



The Australian Hypnotherapy Journal

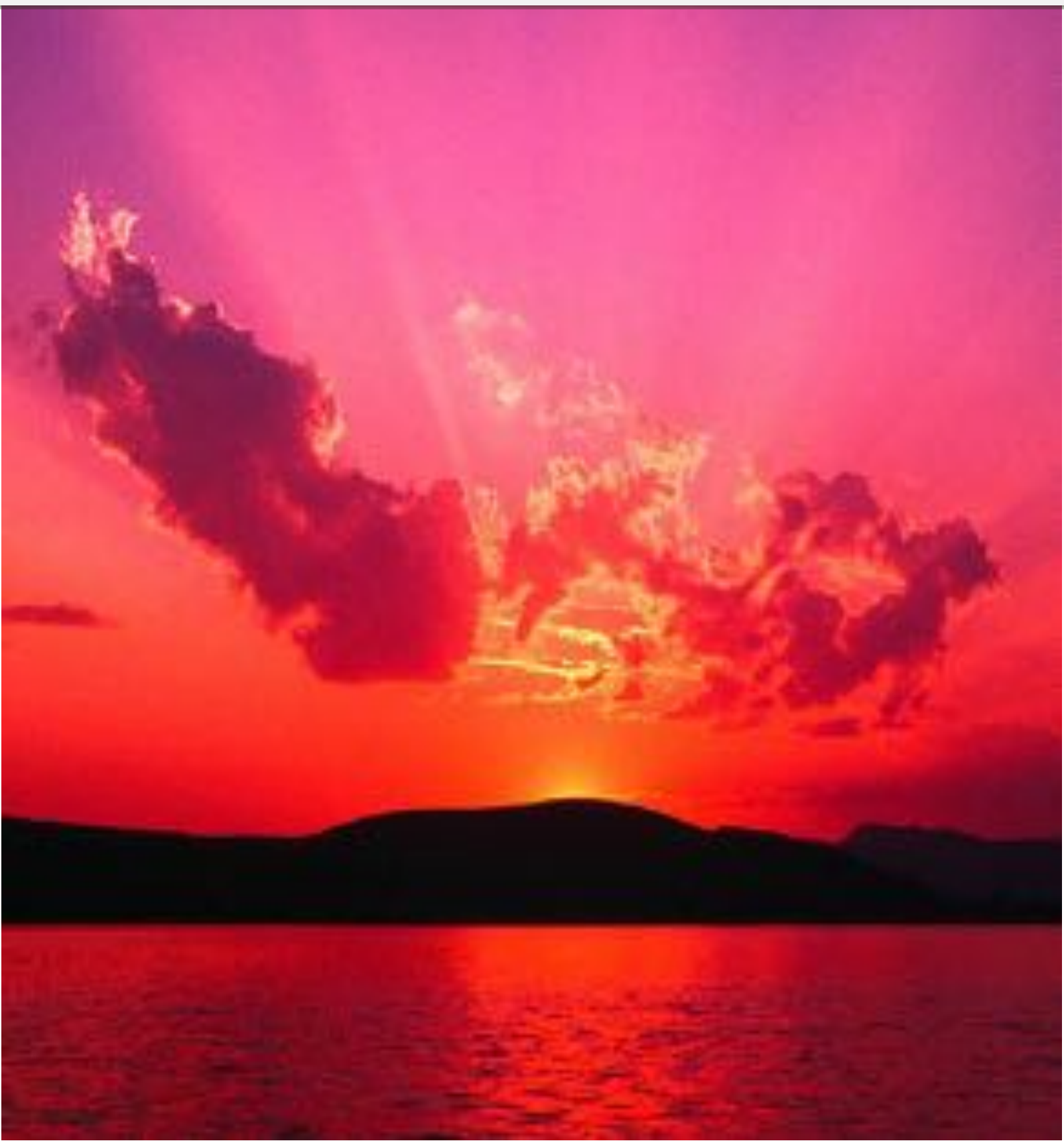
The official journal of the AHA & its member associations ASTA & ASOCHA

October 2016

Volume 66; Issue No 7

www.ahahypnotherapy.org.au

ABN 20 004388 872 • Founded 1949 • Registered 1956



Contents

	Page/s
AHA Presidents Report	2
Keeping in Touch	3
Book Review	
The Brain that Changes Itself – Brett Cameron	4
The Empowering Neurologist’s, Facts on Alzheimer’s Disease – Lynette Courtney	5
Articles	
Why are Clinical Hypnotherapists the Poor Relations? – Dr Leon W. Cowen	7-8
Marketing Works, Burgers and All – Michelle Davidson	9-10
Men with Body Image Issues – Bruni Brewin	11-12
A Radical Approach to Motivation: Change is Easy; Maintenance is Difficult! – Karen Bartle, MSc., and Paul Peace, PhD	13-16
Professional Indemnity Insurance	16
Advertisements	17
Alternate Solutions – Bruni Brewin	6
Diploma of Modern Psychology – The Mind Academy	17
Online learning with Dr Rob McNeilly	17
Hypnotherapists Enhancing Life for People (HELP)	18
Australian College of Hypnotherapy	18
Drug & Alcohol Recovery Hypnosis Masterclass: 6 Step Program – – Dr Tracie O’keefe DCH, BHSc, ND Clinical Hypnotherapist & Naturopath	19
Supervision Training – Cas Willow	20
Afterlife Explorers Conference	21-22
AHA Discussion Group	6
AHA Information and updates	33
AHA State Workshop Reports	23-25
AHA State Links & State Reports	26-27
AHA National & State Committees	28-29
AHA Journal – Benefits of Submitting Quality Articles	30
Australian Hypnotherapy Journal Advertising Guidelines	31
Benefits of AHA Membership	32-33

© The Australian Hypnotherapy Journal: No part of this publication may be reproduced without permission. The Journal is published every April, July, October and January. Deadlines can be found on page 28.

Opinions of contributors and advertisers are not necessarily those of the publisher. The publisher makes no representation or warranty that information contained in articles or advertisements is accurate, nor accepts liability or responsibility for any action arising out of information contained in this journal.

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

Editor: Chereyl Jackman

Proof Reader: Bruni Brewin

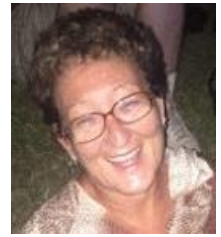
Front Cover: Sunset, North Queensland

Presidents Report

Mailin Colman

Dear Members,

Spring is my favourite time of year so I sincerely hope you are all as full of the joys as I am.



National AGM

The AHA National Annual General Meeting was held in Adelaide on the 30th of July 2016 and I'd like to thank the AHA SA committee for their warm welcome, the wonderful training and spectacular food! The national committee also held a general meeting and planning day on Friday the 29th of July which was very productive – it's always a great opportunity for the national to meet face to face and spend some creative time together. As president, I'd like to sincerely thank all of the AHA national committee for their dedication to the AHA, generous donation of time, ongoing ideas, input and passion to assist the AHA in its forward direction.

The elected national committee are as follows:

President	Mailin Colman
Vice President	Bernadette Rizzo
Treasurer	Rona Spicer
Secretary	Bernadette Rizzo (until such time as a secretary is found)
Director	Marc Ponzi
Director	Antoine Matarasso

The National Secretary position had been vacated a week before the AGM and we sadly farewell Christine Taplin from the National Executive committee. Chris has dedicated many, many years to the AHA both at a state and national level. We wish her the very best in her retirement and she will be missed.

Following the AGM, the search to find a new national secretary was on and we are delighted to announce that Miranda Diprose has been appointed as Acting National Secretary until the next AGM when she can be formally nominated and elected into the position. Miranda is a valuable addition to the national team with a wealth of experience gained from her position as AHA WA Secretary for the last couple of years. Miranda's contact details appear in the committee contact section towards the end of this journal.

Passing of a valued member

With a great deal of sadness, I'd like to acknowledge the death of valued AHA member and trainer, Marilyn Newman, in September. Marilyn will be sadly missed by so many people. Sincere condolences to her team at Hypnotherapy Training Australia and in particular to Kaz Field Anderson and the rest of Marilyn's family.

Professional members and supervision requirements

Many questions have been asked at workshops and in general about the professional one on one supervision requirement. Please be aware that this requirement holds until you upgrade to clinical membership – at which point, you can then join a peer group. To upgrade to clinical from professional you will be required to show evidence of 500 client hours with a letter from your supervisor stating that you have discussed these hours in supervision. A log book is attached to the email sent when you become professional and at every renewal thereafter. Simply contact Amanda to request your upgrade application form.

Warmest 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/>

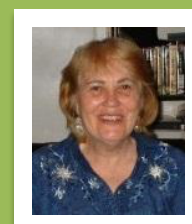
Advertise in the Journal

Advertising rates for the Australian Hypnotherapy Journal:

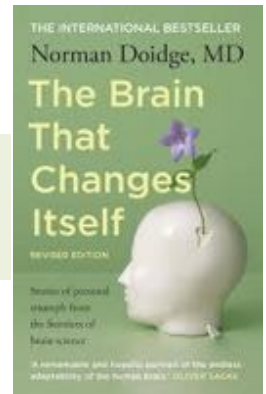
Full page	\$75.00
½ page	\$45.00
¼ page	\$25.00

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

Contact: **Australian Hypnotherapy Journal**
Editor - Chereyl Jackman
(07) 3204 0402 or 0434 936 613
Email: ecs_nt@bigpond.com



Book Review 'The Brain that Changes Itself'



Author: Norman Doidge
Distributor: Viking - Penguin, USA, 2007
ISBN: 978-0-670-03830-5
Reviewed by: Brett Cameron CHt (Newcastle NSW)

This is the biggest ever selling science book in Australia. For anyone with an interest in how the human brain works, then this is a must read.

Norman Doidge is a psychiatrist and researcher who has devoted his life to the research and exploration of neuroplasticity; the ability of the brain to rewire and change. This goes against previous held theories that the brain was hardwired like a computer.

"Doidge describes in fascinating personal narratives how the brain, far from being fixed, has remarkable powers of changing its own structure and compensating for even the most challenging neurological conditions."

~ Oliver Sacks

I found this to be not only an inspirational read but also a beautiful read. As a Hypnotherapist it is my duty to not only know the modality of hypnosis but also to be aware of the amazing ability of the human body and mind to heal. To have a better understanding of the plasticity of the human brain is a giant step in that direction.

Doidge presents actual case studies that include:

1. Blind people who have learned how to see.
2. Phantom limb pain erased.
3. Entrenched depression and anxiety disappearing.
4. Learning disorders cured; and others.

This book has given me the confidence to explore the power of neurological growth through hypnosis. I am currently working with a client who experienced hemiplegia that resulted in him losing the limb movement and sensitivity on his left side. The most recent MRI scans indicated that the right hemisphere of his brain is "dead". Yet twelve months after his stroke, he has 80% movement in his left leg and is regaining strength, movement and sensitivity in his left arm. The client tells me that after each session of hypnotherapy he is experiencing increased sensitivity in his left hand. His physical improvement is a pleasure to witness. NB: Hypnotherapy is just one of his rehabilitation modalities.

I recently attended a 2 day seminar that Norman Doidge conducted in Sydney that was devoted to the brain's way of healing. He is a positive and encouraging presenter who captures the imagination of his audience with grace, wit and professionalism. His writing style is a reflection of that. I urge all Hypnotherapists to read this book and be inspired.



Brett Cameron is a Clinical Hypnotherapist based in Newcastle NSW. BA (Sociology), Dip. Clinical Hypnotherapy, Cert. Master NLP; Working With Children Check; PMAHA, NHRA™, Private health Fund Provider.
 M: 0403 335751
 W: www.cameronhypnotics.com.au
 E: brett@cameronhypnotics.com.au



The Empowering Neurologist's, Facts on Alzheimer's Disease

Author: Dr. David Perlmutter MD
Internet: on line, 3/8/16.
Reviewed by: Lynette Courtney, BA (Welfare), BSocSc (Psych), Grad Dip (Psych), BTeach, Clin Hyp., NLP.

I first became a fan of Dr. David Perlmutter, Neurologist, after I read his book Grain Brain, which I strongly recommend. I have since viewed many webinars on his work. He (Dr. Perlmutter) is generous with his expertise by way of his website and webinars. His latest (3/8/16) internet message is regarding Alzheimer's Disease. In this on-line article, Dr. Perlmutter postulates some incredible facts on Alzheimer's Disease:-

According to researchers at the University of California, San Francisco, Alzheimer's is preventable in more than 50% of cases by exercise, good blood pressure and blood sugar levels.

The relationship with the risk of this disease to high blood sugar and dietary choices, was revealed by Dr. Melissa Schilling, published in The Journal of Alzheimer's Disease. Dr. Perlmutter recently interviewed Dr. Schilling on The Empowering Neurologist, regarding her research and she (Dr. Schilling), suggests that Alzheimer's is not only reversible but treatable.

Dale Bresden et al at the Buck Institute, USA, conducted a small study on patients and developed the 'magic bullet approach to disease', by reducing blood sugar, increasing physical exercise, lowering of homocysteine, increasing Vitamin D and regulating hormones. The results were that many patients regained their cognitive function.

According to Dr. Perlmutter, "this disease is not inherited" and he views lifestyle factors as contributing to symptoms. Even though there may be a familial pre-disposition to this disease, it does not necessarily correlate with someone being diagnosed with it. Alternatively, someone may develop Alzheimer's even if there is no familial history.

Interestingly, Dr. Perlmutter states that Alzheimer's is not caused by the brain aging, which has to be good news. Evidence supports that younger and younger people are being diagnosed, particularly in developed countries. This suggests life-style factors are more relevant than inherited/genetic factors.

A study at the University of Cambridge, on industrial countries, revealed that our immune systems are less in contact with bacteria now, hence an imbalance of our microbiomes which may contribute to the risk of Alzheimer's. This is resultant on our sanitised environments.

Therefore, one can conclude from these aforementioned facts, that the importance of good diet, physical exercise, microbiome balance, Vitamin D, homocysteine (amino acid), are crucial factors in warding off Alzheimer's Disease, regardless of age.

Recommended on-line sites:

The Empowering Neurologist – interview with Dr. Stephanie Seneff (Glycoside & Autism).

The Empowering Neurologist – interview with Dr. Mark Hyman (Eat Fat/Get Thin).

The Empowering Neurologist – interview with Susanne Sommers (weight gain/allergies/cancer, etc).



Lynette Courtney, BA (Welfare), BSocSc (Psych), Grad Dip (Psych), BTeach, Clin Hyp., NLP.

Suburb: Castle Hill 2154, NSW

Phone: 02 9629 1696

Mobile: 0412 20 30 30

Email: lyn.therapy@gmail.com

Website: <http://www.gastricbandsydney.com.au/>



Alternative Solutions

Bruni Brewin

www.brunibrewin@bbbbenefits.com.au

HOARDING & OR SQUALOR SITUATIONS

An estimated 600,000 people across Australia may be living in Hoarding & or Squalor situations (2.6%), and it is on the increase.

Hoarding Disorder is characterized by the persistent difficulty discarding or parting with possessions. There is limited intervention, funding and resources.

It is an emotional, behavioural and psychological condition. It can have strong links to trauma and grief and loss. Research highlights strong heredity links.

(Diagnostic & Statistical Manual of Mental Disorders - DSM-5).

Alternative Solution?

If you suffer from any of the above symptoms, contact a trained Hypnotherapist in your area who may be able to help you release these addictions.

Contact the Hypnotherapy Register of Australia (HRA):

<http://www.national-hypnotherapy-register-australia.com/>

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@exemail.com.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).

Why are Clinical Hypnotherapists the Poor Relations?

By **Dr Leon W. Cowen** Adv Dip CH, PhD (Clinical Hypnotherapy)
Executive Director - Academy of Applied Hypnosis
Western Sydney University



Within Australia attitudes to mental health are changing (Grace et al., 2015). The Government is now funding mental health services through the Access to Allied Psychological Services (ATAPS). Mental health issues are being addressed more openly and referrals by medical practitioners to Allied Health Professionals are commonplace (ATAPS, 2011; DOH, 2016). As the Council of Australian Governments (COAG) is implementing their National Action Plan on Mental Health (COAG, 2006) all mental health disciplines are coming under scrutiny.

One of the most recent reviews was 'The Review of the Australian Government Rebate on Private Health Insurance for Natural Therapies' (DOH, 2015). Hypnotherapy was excluded from the review because "Hypnotherapy and psychotherapy can be provided by psychologists and psychiatrists, who are registered under AHPRA" (DOH, 2015, p. 14). But aren't we the true specialists in clinical hypnotherapy? The good news is mental health services are undergoing change and Clinical Hypnosis rather than Clinical Hypnotherapy is involved. The bad news is changes will exclude Clinical Hypnotherapists. The question is WHY?

What has the clinical hypnotherapy profession done wrong (or other professions done right) to exclude us from being fully recognised by government and taking our rightful place beside the other professions (e.g. Psychologists and Counsellors) who use clinical hypnosis rather than clinical hypnotherapy? Presenting a potential explanation is just guesswork, but possible reasons could include:

1. Lack of researched evidence that clinical hypnotherapy works;
2. Lack of uniform educational standards and Association Membership Requirements;
3. Training Course Qualifications - Variation

Research Evidence

Government uses very specific criteria for what it calls evidence (NHMRC, 2009). They are like anybody else in the belief that if they are going to pay for therapy they want to be sure it works and is provided by an appropriately trained professional. Regrettably, our profession does not currently have enough of that type of researched evidence to persuade government. In fact it appears that we don't have enough clinical hypnotherapists that are interested in conducting research (at that level,) or to write professional publications describing their research.

Educational Standards and Association Membership Requirements:

The other problem is that there are no internationally agreed educational standards for clinical hypnotherapists. In Australia our peak body requires the "equivalent of approximately 400 hours of training and education" (HCA, 2012, p. 1). This is less than a Certificate IV (which is a minimum requirement for a basic trade certificate) and is 3 steps below a degree (usually a minimum requirement for a profession). Other association requirements range from no stipulated standards (PCHA, 2016) to approximately 600 hours of training (AHA, 2016b). The good side is that the people who assess the training can be very flexible in the accreditation requirements, the bad side is that this appears to government that the profession has no defined standards.

Training Course Qualifications - Variation

Our profession has a variety of training standards. Some courses are government accredited (t.g.au, 2014) while others only have the professional associations' accreditations (AHA, 2016a; ASCH, 2016). Also course duration may not be the best way to distinguish qualifications because some institutions provide qualifications after a short period of study (ASA, 2015; CA, 2016) in comparison to other government accredited clinical hypnotherapy training providers (t.g.au, 2014). As the awarded hypnotherapy qualifications are still called certificates and diplomas how can people tell the difference between persons

who have completed a short course and those who have completed a full government accredited course or substantial professionally recognised training.

True, the profession is now addressing some of these issues. However, one additional issue is our title – ‘Clinical Hypnotherapist’. An increasing number of health professionals (Counsellors, Medical Practitioners, Natural Therapists, Psychologists, Psychotherapists and Social Workers) are now undertaking some short foundational training courses and then claiming our title. The ramification of this is that a potential client will see Counsellors, Medical Practitioners, Natural Therapists, Psychologists, Psychotherapists and Social Workers who also have taken on the title of Clinical Hypnotherapist as better qualified, and if so which practitioner do you think the client will choose?

Consequently, the questions are ‘what is the profession doing about this’, ‘are we doing it fast enough’ and ‘are we doing it in the best way?’ These are the questions each clinical hypnotherapist needs to ask, as our profession and our future is at risk?

References:

- AHA. (2016a). AHA Recognised Hypnotherapy Training Courses. from Australian Hypnotherapists' Association <http://ahahypnotherapy.org.au/hypnotherapy-training/>
- AHA. (2016b). Prospectus and Information Booklet. Retrieved July 2016, from Australian Hypnotherapists' Association <http://ahahypnotherapy.org.au/wp-content/uploads/2013/11/AHA-NHRA-Prospectus-Information-Booklet-Nov-2013.pdf>
- ASA. (2015). Australian Hypnosis Certification Event. Retrieved from <http://local.livingsocial.com.au/melbourne-13th-15th-november>
- ASCH. (2016). Australian Society of Clinical Hypnotherapists - Find an Approved Course. Retrieved from <https://www.asch.com.au/professionals/find-an-approved-course>
- ATAPS. (2011). *Flexible Care Packages For People with Severe Mental Illness*. Canberra: Department of Health and Ageing
Retrieved from <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-boimhc-ataps-cons>
- CA. (2016). Learn Hypnosis from Industry Leaders. Retrieved from http://careeraccelerators.com.au/Hypnotherapy_Training_Certificate/index.html
- COAG. (2006). National Action Plan on Mental Health 2006 – 2011. Retrieved July 12, from Council of Australian Governments http://www.coag.gov.au/coag_meeting_outcomes/2006-07-14/docs/nap_mental_health.pdf
- DOH. (2015). The Review of the Australian Government Rebate on Private Health Insurance for Natural Therapies. Retrieved from [http://www.health.gov.au/internet/main/publishing.nsf/content/0E9129B3574FCA53CA257BF0001ACD11/\\$File/Natural%20Therapies%20Overview%20Report%20Final%20with%20copyright%2011%20March.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/0E9129B3574FCA53CA257BF0001ACD11/$File/Natural%20Therapies%20Overview%20Report%20Final%20with%20copyright%2011%20March.pdf)
- DOH. (2016). Access to Allied Psychological Services (ATAPS). Retrieved from www.health.gov.au/internet/main/publishing.nsf/Content/mental-boimhc-ataps
- Grace, F. C., Meurk, C. S., Head, B. W., Hall, W. D., Carstensen, G., Harris, M. G., & Whiteford, H. A. (2015). An analysis of policy levers used to implement mental health reform in Australia 1992-2012. *BMC health services research*, 15(1), 1.
- HCA. (2012). HCA - Minimum Standards of Education. Retrieved December 23, 2012, from Hypnotherapy Council of Australia <http://www.hypnotherapycouncilofaustralia.com/wp-content/uploads/2013/12/Minimum-standards-of-education-and-training.pdf>
- NHMRC. (2009). *NHMRC additional levels of evidence and grades for recommendations for developers of guidelines: Stage 2 Consultation*. Canberra: National Health and Medical Research Council Retrieved from http://www.nhmrc.gov.au/files/nhmrc/file/guidelines/stage_2_consultation_levels_and_grades.pdf.
- PCHA. (2016). Application for Membership. from Professional Clinical Hypnotherapists of Australia http://pcha.com.au/wp-content/uploads/2016/03/PCHA_application_316.doc
- t.g.au. (2014). Nationally recognised training search: hypnotherapy. Retrieved April 14, 2014 https://training.gov.au/Search/Training?SearchTitleOrCode=hypnotherapy&IncludeSupersededData=true%2Cfalse&TypeAllTrainingComponents=true%2Cfalse&TypeTrainingPackages=true%2Cfalse&TypeQualifications=true%2Cfalse&TypeAccreditedCourses=true%2Cfalse&TypeModule=true%2Cfalse&TypeUnitsOfCompetency=true%2Cfalse&TypeUnitContextualisations=true%2Cfalse&TypeSkillSets=true%2Cfalse&nrtSearchSubmit=Search&AdvancedSearch=False&JavaScriptEnabled=true&educationLevel=-99&recognisedby=-99&tableResultsAccreditedCourse-page=1&pageSizeKey=Search_Training_tableResultsAccreditedCourse&pageSize=20

Marketing Works, Burgers and all

A sponsored post appeared on my Facebook timeline:

“LOSE WEIGHT Forever – My \$69 professional group hypnosis “trains your brain” to want healthy foods. Mackay, 3rd August, 2016.

I was compelled to investigate. Mackay is my home town! And here was an opportunity for research. I decided to attend and comply with the presenter's requests, just as I expect my clients to comply with my suggestions when I help them one-on-one. I have seen the power of hypnotherapy for weight loss. I've personally helped many clients transform their lives through positive change with hypnotherapy.

How capable is this man who was featured on Today Tonight? How capable is this man who has helped 650,000 people worldwide? As a hypnotherapist working in North Queensland, I was also curious to see how many people attended and what the audience looked like. I clicked on the link entitled “Video of Charles featured on Today Tonight”. The broadcast aired in Adelaide on 9th September, 2011. It contained testimonials from those who had success with hypnotherapy, although it was unclear which practitioner or method they were referring to, as numerous practitioners were featured. At no time did a person sharing a success story mention Charles. One lady mentioned hypnosis tracks were helping, as well as being pleased with her results on her completion of “The twelve week challenge”.

Wednesday, 3rd August 2016 at 12:30pm, I arrived at Souths Leagues Club. I filled in a form on arrival, entered the usual personal details as well as how much weight I wanted to lose and in what time frame. I didn't identify problem areas. None of the four choices resonated with me - fat, sugar, portion size or comfort eating.

Dining chairs lined up side by side seated an audience of thirty-two women and three men, an impressive attendance for Mackay on a Wednesday afternoon. A second session was offered at 7pm. Charles began by easing our fears, ensuring us no stage hypnosis clucking chicken tricks or similar would be used. He explained, *“I have practiced hypnotherapy for 33 years and we can look forward to a pleasant experience. I am not expecting to induce trance, I don't like the word, trance. It is my aim to help you relax. In a relaxed state, the mind is suggestible. Some of you may experience tingling in the fingers or fluttering in your closed eyes.”*

Our presenter had suffered tongue cancer in 2014 and his speech was slightly effected. In the past, he had presented one long two hour hypnosis session. Once, someone fell out of their chair and he had to start over. That incident led to his current format of four short sessions of around twenty minutes each. The first and third would be a recording, and the other two would be live. He explained that he would check our forms and tailor the live sessions to address our most common reasons for being overweight. We were praised for being good listeners and then it was straight into the recording with no question time.

We were told to close our eyes and guided through progressive relaxation followed by a request to visualise or imagine we are on a beautiful beach. Next, we were told to add a cruise ship to the visualisation. After the cruise ship had sailed into the distance our attention was back on the peaceful beach. The recording continued. Our brain was a dry sponge and the voice was liquid being absorbed - when we eat we were going to take small bites and put half the usual on the fork and chew until the food was dissolved. The sweetest thing we would want is fruit. Eyes open.

Meanwhile Charles had analysed our forms. Most of us had issues with portion size and comfort eating. We were asked what we thought the biggest contribution to obesity was. We became engaged with suggestions of what the issues could be. Some participants blamed themselves for their extra kilograms. However, the number one issue contributing to our obesity ... marketing.

Many years ago, McDonald's wanted to sell more burgers, so the Mac, became the Big Mac... and so on. Marketing was responsible for over eating. Since these sessions were being tailored to our needs, comfort eating would be addressed in the fourth session.

We were told we were so good at relaxing during the first session, we were ready to hypnotise ourselves. This time we would do better since we'd already experienced progressive relaxation. The first session was just a practice. The delivery went like this. “Self-hypnosis is easy. Become a ragdoll. Two deep breaths,

relax! Be the ragdoll. Remove any tension, let go. Put a TV in front of your closed eyes and tune into the “Me Channel”. See the Me with the weight off! See the Me eating less and eating slowly. See the size of your fist, smaller portions, less on your fork, chew until the food is dissolved.” Eyes open.

After the short break we relaxed to a third recording. “We are shopping ... be there, in the grocery store. We are avoiding all the processed goods. We enjoy fruit and vegetables and herbs and spices.” We are bombarded by a comprehensive list of different items we are putting in our trolley. Eyes open.

During the fourth session we were helped into self-hypnosis once again. We were the best ragdolls. Whilst we were very relaxed we learnt alternatives to comfort eating which included a five minute brisk walk, listening to uplifting music or immersion in warm water. Eyes open.

To finish, we were encouraged to purchase recordings and therefore benefit from free membership to the mentoring program. If we included an email address on the intake form we would automatically receive encouraging emails. Our presenter sent out over 15,000 emails every month.

Would I recommend attendance to a friend?

No. The attendees would receive a more professional, beneficial experience by seeing a hypnotherapist who can guide them and offer personal ongoing support. The suggestions used were not unusual or unique. I did like the idea of breaking the two-hour session into four short hypnosis sessions. Multiple sessions can allow subjects to go deeper a second, third and fourth time.

The experience I offer in my hypnotherapy practice includes the client becoming hypnotised. I work from a space of projecting a heartfelt intention for the client to reach optimal health. The wording I use is “*allow me to help you attain the ideal weight for your optimal health*”. For me, it’s not about counting calories, kilograms or centimetres, it’s about activating natural eating and movement through an increased joy in life and desire to take care of your awesome human body. Your body is an amazing piece of creation that’s yours for life; you can’t trade it in. Take care of yourself. Activate your DNA for optimal health, and your ideal weight comes naturally. I speak directly to the subconscious mind and ask for an ideomotor response. For example “when taste and smell have been adjusted for healthy natural eating towards optimal health, let me know with a flick of your finger”.

We have been born with the senses to recognise food from toxins, so it’s only sensible to activate those senses now for your ideal weight and optimal health. I guide my clients on an inner mind and body journey, where they remove “any negative emotion that is not serving their optimal health”.

Many people have issues that contribute to unhealthy habits. These can be identified and resolved one-on-one with professional guidance. Clients may also spend less money for three sessions with a hypnotherapist than they would spend on one group session with recordings.

Marketing makes the difference. Marketing allows a stranger to sweep through town and see seventy clients in one day. Facebook, advertising in the free newspaper, the link to a mention of Charles Borden on Today Tonight and a mention that doctors are sending their patients to hypnotherapists were a definite drawcard. All contributed to his success. Today Tonight interviewed Charles, but on further analyses, no testimonials on that show pointed directly to him. The success stories were of hypnotherapy in general.

Does selling “The surname method” lead to more people wanting help through hypnosis? Can all hypnotherapists help more people through better marketing? I’d better get myself on TV and launch “The Davidson Method”

References:

<http://www.todaytonightadelaide.com.au/stories/hypnosis-weight-loss>



Michelle Davidson - Hypnotherapist
Mackay, Queensland.
Mobile: 0487748302
Email: michelle@hypno-assist.com
Web: <http://hypno-assist.com/>



Men with Body Image Issues

Generally, we hear less about men when they are suffering psychological issues. Possibly this is one of those macho beliefs that a man should be aggressively proud of his masculinity and cannot 'lose face' in front of his mates or women. I had to smile when I read the definition on the urban dictionary where the top definition stated that most macho men have the emotional range of a teaspoon and have enough empathy to fill the ink tube in a pen. Furthermore, macho men find any contact with other males to be of a 'homosexual' nature, with the exception of the 'manly handshake'. [1]

A world-first study called 'Bigorexia' crossed my path recently. This article stated that the syndrome of Bigorexia continues to rise among the male population. A University of Sydney study found that although a larger number of women are still unhappy with their bodies, men who have body image issues are suffering more, psychologically.

Doctors sometimes refer to muscle dysmorphia as **bigorexia** or reverse anorexia. The term, *muscle dysmorphia*, refers to a subtype of body dysmorphic disorder (BDD), which is a type of obsessive compulsive disorder. It is important to recognise the signs of bigorexia and differentiate them from the behaviours of those who simply exercise and work out every day to stay fit and healthy.

Left untreated, this disorder can significantly reduce quality of life and result in severe depression.

People with this condition may exhibit the following signs (and possibly others not mentioned):

- Constantly worry about muscle size
- Spend excessive amounts of time working out that interferes with social life or performance at school and work
- Constantly scrutinize their muscles in the mirror
- Weigh themselves several times a day
- Take great care to avoid looking at self in mirror
- Wear baggy clothing in public to keep others from seeing their body
- Feel great anxiety and distress when they miss a work out or deviate slightly from their strict diet
- Believe that other people feel they are too concerned with appearance and working out
- Abuse anabolic steroids or take supplements to gain muscle mass and reduce body fat. [2]

The primary issue is identifying the disorder. It does not present like other psycho-behavioural conditions such as anorexia or bulimia nervosa. Patients see themselves as healthy and most look very healthy from an outward perspective. Athletes train and work in venues in which strength, speed, size, and power are typically valued and encouraged. Consequently, they are particularly susceptible to developing body image disorders because of the pressures surrounding sport performance and societal trends promoting muscularity and leanness.

The term *obsessive-compulsive*, conjures up images of excessive hand washing or bizarre daily rituals. When applied to the framework of body image, the obsession becomes the body or, more specifically, the level of muscularity and leanness. The compulsion to achieve the desired levels of muscularity and leanness may become obsessive and the goal unrealistic.

More than 100,000 people worldwide meet the formal diagnostic criteria in the general population. As social influences change and encourage a more muscular physique, children at progressively younger ages are at increased risk for developing body image disorders. In one study, adolescent boys were presented with various body types generated on a laptop computer. Each was asked to select a body type based on 3 questions:

(1) What would you like your body to look like?

(2) What do you think the ideal male body should look like?

(3) What do you think others think your body looks like?

The subjects were presented with various body types and asked to select the one that most closely resembled their own. On the first 2 questions, the boys selected body types that were 30 to 40 pounds heavier than the reference image, whereas answers to the third question revealed that they perceived their bodies to look thinner and weaker than they actually were. Some boys even asked if they could make the largest image bigger.

With body image so closely related to self-esteem and self-confidence, society may be setting the stage for a generation of boys and girls who are dissatisfied with their bodies, not because they are unattractive, but because society tells them they have to look better. [5]

The causes of bigorexia are difficult to put to one issue, some may be attributed to:

- *Genetics* - people with a relative that has bigorexia are more likely to develop the disorder? *This could also be attributed to role-modelling or seeing the distress of the relative?*
- *Brain differences* - a lack of insufficient levels of serotonin that affects mood and well-being? *But what comes first... the chicken or the egg? We are becoming increasingly aware that our thinking, beliefs and words change our protein and DNA.* [3], [4]
- *Childhood and adolescent happenings* - family issues, bullying, emotional trauma, and cultural factors.
- *Marketing* – this was once only aimed at females, it is now targeting males.

The psychological and social consequences often go unrecognised and so often are left untreated. Once recognised, the difficulty lies with convincing a person with this disorder that s/he needs help.

Treatment Options:

Currently no specific medical programs have been developed. Antidepressant medications, alone or in combination with cognitive behavioural therapy shows promise.

Therapeutic Interventions:

As a rule of thumb, I discuss upfront with my clients how the mind works and how we manifest symptoms from original causes. In terms of Hypnotherapeutic intervention, client centred hypnotherapy dictates that the client determine the type of hypnosis tools and counselling that would form part of the session.

Factors to be considered may include: reviewing details from the client's history; negotiating solutions to deal with any obvious negative happenings from the past; 'parts therapy' to discuss concerns with relevant parts and reframe these; anecdotal evidence and examples from the literature or past clients with similar issues and successful outcomes; appropriate metaphors; EFT (Emotional Freedom Technique); and/or using the client's own words in the hypnosis trance state to create positive outcomes. These are some of the options the client might choose to assist with the release of pent-up feelings and emotions to resolve their **bigorexia** disorder.

References:

- [1] <http://www.urbandictionary.com/define.php?term=macho>
 [2] <http://www.healthypace.com/ocd-related-disorders/body-dysmorphic-disorder/what-is-muscle-dysmorphia-bigorexia-reverse-anorexia/>
 [3] <https://youtu.be/O5wzYNMHwn8> Bruce Lipton - Great Keynote on Mind Over Matter
 [4] <http://www.rense.com/general62/expl.htm> Russian DNA Discoveries Explain Human 'Paranormal' Events Summarized by Baerbel Edited and translated
 [5] <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1323298/>



By Bruni Brewin, Dip Hyp. Dip Counselling, Cert Clin Supervisor,
 Cert TIR, Cert NLP, Mental Health Pract. Course,
 Cert TA, Cert EFT, LMAHA, NHRA, President Emeritus – AHA.
<http://www.bbbenefits.com.au/>

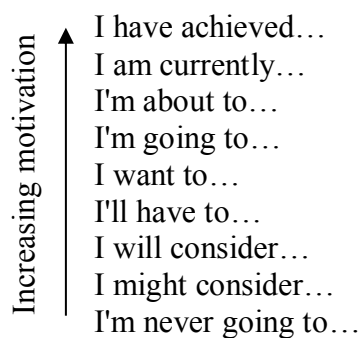
A Radical Approach to Motivation: Change is Easy; Maintenance is Difficult!

As a concept, 'motivation' seems to serve therapists and clients well. If we have a goal and we have the will, desire, and drive to get there, we are said to be motivated. Good signs of motivation in clients are:

- Progress & engagement
- Openness in language when quizzed about goals and progress to date
- Openness and congruency in body language
- Usually willing to tell others of their goal and plans towards achieving it
- Not 'overly' keen/acquiescing/compliant
- Reporting with pride the milestones that have been reached

Clients who are unmotivated to change will mostly display opposite characteristics.

Language will also be a major giveaway of the level of a client's motivation. Consider the degree of motivation in the following statements:



This list also contains within it another characteristic of motivation – whether it is internally or externally brought into being. 'I'll have to' is an imperative. It is probably a marker for resistance. The client is doing it because someone has told or advised them, e.g., a therapist, a parent, manager, teacher, or partner. 'I want to' is properly owned and invested in by the individual. They want it for themselves. They have desire and will. Generally speaking, people prefer to do something due to internal motivation (because they want to, and see the value in it) rather than through external motivators such as punishment, threats, manipulation, cajoling, or bribing.

Clients are more likely to be motivated when:

- They have set a goal
- They are internally rather than externally motivated
- The goal is SMART i.e.,
 - Specific (tightly defined)
 - Measurable (they will be able to tell when it has been achieved)
 - Achievable (possible)
 - Resourced (got everything needed to achieve it)
 - Time-limited (a set date and/or time by which it will be achieved)
- The SMART objective is PURE:
 - Positively stated
 - Understood
 - Relevant
 - Ethical
- The SMART objective is CLEAR:
 - Challenging
 - Legal
 - Environmentally sound (this is prescriptive and not a necessary condition)

- Appropriate
- Recorded
- Broken down and staged where necessary into sub-goals
- Support is available if necessary (family, friends, organisations, charities, finance)
- No secondary gain present or this is known and being worked through
- Fear of change is being addressed
- Goal brings nothing negative, or contingency plans are in place to deal with this
- Similar people, or client themselves, can be seen to have achieved this goal
- Value systems and beliefs are not in the way of the goal, e.g., if a client believes all rich people are self-centred, and they do not want to be self-centred, they may be unmotivated to grow their business
- There is no acceptable alternative (this is not an essential criterion, of course)
- They are moving towards something desirable, better
- They are moving away from something undesirable, worse
- There is no procrastination and they are not re-deciding
- They do not feel that other people's approval is necessary

Now, most hypnotherapists would no doubt agree that one of the most common facilitators or barriers regarding progress in hypnotherapy is client motivation. It's most likely to be one of the significant factors for clients, and therapists, in terminating therapy, or not engaging in it together in the first place!

So let us take a look at our radical approach to motivation where change is easy and maintenance is difficult, that turns conventional ideas around change, on their head. We think this is useful to practitioners and clients alike.

There is a discourse (i.e., a routinely reproduced idea that presents itself in different formats) circulating in society that 'problem maintenance is easy and change is hard'. It can be heard in utterance such as:

"I just reach for the gateaux without thinking, but I've tried everything to lose weight"

----- Maintenance Easy ----- ----- Change Hard -----

"I get wound up so easy. I try to stop but it's impossible when he's around"

--- Maintenance Easy --- ----- Change Hard -----

"Smoking relaxes me. It's so hard to stop though. I've tried patches, inhalers, you name it"

-- Maintenance Easy - ----- Change Hard -----

In our view, the idea that continuing a problem is easy and change is hard is a cultural myth (or real only because we rehearse saying it is this way) and we seek to contest this discourse. Is it really so easy to maintain a problem? Let's take the example of a client who is wishing to quit smoking and claims it is easy, relaxing and just something they do without thinking. In fact, they invest in:

- Irritability when they need a cigarette
- Time wasted while smoking
- Huge efforts by the body to expel toxins and fight infection
- More illness, hospitalisation, and possibly a chronic illness such as cancer
- Special trips to the shop when they run out
- Standing in queues at the tobacco counter in shops
- Standing in the cold outside bars, restaurants, work and the home if smoking is banned
- Endless talk about giving up (in their head and with others)

Clients (or therapists) who think problem maintenance is easy are not thinking the problem through in detail; they are not properly engaged with it.

Change is presented as 'hard work', 'impossible', or 'needing a miracle cure'. This is another myth. Far from being difficult, change is easy and brings endless benefits (mostly the opposite of the list above). Many

people who have stopped smoking or some other habit report suddenly deciding to quit, the time was right, and without any fuss they changed and never looked back. It is convenient for those who prefer to view life as a struggle to cast such people as 'exceptional' or 'lucky'. But changing quickly and thinking *less*, prevents wasted time and energy on procrastination and re-deciding.

In sum, problem maintenance is harder than frequently claimed, and change is easier.

The discourse doesn't just circulate in public but also around the therapist community. Think of almost any psychotherapeutic approach and the therapist will explain to the client that they need to be 'persistent', 'motivated', 'dedicated' and they need to recognise that 'personal change is hard work'. What message are we sending by colluding with this discourse? It is hardly surprising that clients will find change hard, and therapy prolonged, if we and our clients persist in saying this.

So why does this discourse exist? What purpose does it serve? We believe it serves two purposes. For the individual concerned, presenting change as hard, excuses and legitimises continuation of the problem – and many problems do bring rewards. Making out that maintenance is easy serves a similar purpose – the two processes work together as two sides of the same coin with the best option being to avoid change.

The second purpose is as part of a wider discourse aimed at social control. It is in the interests of powerful institutions that people are predictable, coherent, manageable, stable and fixed (see, for example, Foucault, 1971; Stainton-Rogers, Stenner, Gleeson and Stainton-Rogers, 1995). This is fine for most of us while we are happy and we have no problems. However, if we have a problem, the problem (or our Self 'as a person') comes to be seen as fixed and stable. We become trapped in the problem.

However we choose to fill it, each day is inescapably filled by our thoughts, behaviours, emotions, and so on. Whatever we fill it with is an *investment*. Those investments are not always obvious.

Let's take investment of energy as an example. Have you ever expected to feel less tired by lounging in bed rather than getting up and doing something but then found you are *more tired*? Have you ever exercised and then felt you have *more, rather than less energy*? Taking thought as an axis for investment, have you ever thought a problem was easier to maintain than change but neglected to add up all the hours of thinking about the problem? All that investment could have gone into change and more productive practices.

Now taking investment of money as an example, someone might think it is costlier to change than to maintain a problem. They might believe, for example, that healthy eating is more expensive than maintaining a poor diet. In the wider system, it is more expensive to continue eating cheap junk food and end up less healthy. For example, this would impact on energy to do overtime at work, possibly unpaid days off work with illness, increased expenditure on prescription medicines, and a requirement for expenditure on tackling obesity through weight loss groups or extra therapy, and so on.

The overarching reframe we have presented here (change is easy; maintenance is difficult) can be used in or out of trance. Convention tells us that in trance clients will be more receptive and open to exploration of new ways of thinking.

Things are never as simple as they appear on the surface. Almost anything a client says is contestable. We are not looking for truth or facticity here. There is no need to spar with clients who provide counter-examples to this theory. The point of exploring it with them is to loosen their thinking, in order to open up spaces for new discourses that perturb routine practices.

If your exploration is rejected (and it often is because you are challenging common sense, and the client has investments in maintenance), remember that clients may reject new ideas at the time but often go on to think about them a lot in their own time. They even sometimes come to the next session claiming they have thought of a 'new' idea (as if you have never heard of it)! Some therapists underestimate their influence and get hung up on battling with, rather than rolling with, 'resistance' (i.e., a client with other ideas). We only need to 'seed' ideas and we are therapists, of course, not normally teachers. Continuing the gardening theme with another analogy, if you take a cutting from a plant and put it in some compost to get it rooted, which of the following is most likely to benefit the cutting and the gardener most?

- a) harassment – impatiently and constantly lifting the cutting out of the compost to see if it is rooted yet, and feelings of frustration if it has not?
- b) leaving it in peace to do what it knows best, in its own time and own way, relaxing, and putting trust in it to move towards health, vitality and growth?

In sum, we need to reframe change as being easy and remind clients how much investment has been going into problem maintenance. This gives change purpose, direction, and makes it less daunting. This counterintuitive concept may be met with suspicion, so we need to gently sow the idea and move on.

References:

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

Stainton-Rogers, R., Stenner, P., Gleeson, K. and Stainton-Rogers, W. (1995) *Social Psychology: A Critical Agenda*. Cambridge: Polity.



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

The book serves as manual and Part 1 of the accredited distance learning Advanced Diploma in Hypnotherapy course (AdvDipH), for qualified hypnotherapists. For more information, contact Karen Bartle on (07) 53 292 293

Karen@hypnotherapy-training.com.au
www.hypnotherapy-training.com.au



Professional Indemnity Insurance

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

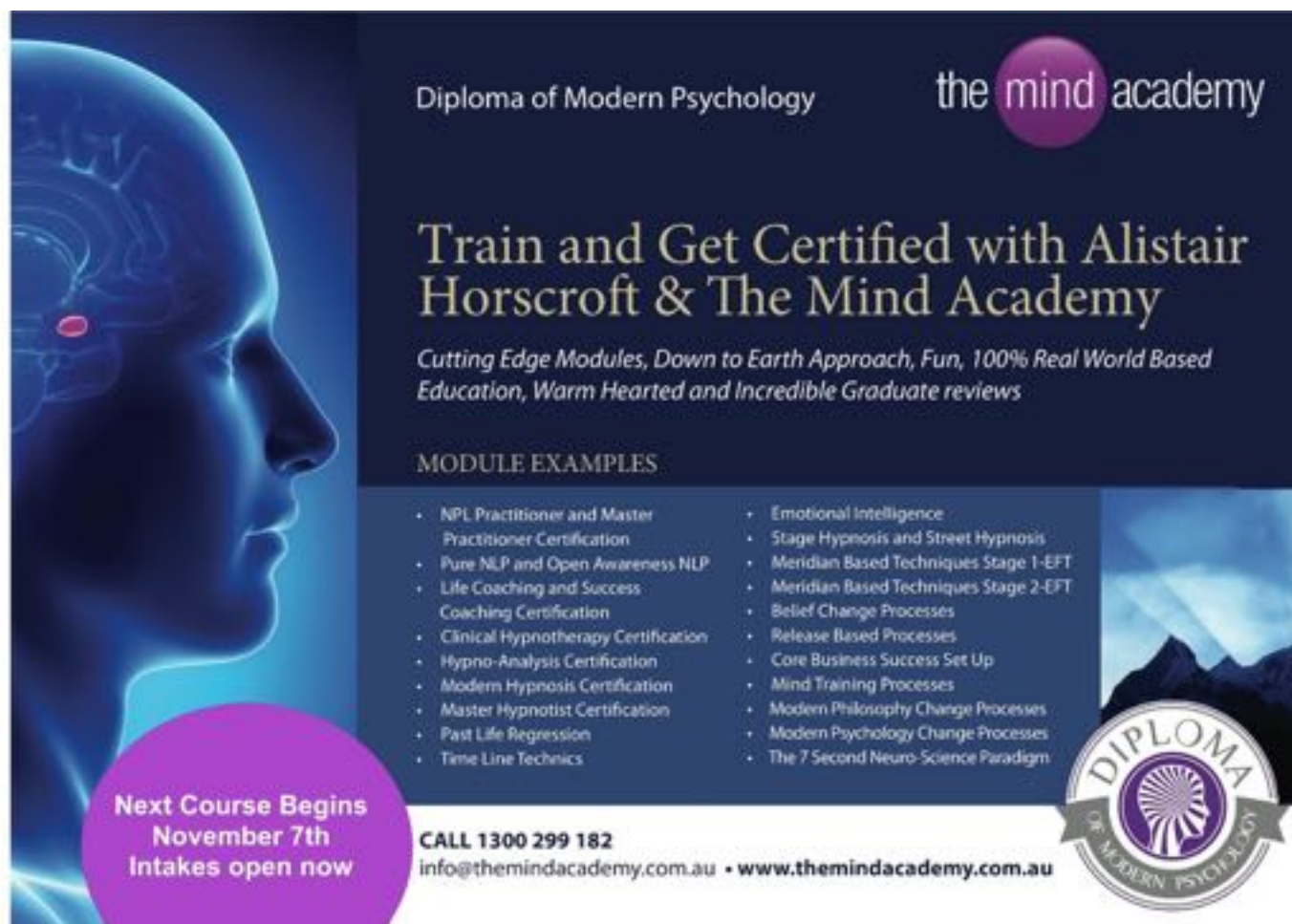
This policy has been specifically designed for AHA members and offers excellent rates and cover.

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

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

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

Advertisements



Diploma of Modern Psychology **the mind academy**

Train and Get Certified with Alistair Horscroft & The Mind Academy

Cutting Edge Modules, Down to Earth Approach, Fun, 100% Real World Based Education, Warm Hearted and Incredible Graduate reviews

MODULE EXAMPLES

- NPL Practitioner and Master Practitioner Certification
- Pure NLP and Open Awareness NLP
- Life Coaching and Success Coaching Certification
- Clinical Hypnotherapy Certification
- Hypno-Analysis Certification
- Modern Hypnosis Certification
- Master Hypnotist Certification
- Past Life Regression
- Time Line Techniques
- Emotional Intelligence
- Stage Hypnosis and Street Hypnosis
- Meridian Based Techniques Stage 1-EFT
- Meridian Based Techniques Stage 2-EFT
- Belief Change Processes
- Release Based Processes
- Core Business Success Set Up
- Mind Training Processes
- Modern Philosophy Change Processes
- Modern Psychology Change Processes
- The 7 Second Neuro-Science Paradigm

Next Course Begins November 7th Intakes open now

CALL 1300 299 182
info@themindacademy.com.au • www.themindacademy.com.au

DIPLOMA OF MODERN PSYCHOLOGY

Online learning with Dr Rob McNeilly



are you interested to learn about Ericksonian hypnosis
and learning towards excellence?

Hypnosis

free hypnosis video programme

Easy hypnosis - a common everyday approach after Erickson

The Matrix of hypnosis - a 4 month in depth experience

Diploma of Solutions in Hypnosis [details soon]

Towards excellence

free video programme

towards excellence - building a solid foundation

Creating Excellence in therapy - learning into your growing edge

please visit www.cet.net.au

1st Flr 302 Pacific Hwy Lindfield NSW 2070
Telephone: (02) 9415 6500

ACN: 001 173 100 ABN: 41 001 173 100

Website: www.help.asn.au
Email: admin@help.asn.au



"A Matter of Human Service"
Sponsored by the
Academy of Applied Hypnosis

Hypnotherapists Enhancing Life for People (HELP)

Free Training
Learn to Write Professional Articles

Always wanted to write professionally?
Now you can learn – for free

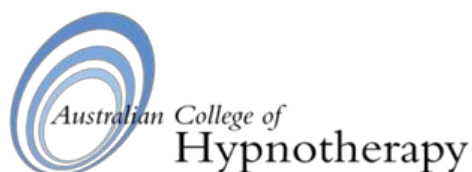
Email your contact details before 30-10-16 to
admin@help.asn.au

**Assist Your Profession on the
HELP Committee**

Want to give back to your profession?
We need assistance to put together the
Writing Project
All skills needed

For more information ring: Leon (02) 9415 6500

Email: admin@help.asn.au Website: www.help.asn.au



Australian College of Hypnotherapy (ACH) is now offering a series of Professional Development (PD) Workshops

ACH is currently scheduling a series of 1 and 2 day Professional Development workshops. These PD Workshops will run face to face in Sydney, Melbourne, Brisbane and Canberra

To extend your therapy tools and meet your Association requirements why not consider letting us know what workshop you would be interested in attending. These workshops will then be scheduled for the above cities based on interest.

- Waking Hypnosis – Ideal for Stress, Anxiety, Phobia, PTSD, Working with Children
- Reducing Pain hypnotically - Tools your client can take away to assist with pain reduction
- Designing Hypnotic language – learn the artfulness of waking hypnosis and its value in therapy
- Metaphor and Story design – create meaningful stories/metaphors to assist your client in discovering inner wisdom and self-empowerment

Cost for one day is \$180 Cost for two days is \$220.

Please Contact ACH for more information on these workshops
02 95509673 or rhondada@ach.edu.au web www.ach.edu.au

Drug & Alcohol Recovery Hypnosis Masterclass: 6 Step Program 2-Day Live Training 26-27 November (Sydney)



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

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

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

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

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

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

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

What you'll learn:

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

14 hours Continuing Education Points. Earlybird rate available until 15 October.

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

<http://www.doctorok.com/drugs-alcohol-hypnosis-masterclass-aha>

Supervision is... **Supervision!**

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

*As a Supervisor You **NEED** the basic skills and knowledge of:*

- Supervision theories and models (and how to apply the appropriate one)
- Live, individual, and group supervision interventions
- Building a supervision relationship
- Solving supervisory issues
- Practicing cultural competence
- Making ethical and legal decisions
- Managing each stage of Supervision
 - Evaluation processes
- Using Supervision Tools/Instruments

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

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

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

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

AHA Recognised Supervision Training



INTERNATIONAL SOCIETY OF COUNSELLING
& CLINICAL SUPERVISORS

National and International Training in Supervision



Delivered by
Program Trainer and Assessor

Cas Willow

MANZMHA, MISOCSS, MACA, MHA, MAACHP MGRHS,

Registrations for 2016 now being taken for
Sydney, Melbourne, Gold Coast and Perth
(May) (June) (July) (August)

Applications NOW OPEN

**Call or Visit the Website to
Reserve your Place Today**

Phone: (03) 9397 0010

Mobile: 0428 655 270



1 Esplanade,
Williamstown/Victoria



Information is also available online and Bookings can also be made at:

www.CasWillow.com/Services/SupervisionTraining

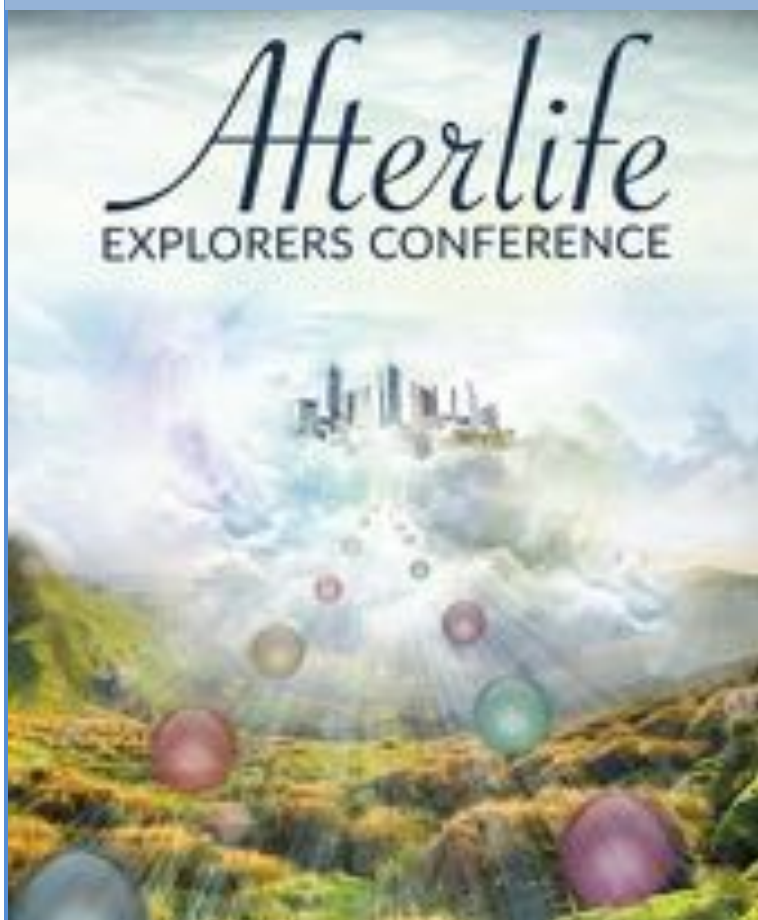
*if you would like another location please let us know and when we have the minimum numbers
we will schedule the training in the location of your choice.*



Keynote speakers:

- Dr Linda Backman (USA)
- Mary Rodwell (AUS)
- Rosemary Ellen Guiley (USA)
- Dr Robert Davis (USA)
- Michael Roads (AUS)

Discover your multidimensional consciousness



www.afterlifeexplorers.com.au

13-14 January 2017

BYRON BAY, NORTHERN NSW

18 PRESENTATIONS

Workshops, meditations, exhibitors,
mediumship demos and more!

Buy 1 & 2 day passes, workshop tickets

FRIDAY 13 JAN 2017

Star Kids: The New Human

Mary Rodwell

Quantum Consciousness and NDEs

Dr Robert Davis

Dream Visits from the Dead

Rosemary Ellen Guiley

Earthbound Spirits, Living Orbs,
Rescue Work & Real-Life Case Files

Kerrie Erwin

Eternal Soul Archetype:
Your Essential Soul Nature

Dr Linda Backman

Time Travel: Parallel Lives, Galactic
Memories and Beyond

Julia Chai

The Soul's Ultimate Gamble: Birth
and Adoption

Andrew Reay

Evolutionary Astrology and the
Holographic Universe

Pateena Donnelly

VISIT OUR WEBSITE FOR MORE INFORMATION



PANDORASTAR
DEEP TRANCE MEDITATION MACHINE

**HAVE A PANDORA STAR EXPERIENCE
AT THE CONFERENCE!**

You can try individual and group sessions at the Conference. Practitioners available in NSW, Vic & Qld.
Email: connect@afterlifeexplorers.com.au to find out more info about the PandoraStar.

Boost your practice and take your clients into deep trance with this cutting-edge brain entrainment light device. Experience profound states of consciousness, improved health and wellbeing. Over 60 programs to use.

through science and spirituality...

NDE Activations Encoded by the Soul
Paulina Howfield

SATURDAY 14 JAN 2017

Identifying Embodied ET Souls:
Why are they Here?
Dr Linda Backman

Soul Mates, Twin Flames,
Synchronicity and Past Life
Connections
Lorna and John Jackson

The (Michael Newton) Life Between
Lives Experience – Igniting &
Embodying your Soul Connection
Here & Now
Colleen Dooley

Life Changing Insights from the
Afterlife
Barry Eaton

Love Matter/Cosmic Dance of Love
Richard Yiap

Awakening a New Reality –
Becoming the New Human
Elizabeth Robinson

The Science of Ghost Research
Dr Vladimir Dubaj

Deliberate Creation: What does your
Soul want YOU to Create?
Karen Swain

What is Life? What is Death? What
is Being Human?
Michael Roads

\$99 1-DAY WORKSHOPS

**SUN 15 JAN - The Evolving Soul:
Your Life Intent and Humanity's
Needs with Dr Linda Backman.**

Work on the evolution of your soul
with practical steps to move
through fears and blocks, mend the
wounds of your past lives and make
use of wisdom and guidance from
higher beings in order to live your
passion and achieve your purpose.

www.afterlifeexplorers.com.au



**Earn up to
12 CPDs**

WWW.AFTERLIFEEXPLORERS.COM.AU

AHA State Workshop Reports

QLD – Chereyl Jackman, Secretary

Coming Home to Ourselves

Alistair Horscroft presented Heartbreak, Grief and Loss at the Queensland Workshop on 28.8.16. Kubler Ross talked about the five stages of grief and acceptance but in accepting, it doesn't mean that it's okay, it means to accept how it now is.

Heartbreak has its natural process. People get stuck when they are heart-broken. They do not know how to let go. A simple way to help a person process and move the emotions out of their body is by using the Sedona Method.



Emotions are usually stored in the heart or gut area. We need to invite the client to be with the feeling - emotions - experience they are having. They need to say 'yes' to the emotions and the experience, to be with the pain, to let it wash over and through them to release the processes.

When a person is experiencing emotions they can't handle, they are out of control of those emotions. *"This emotion is too big, too overwhelming for me!"* The emotions are in control of the individual. If the individual is with the emotion and says 'yes' to it, they are then putting themselves in control. Rather than push it away, avoid, correct, disengage or disassociate from it, they need to be fully and completely involved.

If people are concerned about being with that emotion, ask them if they would be willing to let it go. To create change they must be willing to let it go. At an intellectual level people often believe that emotions must be let go all at once. If it doesn't happen that way, they think that the process is not working. A simple trick is to ask them if they would be willing to let go of 10 or 15% of that emotion. This downgrades both their expectations and the perceived difficulty.

Neuroscience says: the more we can give indirect suggestions the more activity the brain requires to follow through with that suggestion; the more passivity occurs, the more synaptic engagement. Direct suggestions do the work for their brain. Some people do need to be given direct suggestions and content. It is best to use 'and' rather than 'either/or'.

How do you let go of 10 or 15% of emotion?

If you put a pen in your hand, where is the pen? If I deny or chat about the pen, where is the pen? If the hand with the pen is behind your back, where is the pen? It is still in your hand. So the only thing you can do for the pen, AKA - isomorphic transition - the emotion is not in my hand - let the pen go.

You can ask a person with a pen or their fist, *"Would you be kind enough to become aware of that emotion and say 'yes' to it, and open up a door or a window or an opening in a way that works for you, and open up your hand and get a sense of the emotion or the sensation in your hand leaving."* They will begin to get a sensation of the emotion as it leaves. *"And would you be willing to let a bit more of that go ... and would you be willing to let a bit more of that go ... and would you be willing to let a bit more of that go?"*

In summary, the person has the emotion, they want to let it go but they don't know how. We ask them to say 'yes' to the emotion. The person says 'yes' to the emotion and becomes present with it. Then we know they are in the driver's seat. Next ask if they are willing to let go 10-15%, and use the analogy of the pen and the windows, door, etc., to get them to progressively let their emotions go. Using neutral words allows the person to utilise their own primary sensing system in their own unique way to resolve and release their emotions. People will generally feel lighter after this process.

Refer Larry Crane or Hale Dworkskin for more information.

Another technique when working with a client who has heartbreak is to change basic habits. Positive reinforcement is still the most successful psychology technique. We need to focus on what we want rather than what we don't want. Use NLP SWISH patterns and posthypnotic suggestion as positive reinforcement. In Psychology 102 the most important element that influences the mammalian brain is environment.

A heartbroken person returns to their flat and an environment that is conductively anchored to their ex. Perfume or cologne will set off memories and become strong olfactory anchors. A change of hair style, going to a new gym, reorganising the furniture are ways to move on from a relationship. When people are confused or heart-broken, their intuition often leaves them and they forget simple, basic things.

Reframing changes the meaning of something. We can play with the semantic meaning of words or we can change the meaning by changing the context. People today often need permission to be normal, to be allowed to release emotions in a normal, healthy way. Instead of asking what positive meanings they attach to the relationship, do a reframe and ask what positive meanings they attach to the break up?

The four following words: **Explore, Invite, Notice** and **Observe** can be used to elicit from someone in a very neutral and skilful way, to go inside and do their own work. People helpers and advisors often create more learned helplessness. We must be congruent with who we are as therapists. We must spend most of our time inviting the person to explore what is going on within themselves, encouraging them to explore and observe, to notice what is happening in their own mind and body. In doing that we are honouring them and freeing what needs to be transformed and changed. The more you people help, the more you advise, train and educate and prevent them from achieving the deep transformation that is available to them.

When you are at loggerheads or not getting anywhere with a client, it is likely that you are acting as an advisor. Attention needs to be focused on the client's inner experience. What positive reframes could you use on a break-up?

Depression: The easiest way to relieve depression is with three things

- [i] 20 minutes of exercise each day.
- [ii] watch 20 minutes or more of humour/comedy each day
- [iii] place 4 - 7 blank Stick-it-Notes around the house. Every time you see a Stick-it-Note' stop and either think back to a genuine past experience that felt good, or think about an enjoyable future experience and connect with that feeling. You are not allowed to move on until you connect with that feeling.

Nothing changes unless the **Kinaesthetic** changes. Auditory/visual submodalities must shift the 'K'. True old school NLP that works, focused on physiology or 'K'. Intellectual clients who are too much in the head and don't want to be involved with the body must be changed from intellectual to physiological processing.

Perceptual Position Work:

When a person is in heartbreak, the most useful position they can adopt is to be in neutral position.

Position I: Notice the partner over there.

Position II: Ex-partner.

Position III: Neutral position – observing the inter-relationship from a neutral person's perspective and then explore the inter-dynamic from a neutral person's perspective.

This will most likely lead to reframes that the person can use to move forward. The person themselves will actually come up with their own solutions. The object with heartbreak is to remove and not explore the client's attachment to their ex, but to create an end to their involvement.

Milton Erickson said to use anything, it doesn't matter how twisted, sick, amazing or extraordinary - use anything to engage change. What can we utilize within this person's model of the world to help this person make change?

What we are talking about is **UTILISATION**. What can we utilise in this person's model of the world or in the environment around them to make a change? Boredom is a great resource. It is as useful as joy or confidence or any of the positive resources.

Example: A person addicted to internet pornography has seen therapist after therapist but can't effect change. He is good at internet pornography but nothing else. He is bored all the time. If you take boredom and attach it to internet pornography, change is a done deal.

Bandler had a client who had been made fearful of surgery by a doctor when he was young. Bandler asked him who he would be least likely to listen to. The client replied: A teenage girl. Bandler created a **mismatch** to the trigger by having him say the doctor's words in the teenage girl's voice. It is a very useful way of thinking and creates freedom of mind.

In a relationship breakup the first thing to explore is how successfully past relationship partners are represented. Thinking about the future and future resources are great, but with heartbreak the person is stuck in a place where they think it is never going to end. They no longer have the ability to remember a time when they successfully moved on, even though their history will be littered with times when they have successfully moved on from something, i.e. a job, school. In this context, how did they successfully move on from a past relationship?

Using NLP submodalities we can learn how a person internally represents a successful past relationship to themselves. Ask: *"I'd like you to think back to a successful past relationship. It can be an ex or a family member, and get a sense of that individual. What do you notice?"* Then ask them to begin to explore, representing the person they are currently heartbroken with and stuck. Then have them explore and contrast the two and do a contrast analysis. They may find only two similarities or a whole smorgasbord. It could be the location. Once the contrast analysis is

completed, shift the heartbreak submodalities into the successful relationship submodalities. Then invite the person to explore and notice the changes.

The presupposition is that I am asking them to change and only notice what has changed. In an indirect way I am providing positive reinforcement or Psychology 101.

As we develop more and more skill and more and more confidence in our skill, the more minimalistic we can become. The smallest amount of language or linguistics does the most work.

“And as you notice the changes, both subtle and obvious ...” They can become aware of the more obvious ones but they can also explore the more subtle ones. These may be more interesting or more powerful than the obvious ones.’

These two representations are in and of themselves ‘anchors’. They are not formalized tactile or spatial anchors, they are internal anchors. Submodality shifts, shift the emotive, sensory relationship effect.

Emotional Dissociation:

1. Bring to mind a picture of your ex.
2. Notice the submodalities
3. Drain the colours, create distance, change the location, move the picture into the distance.

Time Line Submodality Shifts

1. Make sure time line is successfully organized, i.e. Future, Present and Past.
2. Have client think of 3 – 5 positive experiences in their life with strong emotional attachment
3. Have client bring the experiences out in front of them one at a time and make them big, bright and colourful. Associate a song and give each as much energy as possible so that it emotes a strong, positive response. (Use expressive language)
4. As they look back to their past, get their huge, massive, bright unavoidably positive experience and chuck it into the appropriate place on their past timeline. Do that for the 3 – 5 experiences. They now have five positive reference points on their past timeline.
5. Get 3-5 negative experiences that are causing distress, discomfort, etc. Bring them out in front one at a time. Use submodalities to create distance, shrink the size, dull the colours, change them to black and white and put each experience behind them, etc.

[We are always creating environments for ourselves in which change is most likely to occur. Metaphors are pregnant environments in which change is most likely to occur.]

One reason a person is heartbroken is that every time they think about their ex, they bring up a positive, connective experience from the past, put it into visual and re-associate into it. By putting it out in front, shrinking it and making it duller, they are telling the brain that this is not so important. The memories and learnings are still there, but they are not attached to them in the same way.

The client hallucinates trance. The hypnotherapist tracks and marks the process. If this is done intellectually you will fail and just get content. Only in the process is of interest, the content is immaterial.

Beyond the End – the Heart Break

If someone is stuck and can't find a solution to their problem, one of the great pieces of language is this: *“I want you to begin to consider going out into the future beyond the solution to the problem, and look back and notice what you notice.”*

The temporal/time based use of language has taken them beyond the solution to the problem. For this to happen a number of things need to occur. Their brain must go into possibility - solution mode and must have created some form of solution to even do that. This frees them up from being stuck in the past. People get stuck about the future because they are obsessed with a solution and not finding it.

The person who is heartbroken asks: “When am I never going to be heartbroken again?” Their solution is: *When is it ever going to end?* Take them beyond the point where they have found the solution, have them notice what they notice, then bring them back to current time with the solution to their Problem.

This concluded Alistair's morning talk on Heartbreak, Grief and Loss.



Chereyl Jackman - Ex-Secretary, AHA QLD. BVA, MEd, Dip. Hypnotherapy, Dip. Kinesiology, Cert IV Assessment & Workplace Training, Cert IV Small Business.

Address: Holborn Street, Deception Bay QLD. 4508

Phone: (07) 3204 0402

Mobile: 0434 936 613

Email: ecs_nt@bigpond.com

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 Report for Spring AHA Journal

Dear AHA members,

A sincere apology to all Victorian members on behalf of the committee as we have overlooked at the date of our workshop Sunday 4th September, being on fathers' day. We missed this date in our calendar, an error that will be avoided in the future. Robert McNeilly presented "Excellence in Hypnotherapy", a subject that has appealed to 48 attendees. Robert had an excellent way of leading his lecture, bringing reflection, depth and his many years of professionalism. Robert spoke about the artistry of hypnosis as being inviting and respectful. In fact, developing ways to question what happens to the client rather than searching for the condition. The invitation: "what is the client doing" changes to a focus in understanding of what the client wants. His key words were "Observe, observe, observe" rather than judge. By asking the client "what do you like doing?" and "What do you like about that?" enables the client to have a different look at themselves. Observing and Listening, as listening is considered as a gift; he notes: we can listen with our eyes, our guts, our intuition... Looking at what is missing, what is it this person has lost contact? We can start listening. Thank you Robert, and thank you to members who have sent some positive feedback of the day.

I had the pleasure to be a participant of the first Melbourne training on Supervision with Cas Willow in August 2016; I have highly appreciated the professionalism of Cas and Heather Richards in delivering the course, their generosity, their availability and support. All participants were given extremely informative materials and books to prepare us for the practical assessment. Supervision is Supervision and I have gained a deep insight and understanding of what real supervision is. Congratulations to Cas and Heather and all the best for their future training. If this is your passion, then this course will equip you with all frameworks and templates.

The Victorian Branch has 281 members and thank you to Sylvia Meletis and Shelby Ingram who recently contacted all professional members by phone to encourage them to attend our upcoming workshops to maintain their membership.

We are heading towards our end of year Christmas function on Sunday 4th December 2016. It was such a success last year with Shelley Stockwell-Nicholas presenting "Hypno Coaching" that the committee asked Shelley to come back again and yes she has accepted. Shelley will present "Transpersonal Hypnosis" and we hope members will be able to attend this special event followed by our Christmas lunch. Shelley will also lecture in Adelaide, Sydney and Brisbane.

Raeleen Harper has stepped down from her position of secretary. The Victorian and National committee would like to thank Raeleen for her many years of service to the AHA.

Our future workshop dates for 2017 are:

26 Feb 2017	21 May 2017 & AGM
27 August 2017	26 November 2017 [end of year Christmas function]

We are looking forward to seeing you at our next workshop on Sunday 4th December 2016.

We value your support.

Kind Regards

Marc Ponzi

National Director & Victorian State Executive Officer
Australian Hypnotherapists' Association

WA State Report

Western Australia's membership continues to grow and currently stands at 100 active members. This has led to an increased attendance in workshops. Which of course gives us the opportunity to bring members quality training.

In August Peter Smith presented an introduction to Expanding your universe. The workshop was well attended; unfortunately I was unable to be there, and after seeing the comments on the feedback forms which were very positive I was disappointed I could not attend. If members are interested in furthering their knowledge in this area they can contact Peter directly via his Website www.quantumconsciousness.com.au.

Our next workshop presenter is Michelle Middlemost. Michelle has been seeing patients with severe mental illness for 17 years. Michelle is a resident Psychiatrist who brings with her a wealth of experience in both medical and non-medical aspects of Mental Health. Michelle has a particular interest in resource therapy as an effective therapeutic model for her clients. Keep an eye out for the Workshop flyer in your inbox for further information. Our workshop in February has changed. It was to be Cas Willow on what is Supervision. Instead I am excited to announce we will have the pleasure of having Sharon Mullan present her workshop on Stress and Trauma. Sharon has received positive feedback for her presentations on Stress and Trauma from recent workshops she has presented in the Eastern States workshops. So make sure you keep Sunday February the 12th free as I am confident it will be a great start to our 2017 Training.

As a final note the WA Committee and Members would like to send their condolences to Marilyn Newman's Family, Friends and Colleagues. Please take care of each other and seek support if you need it in this challenging time.

Regards to All

Linda Milburn

AHA Queensland Report October 2016

AHA Queensland is having an extremely successful year. I would like to thank the Qld Committee for working so well together; and our members for their continued support.

Alistair Horscroft brought new energy into our workshops on 28 August 2016 when he presented on Grief and the NLP Archetype Process. His training was both practical and experiential; and I am sure that most members would agree that they were able to implement what they learnt. Highly recommend Alistair for any other States that are looking for an excellent speaker.

We are very excited for the next workshop on the 27th November 2016 that is also our Xmas luncheon. In the morning, we have Trish Purnell-Webb, a psychologist and professional trainer from the Gottman Institute, presenting on Gottman's Sound Relationship House in Practice: Linking couples theory to practical interventions. After lunch, we have an International Speaker and Instructor from Los Angeles, Shelley Stockwell Nicholas, presenting on Joy Therapy that includes how to release stress; and how to use joy and laughter in therapy. Both excellent speakers that I am sure all our members will find valuable.

Queensland's membership is 184 and that includes Northern Territories.

Deborah Bow (Gold Coast), Evonne Fisher (Brisbane and Sunshine Coast) and Jeffery Mack (Far North Queensland) are doing an excellent job assisting members with their supervision requirements. A big thank you.

Marilyn Colvin Boon is back in the Workshop Coordinator position and doing an excellent job. Thanks Marilyn for your continued support and professional approach to the workshops.

Marie has stepped in the Acting Secretary position and I would like to thank her for so gracefully taking on another portfolio. Thanks, Marie.


















Hope to see you all at the next workshop on 27 November 2016.

Warm regards,

Gwen Pasin

SEO Queensland

AHA State & National Committees

National Committee	
 <p>President Mailin Colman 0417 184 355 mailin@ahahypnotherapy.org.au</p>	 <p>Director – NSW Representative Lydia Deukmedjian 0410 627 665 lydia@acceleratedhealing.com.au</p>
 <p>Vice President Bernadette Rizzo 0401 082 077 bernadette@ahahypnotherapy.org.au</p>	 <p>Director – WA Representative Linda Milburn 0409 079 435 glmilburns@bigpond.com</p>
 <p>National Treasure & SA Representative Rona Spicer 0408 816 118 sa@ahahypnotherapy.org.au</p>	 <p>National Supervision/Peer Group Co-ordinator Gwen Pasin 0404 705 453 gld@ahahypnotherapy.org.au</p>
 <p>National Secretary Miranda Diprose (Acting) 0450 747 886 secretary@ahahypnotherapy.org.au</p>	 <p>Director & NHRA Register Antoine Matarasso 0404 218 959 antoine@ahahypnotherapy.org.au</p>
 <p>National Director & Vic Representative Marc Ponzi 0401 063 594 pureintuition@optusnet.com.au</p>	<p>National Head Office & Free Advisory Line National Administrator Membership, Health funds, Database Amanda Healy (on leave) Mailin Colman or other national committee 1300 552 254 admin@ahahypnotherapy.org.au</p>
 <p>Director – QLD Representative Marie Element 0421 396 994 gld@ahahypnotherapy.org.au</p>	
NSW / ACT Committee	Victoria /Tasmania Committees
 <p>NSW SEO & Workshop Co-ordinator Lydia Deukmedjian 0410 327 665 nsw@ahahypnotherapy.org.au</p>	 <p>Vic SEO & Membership Secretary' Marc Ponzi 0401 063 594 pureintuition@optusnet.com.au</p>
 <p>NSW State Secretary Katherine Ferris 0414 585 595 ahasecretarynsw@gmail.com</p>	<p>Vic State Secretary (Vacant)</p>
 <p>NSW Treasurer Natalie Meade 0406 934 645 ahanswtreasurer@gmail.com</p>	<p>Vic State Treasurer Shelby Ingram 0476 300 435 sj_ingram@yahoo.com.au</p>
 <p>NSW Membership Secretary Antonella Franchini 0408 806 996 ahamembershipnsw@gmail.com</p>	 <p>Vic State Workshop Co-ordinator Stella Dichiera 0415 876 722 stellahypno@hotmail.com</p>
 <p>NSW Peer Group Supervision/Co-ordinator Amanda Joubert 0411 399 828 ahasupervisionnsw@gmail.com</p>	 <p>Vic Committee Member Helen Wayland 0412 443 899 helen@counselling-hypnosis.com.au</p>
	<p>Vic Committee Member / Peer Support Sylvia Meletis 0418 780 162 messageandtherapies@gmail.com</p>
	 <p>Tasmanian Representative Noeline Robinson 03 6224 2060 noelinerobinson@bigpond.com</p>

South Australian Committee



State Executive Officer

Rona Spicer
0408 816 118
rona@strategicmc.com.au



SA State Secretary

Marilyn Peterson
0408 825 932
info@innerresolve.com.au



SA State Treasurer

Colin Darcey
0419 808 593
colin@selfigy.com.au



SA State Workshop Coordinator

Carolyn Guerin
0414 497 771
carolyn@stateofmindhypno.com.au



SA Committee Member

Reg Chapman
0419 829 378
info@corechanges.net.au

Queensland / North Queensland Representative & Northern Territory Committees



QLD SEO & Workshop Co-ordinator

Gwen Pasin
0404 705 453
qld@ahahypnotherapy.org.au

QLD State Secretary (Vacant)



QLD State Treasurer

Bernadette Rizzo
0401 082 077
bernadette@ahahypnotherapy.org.au



QLD Supervision Co-ordinator Gold Coast

Deborah Bow
0404 875 574
azurisperfect@hotmail.com



QLD Membership Secretary

Marie Element
0421 396 994
marie@marieelement.com.au



QLD Supervision Co-ordinator Brisbane & Sunshine Coast

Evonne Fisher
0401 008 823
efh@evonnefisher.com.au



QLD Workshop Co-ordinator (Acting)

Marilyn Colvin Boon
0415 493 778
marilynboon@gmail.com



North QLD Representative

Jeffrey Mack
0428 968 777
tsvlmodernhypnosis@gmail.com



Northern Territory Representative

Anne Holleley
0423 963 083
Darwin.hypnotherapy@gmail.com

West Australian Committee



WA State Executive Officer

Linda Milburn (caretaker)
0409 079 435
glmilburns@bigpond.com



WA State Secretary

Miranda Diprose
0450 747 886
miranda@soulworkstherapies.com



WA Treasurer

Hope Wesley
0430 224 130
hope@mindmattershypnotherapy.com.au



WA State Workshop Co-ordinator

Lee-Anne Raeside
0417 994 558
lee@recoverysystems.com.au

WA State Membership Secretary

Amanda Hassall
0417 974 854
amandahassall@live.com.au



WA Committee Member

Tony Ratram
tony@inneralignment.com.au



WA Committee Member

Michelle Blom
0451 063 762
mbloom60@gmail.com

WA Committee Member

Jean Chaney
0414 293 234
jeanchaney3@msn.com



WA Committee Member

Sirpa Lahti
08 9332 2657
sirpalahti@sctelco.net.au

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 or PDF or JPEG (high resolution).

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.



AHA Information and Updates

Workshops for 2016

NSW	Sunday	27th November 2016	GM & Training
QLD	Sunday	27th November 2016	GM & Training
Vic	Sunday	4th December 2016	GM & Training
WA	Sunday	19th November 2016	GM & Dr Michelle Middlemost

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

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