used them on myself.

I had suffered chronic back pain for many years with herniated L4, L5 and C2 discs from an accident in 1997. I awoke often each night from the pain. Pain had become a part of my life. After learning how to re-focus and reframe the pain thoughts, to my absolute amazement, my pain disappeared.

Practical Demo:

"A few deep breaths, holding the in breath and achieving a relaxed state, I focussed all of my attention like a spotlight onto the painful area in my back and kept intensifying my focus until it became all that existed. I then dialled up the pain which was an 8 on a scale of 1 -10. When I dialled up a 10 it was quite intense. The shape I could see was a circular disc, white in colour. I then dialled down the pain to a 1. I then imagined that the sheer power of my focus split the pain disc in 2 pieces. Each piece was then sent down into each leg. It had to become smaller to fit down the decreasing size of my leg, until it melted like butter at my ankles and was able to flow out through my feet and down into the earth, leaving nothing but wellbeing, joy, happiness and good feelings behind. "

My pain had gone and I have had many years now of undisturbed sleep.

Sometimes pain can be an expectation, and is really not necessary, as was the case of a woman who expected back pain whenever she was in the car. Ellner suggested to her that her expectation of back pain after a car

trip was actually what was causing the pain and not necessarily the trip itself. What our minds expect, our minds can just as easily create. Therefore if we remove the expectation, we can remove the symptom. In my case, I expected back pain to wake me every night... and it did!

Practical Demo for Back Pain

Michael Ellner:

A few deep breaths, holding the in breath, and just relax. I want you to think of things that make you feel good. Fun things, things that make you laugh, things that make you smile and fill you with joy. Your brain is like a sponge and every time you think of something good, it soaks it up into the brains bank account, and you can access this bank account anytime you want.

Now see yourself as an observer, watching yourself on a big screen. See yourself feeling really good, really improved. Now see yourself telling a loved one on that screen how good you feel, and how improved your life is and how great you feel. Now project you into the 'you' on that screen. Feel how good it feels. At the count of 3, bring that 'you' back with you.

Meditation for Pain Control

When teaching clients Meditation for Pain Relief, meditation is far more powerful and more effective if practised 10 times a day for 3 minutes rather than for an hour a day. This brief but constant repetition conditions and reinforces the effect. Teach clients to meditate for just 3 minutes and focus on what they will do next. This removes their focus from the pain. Any of the above techniques may also be used in this meditation process including flooding the brain with good, fun, laughter moments.

In theory and practice, *Quantum Focusing* is a Mental Martial Art that guides clients through a series of supervised practice sessions designed to condition them to be happier, healthier and generally more effective. A *Certified Quantum Focusing Coach* has been trained to guide you through the program either in person or over the phone, customizing the program to fit your needs and achieve your goals more easily. *Quantum Focusing* helps you to get more out of life, resolve your problems and prepare yourself to take charge of your life, health and career.

Quantum Focusing is the blending of hypnotic healing, spiritual practice, creative stress management and Quantum Physics.

Quantum Focusing is a modern spiritual practice for living in the 21st century. In theory and practice the *QF-Program "HOW TO GET UNSTUCK"* is a collaboration of the personal and professional experiences, education, trainings and spiritual practices of Michael Ellner, DD, CHT, MSH; Richard Jamison, Ph.D., MBA; and Alan Barsky, CHT, MH. Helping people learn how to utilize their own resources and experiences to feel better and function at higher levels, was and is the driving principal behind the art, science, and philosophy of *Quantum Focusing*.

Quantum Focusing was developed over a 22-year span to help people feel better and act more effectively. The "*HOW TO GET UNSTUCK*" Program was developed over a 3-year period drawing on the latest discoveries and ideas from Behavioural Medicine, Hypnosis, Mind/Body Spirituality, Philosophy, Physiology, Eastern and Western Medicine, Cognitive Science and Quantum Physics.

Ref: www.anewyoucentre.com



Kaz Field Anderson

Director of Training

Hypnotherapy Training Australia: The Marilyn Newman Method

<http://hypnotherapyhttp.ning.com/>

Is Research Helpful to Hypnotherapy Outcome?

"Aerodynamically, the bumble bee shouldn't be able to fly, but the bumble bee doesn't know it and goes on flying anyway." ~Mary Kay Ash.

Think about the enormity of that saying. What if the bumble bee did know, but decided it was going to fly anyway?

EFT, TFT, EMDR or the Metapsychology of TIR can be used on any issue that holds emotions, as can many other stand-alone cognitive therapies. It is through the emotions that therapists can make changes. When I learnt these modalities, they seemed to take quite a long time to process. As hypnotherapists, we know that hypnotherapy is the power-state for faster changes. Why not modify these therapies to make them shorter and even more powerful?

Somebody that remembers their step-dad saying when I was young: *"For goodness sake, go outside and see if the grass is still growing!"* I can see that the last part of Einstein's equation below, could be a problem for me...

If A is success in life, then $A = x + y + z$. Work is x, play is y and z is keeping your mouth shut. ☺

Albert Einstein rewrote the laws of nature. He completely changed the way we understand the behaviour of things as basic as light, gravity, and time. Although scientists today are comfortable with Einstein's ideas, in his time they were completely revolutionary. Most people did not even begin to understand them. However, if he followed his own equation for success and kept his mouth shut, then his ideas would not have come to be known throughout the world.

In the words of Arthur Schopenhauer: *"All truth passes through three stages. First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident."*

Very little new therapy would ever come to light to benefit anyone unless it is shared. It is important to keep abreast of innovative ideas and research which can be moulded for therapeutic use to help clients.

A classic example that can sometimes be used as a metaphor for my clients is *"The Cork in a Wine Bottle Therapy."*

This true story starts with a u-tube which showed a person releasing a cork from within a wine bottle. He pushed a cork into an empty wine bottle, turned it upside down to show that it wouldn't come out. He then pushed a plastic bag inside the bottle and juggled the cork to lay on top of it. He blew air into the bag which forced the cork to go to the top of the bottle, then pulled the inflated plastic bag, complete with cork out of the bottle.

A motor mechanic who had nothing to do with health, saw the u-tube. One morning at 4:00am he sat up in bed with an idea. He went to the kitchen, took one of his wife's pickle jars, proceeded to his daughter's bedroom and took one of her small dolls and inserted it into the pickle jar where it became stuck. He put a plastic shopping bag into the pickle jar and carefully placed it beneath the doll, blew up the bag and pulled the doll out of the pickle jar.

He took the idea to his GP who met and spoke with a gynaecologist about this at a workshop. From that, they simulated a prototype of a womb and baby which they hope (after research), will replace forceps to facilitate difficult baby deliveries in a much gentler way.

No doubt many people such as myself watched this u-tube. So let's analyse this real-life story.

- Step 1. It took someone to post that u-tube which showed the knowledge of how to remove a cork from a wine bottle.
- Step 2. This released the mechanic's vision on how to make something better for man-kind. (Nobody gave the mechanic any information that would have prompted the idea. The idea came from within.)

I sometimes use this with clients as a metaphor for change, i.e.

- Step 1. I am the u-tube by telling the story.
- Step 2. The client sees it in her/his mind's eye.

Step 3. I strengthen her/his knowledge of her/his own greatness within, within all of us, and that their subconscious, their intuition (call it what you will...) can bring about something as equally profound to create a gentle healing within.

Did not the mechanic convert that original learning into another idea? Did I not also embrace that in my own teaching? Did we (and who knows how many others), not learn from that original idea of how to get the cork out of a wine bottle?

Team Leader Dr Tamar Making from Oxford University advises that textbooks teach that the 'picture' in our brain will be 'overwritten' if its primary input stops. If that were the case, Making says people who have undergone hand amputation would show extremely low or no activity in the related brain area. However, people experience **phantom limb** sensations of amputated body parts to the extent that when asked to move a finger they can 'feel' that movement. Making tells us, that the brain remembers.¹

V.S. Ramachandran M.D., a specialist in Neurology who uses plasticity to reconfigure the content of our minds, shows that we can rewire our brains through comparatively brief, painless treatments that use imagination and perception. *"I have a disdain," he says, "for complicated fancy equipment because it takes a lot of time to learn how to use, and I'm suspicious when the distance between the raw data and the conclusion is too long. It gives you plenty of opportunity to massage that data, and human beings are notoriously susceptible to self-deception, whether scientists or not."*

Ramachandran solved the centuries-old mystery of phantom limbs and the chronic pain they engender that often persists for a lifetime. He wondered whether phantom paralysis and phantom pain could be unlearned. Blurring the boundary between neurology and psychiatry, reality and illusion, Ramachandran hit on the wizard like idea of fighting one illusion with another. What if he could send false signals to the brain to make the patient think that the non-existent limb was moving? Using a 'mirror box' which allowed the patient to see his good arm in the mirror, caused the perception that the phantom arm was the arm that was moving. The mirror box appeared to cure pain by altering the patient's perception of their body image which caused the sensory and motor maps to normalise.²

If we have a client visualise virtual gastric banding, i.e. running a hospital operation through their mind, we know that the mind, convinced it has gone through the operation, will create the sensation that the stomach has a smaller capacity.

Creating healthy eating habits and motivating the body to exercise while you sleep, all work.

The brain also remembers 'Emotional' trauma in the same way. Our brains have a detailed image that persists decades after traumatic events. Like the Phantom Limb pain, the 'causal event' is frozen in time in the body at the time of the happening(s).

An article called; 'Resetting the Fear Switch in PTSD using Acoustical Neuromodulation to Modify Memory Reconsolidation', advises that although PTSD is triggered by trauma, it is really a disease of memory. The problem isn't the trauma; it's that the trauma can't be forgotten! More specifically, the emotional memory charge remains hair-triggered and consequently intrudes into numerous daily activities.

The mechanism of action 'RESET' is to disrupt the reconsolidation of problematic memory circuits within the limbic system of the brain through the use of sound stimulation. Research confirms that trauma creates potentiated or sensitized neural circuits in the limbic system, especially the amygdala, that perpetuate the problematic emotions. (Francati, 2011) When these hyper-aroused/hyper-sensitized circuits are interrupted through an acoustically driven neuromodulation process, they appear to "reset" back to (or closer to) a homeostatic norm that existed prior to the trauma experience. This neural reset is evidenced by the lasting reduction or elimination of the reported symptoms. In a sense, the treatment intervention enables the innate homeostatic drive of the brain to re-establish a prior level of plasticity that became frozen through the effects of trauma.³ Whilst we have our own knowledge on how to release this 'stuck memory', the idea has some merit.

Russian Scientist, Pjotr Garjajev and his team investigated 90% of what Western medicine calls Junk DNA. They showed that living chromosomes function just like a holographic computer and use endogenous DNA laser radiation (coherent light). Living DNA will always react to laser beams that have been modulated by

frequencies, including language and hypnosis. The article states, esoteric and spiritual teachers have known for ages that our body is programmable by language, words and thought. This has now been scientifically proven and explained. In addition, there is evidence for a whole new type of medicine in which DNA can be influenced and reprogrammed by words and frequencies without cutting out and replacing single genes. The article did mention that Stress, worry or a hyperactive intellect prevent successful hyper-communication or distortion of the information which will be totally useless.⁴ Enter hypnosis and relaxation to remove the symptoms that would prevent this interference to healing.

Cell Biologist, Bruce Lipton supports these ideas. His most informative workshop 'Mind Over Matter', shows the dynamics on how you change yourself through your beliefs and perceptions. Lipton tells us that when you understand how the protein works, you understand that you control the genes, the genes do not control you.⁵

There are many types of hypnosis and variants within hypnosis. Client Centred Hypnosis, Ericksonian Hypnosis, NeuroLinguistic Programming, Private Subconscious-Mind Healing, Past Life Regression, Life-Between-Life Regression, Spiritual Hypnosis, Parts Therapy, Gestalt, Ideo-motor Questioning, Autonomic Writing, Self-hypnosis, and so forth.

An article by Roger Dobson titled; "*Hypnotism: It's all in the mind*" in 2007 advised "Once regarded as a cheap stage trick, hypnotism is proven to be a powerful medical treatment – and now it's available on the NHS in UK."

Dobson outlined many of the medical uses and benefits of hypnotism. He blamed film-makers for damaging the image of hypnotism: "*When a hypnotist appears on screen, expect evil. If his induction features magnetic hand passes, he's probably about to compel someone to commit a crime...*"

Professor Peter Whorwell, who heads the NHS-funded hypnotherapy centre in Britain, says; "*One of the problems is the name. If we started off again with a name like neuromodulation, for example, it would be more readily accepted. The name hypnotism has so much baggage attached. Cognitive behavioural therapy is now reasonably well accepted, and so, too, is psychotherapy, but of the three, I would say hypnotism is potentially the most powerful. When I am dead and gone, people are going to suddenly realise that hypnotism is an incredibly powerful tool and question why it has been ignored for so long.*"

What is hypnotism?

Whorwell states: "What hypnotism doesn't do is put people to sleep, or make them lose control, or do things against their will. Many see it as the mind being taken over by the hypnotist and loss of control which is completely erroneous, As a consequence of this, the whole subject is surrounded by a cloud of mystery."

In hypnotherapy, patients are helped by the therapist to reach what's described as a relaxed state of consciousness, like being absorbed in a good book. Therapists may start by describing images that create a sense of security and well-being. They may then suggest ways of achieving specific goals, such as getting rid of phobias.

Just how it works is not clear. Practitioners say the patient can concentrate intensely on a specific thought, memory, feeling or sensation while blocking out distractions.

"Behold the turtle: He only makes progress when he sticks his neck out."

~James Bryant Conant, 1893-1978, Educator and Diplomat.

I would like to end with a poem by our past esteemed President, Joe Kee –

Give it a go

'Be not the first by whom the new is tried, nor the last to cast the old aside.'

In those sage words lie comfortable security, a smug career, respectable obscurity.

I don't know how we'd ever learn—do you? — Unless someone dared try out something new.

For doesn't each worthwhile technique we're sharing, come from someone's imaginative daring?

Without those pioneers who took the plunges, we might as well be rows of passive sponges,

With time-approved conventions quite obsessive, mentally programmed not to be progressive.

Perhaps you're not an Einstein, Freud or Moses, yet you've a lot to offer to Hypnosis—

Try something new sometime. Yes, risk derision! Learn from the past to gain a clearer vision!

Always remember, if you'd reach a star, never lose sight of what and where you are!
 (Strangely, you'll find that your rear-vision mirror, Enables you to see the future clearer.)
 So here's the message from your old mate Joe: Don't be too timid, friend! Give it a go!
 Don't spurn the past, yet never fear the new! (The next big name we talk of could be you!)

Joe Kee. F.L.A.H.A.

Cited at:

¹ <https://www.sciencedaily.com/releases/2016/08/160830101341.htm>

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Brunie 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>



Life in Metaphor: Grief from Loss

Our mind makes use of symbols. Give a client a metaphor appropriate to the dilemma in question, the subconscious mind will work with this metaphor to create a solution to the problem. Send in your favourite metaphors to share ...

Grief from loss metaphor

There was a lady who when she was a little girl she used to sing a song that she had learnt from an old record her mother had. She remembered the words went something like this -

- After rain the sun comes...
- After crying the laughter comes...
- Who would have thought it was like that?
- That is the way it has always been...
- That is the way how it will always be...
- After rain comes the sun
- After crying comes laughter
- As long as the world turns round it has and will always be like that.

When this lady's mother died, she was very sad and she thought about the record. She thought about the good times they had shared together and sometimes the not so good. Would she have preferred that her mother had never been in her life to share the things they shared? No, that is why she felt so sad now.

Love is like a camera, full of memories, a shared journey, a shared bond. Life is also like a bicycle ride, when we get on a bike we know that at some point we will stop and get off. Most important of all, we know that if at any point between the beginning and the end of this journey we stop moving without getting off the bicycle, we will fall off. She felt that she was falling off her bicycle. How would she ever move on in her sadness?

But there are times when we travel through a storm, thoughts torment us; but they are just a storm which will eventually pass. The blue sky is always there waiting to reveal itself once again, and as soon as we remember this, the clouds begin to lift.

She had closed her mind in her anxiety and sadness, and she had closed the doors on change. She realised that inner peace is the stairway to heaven and that is why it is so difficult to find. Thoughts are the seeds of creation, and just like school is a gateway to learning and adulthood, so acceptance of what life is, is the learning and gateway to happiness.

Brunie Brewin

Why I treat eating Disorders with Hypnotherapy

For those seeking help for an eating disorder, there are many different types of therapy available to choose from. A quick search on google will quickly lead you to all sorts of options, from the more commonly known avenues of CBT and ACT to lesser known techniques such as gestalt therapy, art therapy and coherence therapy - the list goes on.

As a hypnotherapist starting out, I was always aware of the power of hypnotherapy to assist in overcoming addictions and habits as well as improve performance and stress levels. However, what I discovered when I completed training with The Australian Centre for Eating Disorders, was just how applicable hypnosis could also be for much more complex disorders; how it actually has a much broader range of applications than people might expect.

When a person is suffering from an eating disorder, their behaviour with food can be considered a symptom of deeper issues, i.e. addiction, habit, anxiety, stress, self-esteem, body image and trauma, just to name a few. The training taught me just how complex eating disorders are. I came to realise how many ways I was already using with my clients could be incorporated into an appropriate eating disorder treatment plan.

Hypnosis, coupled with counselling and good rapport with a therapist can help to uncover many of the negative thought patterns and behaviours which lie at the foundation of an eating disorder, providing the sufferer with resources, tools and a newfound resilience that they may not have realised they had.

Upon considering hypnotherapy, one of the first things that people often ask me is: *How does hypnosis work? How can a person walk away from an addiction, habit or even a lifelong problem and put it behind them?*

I explain that in order to understand the answer to this question, it is imperative to first understand this one principle. Hypnosis in and of itself is not therapy; it is no magic pill and no 'quick fix'. Hypnosis is a 'vehicle' to deliver therapy; a vehicle for change.

Counselling alone is fantastic when aiming to understand an issue at an intellectual level. Talking through a problem often helps a client to strategise new ways of responding to and thinking about the problem, as well as gain an understanding of how and why it may exist to begin with. These are important steps to recovery.

Anyone who has experienced any addictive or compulsive habit or thought pattern will know that understanding the problem at an intellectual level will sometimes only take you so far. The reason for this is that many of the deeper emotions, beliefs or values that drive the problems in our lives are sitting in an unconscious part of the mind. Self-sabotaging behaviours will often exist as a result of underlying beliefs, values or experiences which make up the 'blueprint' of who we are. When we identify and directly address these underlying causes, we have the opportunity to begin to address and change the problem.

This is where I see hypnosis as the perfect complement to traditional counselling. When a person is put into an hypnotic state or 'trance', the mind becomes more receptive and open to change, and open to new ways of seeing the problem and finding a solution that works on an individual level.

This brings me to the everyday work that I do with my clients who are suffering from eating disorders.

In some regard when we think of eating disorders, we think of the emaciated teenage girl, wasting away and held tight in the grips of anorexia. Anorexia is a serious illness. It is well known amongst eating disorder professionals, that anorexia is the most fatal of all mental illnesses. <https://www.eatingdisorders.org.au/eating-disorders/anorexia-nervosa>

However, eating disorders come in many shapes and sizes and what I see far more often are the 'over-eating' disorders: Binge eating disorder. Bulimia and everything in between that may not be categorised in the strictest sense, thereby falling under the curious acronym, FEDNEC (feeding or eating disorder not elsewhere classified). It is estimated that 7 out of 10 eating disorders which are 'of clinical significance' do not conform to the exact definition of Anorexia, Bulimia or Binge Eating Disorder.

Eating disorders in the FEDNEC category can be serious eating disorders. They may include a combination of characteristics or symptoms typical of Anorexia, Bulimia or Binge eating disorder, but may not meet all of the criteria for diagnosis. Conditions such as orthorexia, which is a dysfunctional or disruptive obsession to eat 'well', and night-time binge eating disorder, would fall into the FEDNEC category. In terms of the fallout from such eating disorders, the consequences can be just as serious. Depression, anxiety, difficulty in managing emotions, relationships, the responsibilities of daily life, and much more.

So, I ask the question; why on earth aren't we talking about this more?

This is in some ways, a silent epidemic. In Mission Australia's 2015 National Youth Survey, body image was identified as one of the top three personal concerns that young Australians have, for six years in a row:

<http://thebutterflyfoundation.org.au/australia-is-going-backwards-on-national-youth-body-image/>. Some estimates tell us that up to 1 million Australians at any given time are suffering from an eating disorder.

<https://www.eatingdisorders.org.au/key-research-a-statistics>.

Let's start with the misconceptions, and how many of these have you heard?

- Eating disorders only affect women.
- People with an eating disorder are just looking for attention.
- People with an eating disorder have a choice.
- Eating disorders are just about food.
- If someone around me had an eating disorder, I'd be able to tell.

Which ones are correct? None of them. All of these misconceptions tell us, we need to start the conversation.

Second of June 2015 marked a significant date for the awareness of eating disorders. It was the very first World Eating Disorder Action Day. <http://www.worldeatingdisordersday.org/>. The annual World Eating Disorder Action Day (#WeDoAct) is a day to start a conversation dedicated to providing accurate information about the ways in which eating disorders are understood and perceived; a conversation promoting awareness which fosters partnerships around the world, designed to inspire change.

What do you do if you suffer from an eating disorder? What do you do if a loved one or even your child is suffering from an eating disorder; how can you seek treatment?

This is where hypnotherapy can step in. Hypnotherapy, as is the case with most forms of psychotherapy, is a collaborative process where the client and the therapist work together to understand and achieve the best outcome for the client. As long as the client is open, ready and willing to welcome change, then fantastic results can be achieved.

Jane, 24, a sufferer of bulimia for the past seven years: *"My eating disorder was always something I couldn't change from the surface. It was so hard to wade through an ocean of conflicting emotions and thought to really address the negative behaviours and feelings I was having. Hypnotherapy was almost a last resort for me, but I remember leaving the first session and just feeling lighter. It was as though the weight was lifting slowly, and I could see more about the why I was the way I was. Bianca has helped me sift through nearly 7 years of bad habits and negative thoughts to find a resilience within myself that I didn't know existed as I had shut it down myself. This helped me immeasurably in both the long and short term to develop my own voice and really stand up to my problems."*

Rebecca, 43, a sufferer of binge eating disorder for most of her life: *"My whole life, since I was a child, I've had a negative relationship with food. Being bullied from primary school onwards about my weight, you can imagine only ever compounded this. Food was the only way that I knew how to comfort myself and ease my pain. It was my best friend, but also my worst enemy. Over the years, I saw a couple of counsellors and I read every self-help book under the sun, but still, nothing worked. My compulsive habits around overeating ruled my life, and more than that, they were ruining my physical and mental health. It was only when I began a program of hypnotherapy with Bianca that I started to actually identify what was going on for me, why it was happening and most importantly, how to move forward so as this didn't destroy my life any longer. During our sessions, I was able to explore my relationship with food, and after sessions, I was given exercises, readings and hypnosis recordings which really forced me to confront what was going on. I can't say that everything is perfect now, but the difference between now and when I began therapy is unbelievable to me. I never thought that I would be able to say that I could trust myself with food or feel positive about myself at all, but I'm getting closer and closer to this every day"*

Of course, it is important to find a hypnotherapist who:

- 1) You feel comfortable with.
- 2) Is appropriately qualified and experienced
- 3) Is certified with an appropriate regulating body such as the AHA <http://ahahypnotherapy.org.au/> and
- 4) Has appropriate and specific training in treatments for eating disorders, such as the training provided by The Australian Centre for Eating Disorders, <http://acfed.com.au>

As with any form of therapy, your therapist is not able to force you to make any changes, or to 'fix' you. When I use hypnosis, it is in such a way that it puts the power back into my clients' hands. It provides my clients with ways of getting in touch with their own resources so they can overcome the very thing which may once have seemed impossible to overcome. It gives them the strength to be able to stand up in their own life and say, yes, I am in control of this, and it is me who owns my recovery.



Bianca Skilbeck. Hypnotherapist and Counsellor, south east Melbourne.

Bianca has a special interest in eating disorders and weight management. If you would like to know more about Bianca, please see the

Website: <http://www.sehypnotherapyandcounselling.com.au/> or to contact her directly

Email: info@sehypnotherapyandcounselling.com.au

My Favourite Induction: "The Stone Induction"



The client must first create a positive outcome and describe in VAK terms exactly how they will see, hear and feel when they have achieved their outcome to confirm that it has been attained. Write this information down.

Take a small object and place it in the centre of the upturned palm of their right or left hand. A smooth stone, perhaps a crystal, quartz or a large marble is ideal. It must have sufficient weight for the client to be aware of it. Have them extend their arm slightly out from the body so that the hand with the stone is suspended in mid-air.

Ask the client to study the stone very carefully. Notice the variations of colour, light and shade, its coolness or warmth, its hardness or softness, the weight of it in their hand. When they have completely and thoroughly studied it to their total satisfaction, ask them to mentally investigate the tension of the muscles, ligaments and tendons in the arm and hand that they are using to support the weight of the stone.

Ask the client to take three long, deep breaths while they continue to focus intensely on the object.

"At the moment I am talking to your conscious mind and asking your conscious mind to carefully study the stone in your hand, to notice the light and shade, the reflections and colours, its warmth or coolness and to thoroughly investigate it to its complete satisfaction. And regardless of what I say to your unconscious mind, I would like your conscious mind to hold your hand in that same position throughout this session."

Match your words and pauses to their breathing rhythm which should be fairly slow and easy.

"Now I would like to speak to your unconscious mind. I know that your unconscious mind is in control of this session and I would like to invite your unconscious mind to demonstrate that it is in control by turning your hand over at any time it wishes, regardless of what I have said to your conscious mind ... but only as fast or as slow as your unconscious mind takes you down as deep as you need to go ... to find all those answers to resolve any issues which may be preventing you from achieving your outcome. That's right. And now I would like to invite your unconscious mind to search through your personal history to find all those memories and experiences which will create new learnings and understandings to support and maintain your outcome. **State outcome.**

"Please go ahead now ... go as deep as you need to go to whatever levels of experience are necessary ... to find all those learnings and understandings ... which will support and maintain your outcome ... and while your conscious mind continues to hold your hand in that position, feeling the weight of the stone in the hand while it waits and wonders if your hand is going to turn over, with every breath you take ... your unconscious mind is taking you down even deeper ... to deeper states of learning and understanding ... of comfort and well-being.

"And as you go continue to drift deeper and deeper ... your whole body is drifting into deeper states of comfort, clarity and well-being. And those things which previously upset you ... why now they just calm and relax you. The more they previously upset you ... the more they now calm and relax you. And those people who previously upset you, why now they just calm and relax you, the more they previously upset you ... the more they now calm you, the more they now relax you. Perhaps sooner than you can imagine ... you are going to experience a very deep sense of comfort, happiness, contentment, confidence ... a feeling of well-being and being at ease.

"And sooner or later your hand is going to turn over ... and the stone will fall out of your hand into your lap... and that's okay. Then your hand can gently lower itself to your lap (arm of chair) ... and when your hand touches and rests on your lap ... you will understand this to mean ... that the unconscious mind ... has achieved everything it set out to achieve ... that *[state outcome]* ... and that this session ... is now completed. And sooner or later you are going to awaken and get out of the chair, but not before your unconscious mind had found the most profoundly interesting and most creative way for you to achieve and maintain your outcome. And in a few moments I am going to count you back from seven to one and with each count you are going to feel more empowered, more in control of your life ... (etc., etc.) ... than you have felt for a long, long time." Count 7-1.

The client's hand should turn over automatically during the induction and ratifies trance. If this is not happening, ask the client to focus on the wave like rhythm of their breathing as well as the stone. Improvise to deepen as you like.

For **self-hypnosis**, the client must choose a comfortable chair in their home where they will not be disturbed. Subdued lighting, soft music and loose garments may help the relaxation process. The text of the induction should be changed to first person i.e. (you to I). The stone from the hypnotherapy session becomes the anchor which they need to keep to use for ongoing sessions and self-hypnosis.



Chereyl Jackman

BVA; MEd; Dip. Hypnotherapy; Dip. Kinesiology / Supervisor & Mentor;
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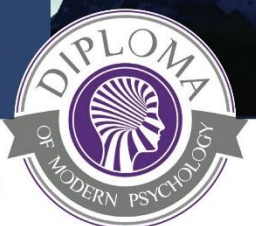
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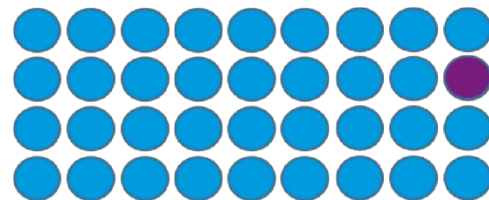


1 in 5 children will be sexually harmed in some way by the time they turn **18**

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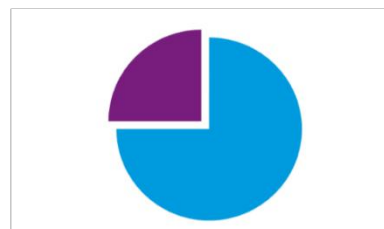
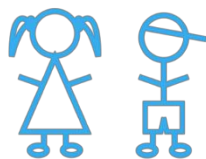
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Doug Sotheren first trained as a relationship counsellor in 1970 – 1973. He has undertaken further training in Gestalt and Family Therapy. In the late 1980's he developed an interest in body focused, or somatic models of counselling and has undertaken further training in this field. For eight years, from 1973, he operated a counselling centre in Western Sydney and then was involved in the creation of the LifeCare Counselling Service in Sydney. In 1989 he began a private practice as a Counsellor/Therapist, and human relations consultant on the NSW Central Coast.

Doug's experience includes over 30,000 hours of counselling and thousands of hours of intensive clinical supervision and group training for counsellors and other health professional throughout Australia. He is a Clinical Member and Registered Supervisor of the Australian Association of Relationship Counsellors and a Registered Clinical Member of the Christian Counsellors Association. Doug has a B.A. in Sociology and a M.Th. with focus on the family systems.

Lisa Frese (B.Ed.) Counsellor and Psychotherapist

Lisa originally trained as a nurse and teacher, completed the body-psychotherapy training with the Boyesen Foundation in Europe in 1988. She has been in private practice in Sydney since 1989 and is now living and practising in Ultimo and on the Central Coast. She is a full member of PACFA. Lisa practices Somatic Psychotherapy and Counselling using Biodynamic Massage and other techniques. She works with deep levels of early trauma, abuse and neglect, putting a lot of emphasis on the therapeutic relationship. She has worked as a trainer in the course 'Therapeutic Touch and Body Process' at the Australian College of Contemporary Somatic Psychotherapy with Jeff Barlow for eight years and has run the Body-Focused Counselling Course with Doug for ten years.



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AHA State Workshop Reports

Queensland - 20th November 2016 by Marie Element

Our end of year workshop was an outstanding success. **Trish Purnell Webb**, a psychologist and trainer for the Gottman Institute, presented 'Linking Couples Theory to Practical Interventions' using the Gottman Sound Relationship House. Trish has 40 years of experience as a Clinical Psychologist treating individuals. She also treats couples and groups using a wide range of therapeutic approaches. Trish is the only Gottman Institute Master Trainer and Consultant in Australia. Trish's expertise in Couple's Therapy kept us riveted to our seats with her excellent use of client 'stories', videos and practical take-away suggestions for working with clients and relationships in general.

Trish has considerable training including CBT Cognitive Behavioural Therapy, CPT Cognitive Processing Therapy (a trauma specific treatment protocol), ACT Acceptance and Commitment Therapy, EFT Emotion Focused Therapy for couples, Gottman Marital Therapy and Motivational Interviewing. It is a combination of theories that make up the evidence based Gottman Marital Therapy. Trish says she enjoys training the Gottman Sound Relationship House because she knows it works.

Trish is offering professional training and encourages people interested in couple's therapy to undertake the training. For further information go to: <https://relationshipinstitute.com.au/events/professional-training-workshops/>

After our Christmas lunch, **Shelley Stockwell-Nicholas, PhD**, an International Speaker and Hypnotherapy Trainer from USA, presented on Joy Therapy - how to use joy and laughter in therapy. After moving our chairs into a circle, Shelly led a practical, interactive session which demonstrated how to effectively use humour as a powerful therapy. We explored the underlying principles of how laughter can release tension in a safe and positive way.

Shelly worked with an attendee who had a phobia of storms using a more conventional, but quick and effective method of treating clients with phobias.

Shelley uses humour both as a therapy and a teaching tool. She had us all laughing even as she was teaching us. This made her a perfect speaker to finish our workshop programme for 2016.



Marie Element
QLD Membership Secretary



AHA Information and Updates Workshops for 2017

NSW	Sunday 5th March 2017 Sunday 19th June 2017 Sunday 4th September 2017 Sunday 27th November 2017	GM & Training – Helen Mitas AGM & Training GM & Training GM & Training
QLD	Sunday 19th February 2017 Sunday 28th May 2017 Sunday 20th August 2017 Sunday 28th November 2017	GM & Training with Prof. Gordon Emmerson: Resource Therapy AGM & Training with: AM: Yildiz Sethi: Rapid Core Healing PM: Isabella Parker: Repressed Anger: Origin, Expression and Treatment GM & Training with Dr Olyessa Burges: Practical solutions and applications working with simple and complex clients and children. GM & Training with Helen Mitas; Mastering the Art of Client Attraction
SA	Sunday 4th March 2017 Sunday 3rd June 2017 Sunday 9th September 2017 Sunday 7-10 December	GM & Training with Sheila Granger AGM & Training with Helen Mitas GM & Training with Cas Willow GM & Training with Melissa Tiers in conjunction with a planned SA Workshop
Vic	Sunday 26th February 2017 Sunday 21st May 2017 Sunday 27th August 2017 Sunday 26th November 2017	GM & Training with Sharon Mullan. TRE: Stress & Trauma Release Exercises AGM & Training GM & Training GM & Training
WA	Sunday 12th February 2017 Saturday 6th May 2017 Sunday 6th August 2017 Sunday 18th November 2017	GM & Training with Sharon Mullan. TRE: Stress & Trauma Release Exercises AGM & Training GM & Training 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



AHA N.S.W. GM & WORKSHOP Sunday 5th March, 2017

'Mastering the Art of Client Attraction'

**Ryde-Eastwood Leagues Club
117 Ryedale Road, West Ryde 2114**

The Australian Hypnotherapists' Association, NSW Branch would love to invite you to join us for our March workshop.

SUCCESSFUL SYSTEMS LEAD TO SUCCESSFUL BUSINESSES

If you have thought, or dreamt about having a successful hypnotherapy business, where your calendar is booked months in advance – then this workshop is for you!

This training offers you...

- A step by step system to attract as many clients as you want
- 20 different ways to attract clients
- Using social media to skyrocket your business presence
- An understanding of how people make decisions to buy from Hypnotherapists
- How to present a compelling offering

This workshop will benefit EXPERIENCED and NEW HYPNOTHERAPISTS alike!

Upon completion of this workshop you will...

- Have the strategies to attract and retain as many clients as you want.
- Have sharpened skills to rapidly assess your client's needs.
- Have expanded your mastery of communication styles and ranges.
- Have increased ability to hold your prospect's attention.
- Learn lots of valuable tips & golden gems on running a successful business.

About the Presenter

Helen Mitas

Business Mentor | Author | International Speaker | Clinical Hypnotherapist

Helen is dedicated to raising the profile of the Hypnotherapy Industry globally and specialises in taking start-ups to a six-figure turnover within 12 months - just as she has done with her own business. Helen has developed a "state of the art", online, 15 Step training program to support this.

Helen is the founder of Hypnofit, which is a thriving Hypnotherapy clinic in Melbourne, Australia, employing 3 therapists & 3 business support staff. Hypnofit has helped thousands of people suffering from the debilitating effects of depression, addictions, and weight problems.

Helen is a certified Professional Speaker with the Professional Speakers Association (Australia), an experienced International Speaker and published author of the book 'Mindset Dominance'.

Times:

8.30 - 8.50am	- Registration
9.00 - 10.00am	- AHA GENERAL MEETING
10:00 - 10:30am	- Morning Tea Break & Registration
10:30 - 12.30pm	- Helen Mitas
12:30 - 1:15pm	- Lunch
1:15 - 2:45pm	- Helen Mitas
2:45 - 3:00pm	- Afternoon Tea Break
3:00pm - 4:30pm	- Helen Mitas

Continuing Professional Development

Members - 2 CPD Points for GM
Members - 7 CPD Points for Workshop
Non-Members - 7 CPD Points for Workshop

Booking:

<https://www.trybooking.com/24914>

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

Victorian State Report for Summer AHA Journal

Dear AHA members,

On 26 February 2017 there will be an Extraordinary General Meeting to vote a new Victorian committee in. Sharon Mullan is coming to share with us her wisdom and expertise on stress and trauma techniques. Sharon is a qualified counsellor who has studied Emotional Freedom Technique (EFT) with Gary Craig, Dr David Lake and Steve Wells. Furthermore Sharon has trained extensively with David Berceli and is now a qualified practitioner of TRE - stress and trauma releasing exercises. Sharon travels extensively to share her experiences as a practitioner in this exciting modality.

As always, we thank you for your support.

Mailin Colman
President AHA

West Australia State Report

Well here we are Christmas is over and done with for another year and already it is mid-January 2017 and by the time you get round to reading this it will probably be February. I would like to take the opportunity on behalf of the WA Executive Committee and myself to wish you all a very prosperous, healthy and happy year. WA had some interesting and informative workshops last year and this year is shaping up to be just as good. I would like to take this opportunity to thank the WA Committee and Executive for all the effort they put in to ensure things run as smoothly as possible. I would also like to thank all the members that attend the workshops. Without you there would be no future workshops.

The first workshop of 2017 is on the 12th of February the presenter is Sharon Mullan and the topic is Stress and Trauma. Sharon will provide practical, experiential and theoretical components of TRE - stress and trauma releasing exercises. The dates for the rest of the year are:

- Saturday 6 May 2017 – AGM
- Sunday 6 August 2017
- Saturday 18 Nov 2017

With try booking firmly in place now, the next step we are implementing are the certificates of attendance. These must be produced when renewing your membership. Just presenting a signed PD card will no longer be sufficient evidence of ongoing Personal Development. In the past it was time consuming and difficult to assess who was attending the required amount of meetings and workshops for the continuation of their AHA membership. Try booking and the certificates have now made it a whole lot easier. So once again a reminder to have your membership renewed, you have an obligation of attending at least two meetings and AHA workshops per membership year. Risk of suspension of your membership will be the consequence of not complying with the terms and conditions of membership requirements.

WA membership as of the beginning of the year now stands at 4 Affiliate, 32 Clinical, 26 Professional and 26 student members. I look forward to catching up with all of you at the meetings and workshops throughout the year.

Regards

Linda Milburn
SEO/AHA/WA

AHA Queensland State Report January 2017

I would like to wish you all a very happy new year 2017. From numerology, it is a year that is a ONE and that means new beginnings and setting a foundation for the years ahead. So it challenges us to all do the things we have been procrastinating and putting off. If you have been contemplating something - now is the time to JUST DO IT. It is a year of transformation and an abundance of energy. I sincerely hope that you all have a wonderful year ahead.

Queensland membership stands at 188 plus 4 from Northern Territories that combined makes a total of 192. 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.

We are looking forward to our great line up of speakers for 2017. We start the year running with Prof. Gordon Emmerson presenting on Resource Therapy on Sunday, 19 February 2017. Please take note of the dates for the workshops for 2017 and mark the dates on your calendar.

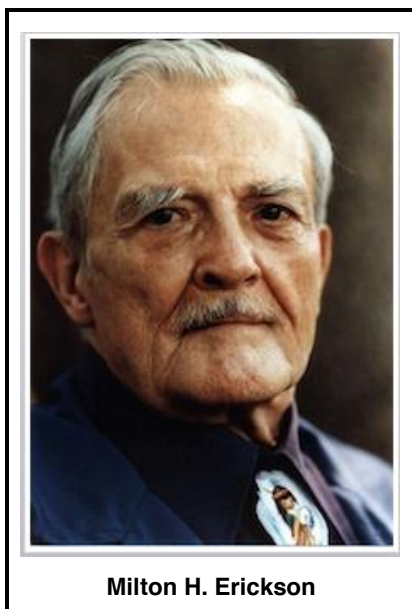
Hope to see you all at the next workshop on Sunday 19 February 2017.

Warm regards,

Gwen Pasin

State Executive Office AHA Queensland

Hypnotherapists Who have Contributed to Our Craft



Milton H. Erickson

Milton Hyland Erickson was an American psychiatrist and psychologist specializing in medical hypnosis and family therapy.

Born: 5 December 1901, Aurum, Nevada
Died: 25 March 1980, Phoenix, Arizona, United States
Education: University of Wisconsin-Madison
Spouse: Elizabeth Erickson (m. 1936–1980)
 Helen Hutton (m. 1924–1934)

Milton Hyland Erickson was founding president of the American Society for Clinical Hypnosis and a fellow of the American Psychiatric Association, the American Psychological Association, and the American Psychopathological Association. He is noted for his approach to the unconscious mind as creative and solution-generating. He is also noted for influencing brief therapy, strategic family therapy, family systems therapy, solution focused brief therapy, and neuro-linguistic programming.

Erickson frequently drew upon his own experiences to provide examples of the power of the unconscious mind. He was largely self-taught. A great many of his anecdotal and autobiographical teaching stories were collected by Sidney Rosen in the book *My Voice Will Go With You*. Erickson identified many of his earliest personal experiences as hypnotic or autohypnotic.

https://en.wikipedia.org/wiki/Milton_H._Erickson

AHA State & National Committees

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**Vic Committee Member / Peer Support
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(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 of January for publication at end of January.

Autumn: Submissions received by 20th of 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
½ page	\$45.00
¼ 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)
- The AHA is an affiliate member of PACFA.

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.

