



The Australian Hypnotherapy Journal

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

Editor: Chereyl Jackman

Proof Reader: Bruni Brewin

Front Cover: *Claustral Canyon, Blue Mountains, New South Wales (Your Photos are welcome)*

President's Report

Mailin Colman

Greetings to all,

Welcome to the Spring edition of the Australian Hypnotherapy Journal. I trust this issue finds you all as well and as prosperous as possible.

AHA World Conference 13th to 15th September 2019

Planning continues to go well for the next AHA conference in Brisbane in 2019. The national committee are pleased to announce that DC Conferences have been engaged to manage all aspects of the event and they will be working closely with the AHA conference subcommittee. The conference website is now live and will be updated as information becomes available.

<https://dcconferences.eventsair.com/QuickEventWebsitePortal/aha2019/web>

The call for abstracts was sent out in August 2018 and if you would like to receive this, please email president@ahahypnotherapy.org.au and it will be emailed to you. Registrations for the event are expected to be open in March 2019 but you can register your interest from now.

Hypnotherapy Council of Australia

I was delighted to attend the HCA AGM in Melbourne in September and even happier to announce that very positive steps forward were made. HCA president (Antoine Matarasso) has the following to say:

"Our meeting and discussions in Melbourne were extremely productive, and the attendees helped to re-focus HCA and more importantly, set a direction for our profession in both formal and informal meetings that will both strengthen and unify us in the years to come."

Of particular note are the expansion of the HCA National Hypnotherapists Register, the development of branding for "HCA Registered Hypnotherapists" and the significant lifting of minimum standards which come into immediate effect. These measures, agreed by all associations and schools represented at the meeting, are significant steps forward for us all."

Another significant development to come out of the HCA gathering was the directive for the HCA committee to investigate the further development of its self-regulation model in recognition of the importance of HCA meeting the expectations of government and all interested third parties with regard to the way in which it is performing as the self-regulatory body for hypnotherapy in Australia.

I encourage all members to watch this space and support the further development of hypnotherapy's peak body during this exciting time. <https://www.hypnotherapycouncilofaustralia.com>

AHA Practitioner Directory – Please check your listing!

The AHA admin 1300 number receives many requests per week for practitioner referrals and when our administrators are searching for members in the requested areas, it is often observed that many AHA members have not yet edited their details within the AHA practitioner directory. This impacts the ability to refer to non-updated practitioners as areas of training and specialty etc., which members of the general public are looking for have not been completed. Emails have been sent out to AHA members advising them of this so: a) if you have not received these emails, please check your junk / spam folders to ensure that they are not going there; b) email admin to obtain your log in details if you have not already done this. <http://www.ahahypnotherapy.org.au/find-a-practitioner/>

Until the next issue, I wish you all a healthy and prosperous time!

Mailin Colman
AHA President



National Hypnotherapists Register Australia: <http://www.ahahypnotherapy.org.au/find-a-practitioner/>
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Keeping in touch ...



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Chereyl Jackman

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

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PRESCRIPTION DRUG-INDUCED DEATHS

Prescription drug-induced deaths kill more than illicit drugs as the face of Australian addiction is transformed. The addiction a person suffers from can start innocently – and is Australia's most prolific silent killer, says Victoria Craw of News.com.au

Opioid analgesics are the mainstay of pharmacologic treatment of moderate to severe pain. However, prolonged use of opioids may result in opioid tolerance and opioid-induced hyperalgesia, which is an increased sensitivity to pain.

Alternative Solution?

In addition to medical approaches for pain relief and management, patients with chronic pain are also seeking complementary and alternative therapies, such as hypnosis.

Training patients to use hypnosis is one treatment for chronic pain that has been evaluated across a variety of conditions, including fibromyalgia, low back pain, disability-related pain, cancer-related pain, arthritis, irritable bowel syndrome, and headache. Hypnosis can be used as a stand-alone or adjunctive treatment, with some research demonstrating the ability for hypnosis to enhance the benefits of other psychological interventions.

To contact a therapist near you, go to –
<http://www.ahahypnotherapy.org.au/find-a-practitioner/>

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<https://www.news.com.au/lifestyle/health/health-problems/prescription-drug-induced-deaths-kill-more-than-illicit-drugs-as-face-of-australian-addiction-is-transformed/news-story/0f4d6952e25c8965864af3205117acaf>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3717822/>

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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:

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

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

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

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



AHA Discussion Group

Jeremy Barbouttis

02 9518 9912

jeremy@clinicalhypnotherapy.net.au

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

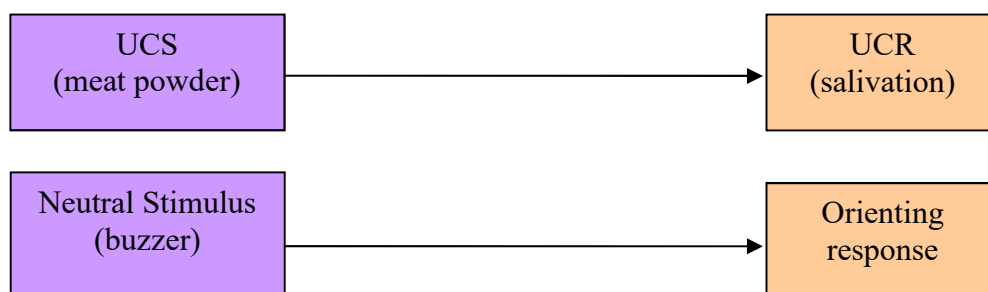
Behavioural approach to Personality & Learning – Skinner, Pavlov & Bandura

Behavioural principles and learning

Pavlov, a Russian physiologist won a Nobel Peace Prize in 1904 for his work on the physiology of dogs' digestive systems. During his research he noticed a strange phenomenon: his dogs sometimes salivated when there was no food, especially when they saw the assistant who brought the food. Pavlov devised a simple experiment to determine how this could occur. The experiment had three phases:

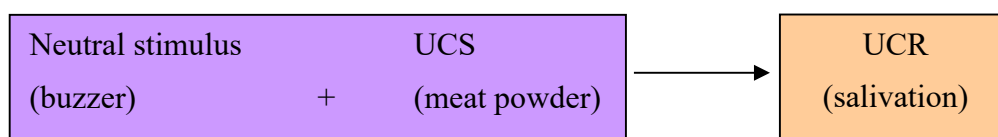
Phase 1 (before conditioning had occurred)

In the first phase, meat powder was placed on the dog's tongue and the dog salivated, but not in response to a buzzer. Pavlov had established 2 components to his experiment: a *natural reflex* (the dog salivating when food placed on its tongue); and a *neutral stimulus* (the sound of the buzzer). Although the dog reacted to the sound of the buzzer by pricking up its ears and looking around, it did not salivate when the buzzer was heard:



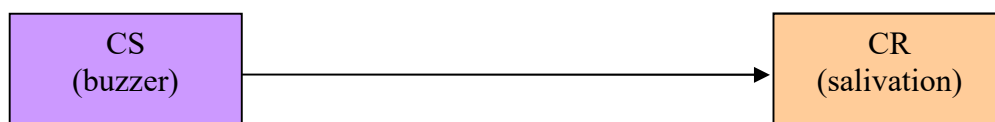
Phase 2 (the process of conditioning)

This is where Pavlov showed how one type of learning could occur. In this phase, Pavlov sounded a buzzer and immediately introduced the meat powder to the dog's tongue. The dog salivated. This process was repeated several times until the two were *paired*:



Phase 3 (after conditioning has occurred)

The buzzer was sounded alone, and the dog salivated even though no meat powder was given. The buzzer had now elicited a natural reflex i.e. salivation.



Pavlov's experiments provided the first demonstration of what later became known as *classical conditioning* – a process in which a neutral stimulus is paired with a stimulus that triggers a reflexive response until the neutral stimulus alone provokes the reflexive response.

Classical conditioning is not general or inevitable in all situations, some conditioned responses are easier to acquire than others and responses can vary in length. For example, a small child may learn to react with fear (CR) at the sight of a doctor (CS), if doctors have consistently been paired with the pain of an injection (UCS). But the child's CR to doctors might range from mild agitation to intense fear. How easily a CR is acquired and how strong it is dependent on both what the CS and UCS are and how they are paired.

Intensity and pairing of stimuli

As the intensity of the UCS (e.g. pain) increases, so does the strength of the CR (fear) and the speed at which it appears. So, for example, the more painful the injection for the child, the more rapid and strong will be the child's conditioned fear response to the sight of doctors.

The strength of the CR (fear) also tends to increase with an increase in the number of CS-UCS (doctor-pain) pairings. However, this is only up to a point. When this point is reached the strength of the CR (fear) stays about the same.

How stimuli are paired is also significant. The most effective way of creating a CR is *delayed conditioning*: to present the CS, leave it there for a while whilst presenting the UCS, then turn both off together. For example: a buzzer (CS) is sounded, it is left on for 3 seconds, one second later a shock is given (UCS), they both continue for 2 further seconds and are then terminated together.

Classical conditioning and taste aversion

Pairing of stimuli using classical conditioning techniques has been demonstrated on people to create aversion to certain foods. For example, Bernstein (1978) gave a group of cancer patients a unique flavour of ice cream, mapletoff, one hour before they received chemotherapy, which induced nausea as a side effect. A second group were given the same ice cream on a day they did not receive chemotherapy. A third group was not given ice cream. Approximately 5 months later, all three groups were asked to taste several flavours of ice cream and select their favourite. Two groups chose mapletoff: those who had not previously had it and those who did not receive chemotherapy. In contrast those who had the mapletoff before chemotherapy found the flavour very distasteful. Similarly, people who experience food poisoning or find a certain foreign body in their food which makes them feel ill may never want to eat that particular food again!

Extinction of a CR

In general, the CS (e.g., doctor) only continues to elicit a CR (fear) if the UCS (pain) continues to appear. For example, a child will not continue to show fear at the sight of a doctor if after many times of seeing a doctor he experiences no pain. This gradual disappearance of a CR by eliminating the association between conditioned and unconditioned stimuli is called *extinction*.

Phobias and anxiety

Many fears are the result of classical conditioning. For example, a child scared of spiders may learn a spider phobia that is so intense that they become afraid of all spiders, including soft, cuddly toy versions, or spider characters in a cartoon. Anxiety or more severe psychological disorders can also be learned by classical conditioning.

Fortunately, however, anxiety and fears can also be *treated* effectively using classical conditioning procedures. Wolpe (1958) was a pioneer of the procedures, showing that irrational fears would be relieved and extinguished through *systematic desensitisation*. This procedure associates a new response, such as relaxation, with a feared stimulus. For example, to treat the child with a spider phobia, a therapist may first teach the child to relax. Once relaxed, the child can be asked to look at a picture of a very small friendly looking character of a spider, working up their hierarchy until they can be in a room with a real spider and still feel relaxed.

Instrumental and operant conditioning

About the same time that Pavlov was experimenting with dogs, an American psychologist Edward L. Thorndike, was discovering the principles of instrumental learning. He wanted to discover whether animals could think and reason. He devised an elaborate cage and placed a hungry cat in the cage. The cat had to learn a response in order to be released from the cage e.g. to step on a lever. When the cat succeeded it was rewarded with food and then placed back inside the cage. After several trials, the cat walked calmly to the lever, pushed it down with its paw, strolled through

the open door, and ate the food. Over the course of the trials, the cats took less and less time to get out of the cage and so learned an appropriate response.

During the initial trials, the cat simply encountered the lever by accident in exploring its environment. The more the cat got rewarded for a particular response, the more likely it was of making that same response the next time.

The basic components in operant conditioning are *reinforcement* and *punishment*. A reinforcer increases the probability that an operant behaviour (a learned behaviour) will occur. There are two types of reinforcer: *negative* and *positive*.

Negative reinforcers are unpleasant stimuli such as boredom or anxiety that strengthen a response provided they are removed after the response occurs. For example, if the response to smoking a cigarette is followed by the removal of anxiety or boredom, smoking of a cigarette is likely to occur when similar anxiety or boredom appears in the future. Likewise, with food, someone who reaches into the cupboard and pulls out a packet of crisps or a chocolate bar when bored will learn to repeat this action whenever a similar situation appears in the future.

Positive reinforcers are stimuli that strengthen a response if they are presented after that response occurs. They are rewards for behaviour. Money, food, company, and other desirable outcomes act as positive reinforcers for people.

Punishment is the presentation of an aversive stimulus or the removal of a pleasant stimulus. For example, shouting "No!" to a child who is about to run into the road will present a negative stimulus following a response. Taking away a child's TV for a week is punishment that removes a pleasant stimulus.

Reinforcement strengthens behaviour, whereas punishment weakens it.

Personality development

The behavioural approach views personality and behaviour as one of the same; personality is a label for the sum of a person's behavioural patterns. From this perspective, people learn to behave the way they do by interacting with other people. According to the behavioural view, all behaviour, typical or atypical, develops through learning processes; even people with 'disturbed' personalities have learned to behave in problematic ways.

The behavioural approach explains inconsistencies in behaviour e.g. a person being lively and extrovert at a football match whilst being shy and retiring at a party, as *situational specificity*. That is, in different situations people are capable of many behaviours, not all of which are necessarily consistent or compatible.

The behavioural approach dates to Watson's *radical behaviourism* in the 1920's who used research on *classical conditioning* to support his claim that all human behaviour is determined by learning. Today, his view is generally seen as too extreme, but environmental factors are still considered to be very important.

There are two main versions of the behavioural model used today in relation to personality development: the *operant approach* and the *cognitive-behavioural approach* (also known as social learning theory). Each stress different learning processes as the source of personality.

The operant approach

This approach emphasises the role of operant conditioning, specifically the relationship between behaviour and the rewards and punishments that follow it.

Decades after Thorndike published his work, another American psychologist B. F. Skinner developed a behavioural approach that analysed how observable behaviour is learned in relation to observable environmental events. He described the relationship between behaviour and the

environment as *functional relationships*, and he sought to understand these relationships by using what he called *functional analysis of behaviour*.

Suppose a child has a temper tantrum every time s/he makes a demand and the demand is not met. Skinner would not speculate about the motivation or traits that might underlie the behaviour. Instead, he would try to understand the behaviour (and the individual) by analysing what stimuli preceded the responses and what consequences followed them. Careful observation may show that the child only becomes upset when demands are not met by the parent. Thus, the child's behaviour is being rewarded by the attention that s/he may receive from his/her parent. This hypothesis could be tested by observing and comparing his/her behaviour with another carer e.g. the other parent or grandparent. Functional analysis does not describe the child's personality, but summarises what they find rewarding (attention), what behaviours they are capable of (tantrums), and what skills they lack (for example, asking for attention in appropriate ways).

From Skinner's perspective then, a "dependent" person is one who has been rewarded for dependence, and an "angry" person has been rewarded for being angry. Someone suffering a mental disorder, may have started with mild symptoms, perhaps as a response to stress, but through inadvertent reinforcement by others, they became worse (Ullmann & Krasner, 1975).

Treating problematic behaviour

Treatment programmes that combine the use of rewards for appropriate behaviour and extinction (or carefully administered punishment) for inappropriate behaviours have been very effective, especially with mentally ill patients and children with behavioural problems. Many self-help books for people wanting to lose weight, stop smoking, avoid procrastination, or manage a phobia incorporate positive reinforcement principles, recommending self-reward following each goal achieved.

The cognitive behavioural approach - (social learning theory)

This approach emphasises classical as well as operant conditioning and includes learned cognitions which shape personality.

Cognitive behavioural theories emphasise the importance of the *internal environment*, i.e. what people think about themselves and their lives, and its interaction with the external environment. In managing the behaviour of the angry child, for example, you want to know not only what s/he learned to do under particular circumstances, but also what s/he thought about himself, her/his mother, and her/his behaviour.

Albert Bandura and observational learning

Observational learning means learning by watching others. People can learn by observing or hearing about the behaviour of others and then imitate that behaviour (Bandura, 1986). They can learn even without reinforcement and this learning depends on cognitive processes. Bandura coined the term *reciprocal determinism* to describe the fact that the way people think, how they behave, and aspects of the environment are all determined by each other: environmental factors shape behaviour through learning; a person's behaviour, in turn, shapes the environment. Therefore, people and situations influence each other reciprocally.

Whilst operant conditioning is the major focus of social learning theory in relation to behaviour, advocates of this approach also use classical conditioning to account for emotion or *affect*. For example, when the child described above is punished for his/her temper tantrums by his/her parent, the punishment elicits a physiological response in the parent of guilt or anxiety. Subsequently, the child's behaviour itself may elicit those same responses; s/he will feel guilty or anxious when having a temper tantrum. In classical conditioning, the behaviour (i.e. temper tantrums) become a conditioned stimulus by being paired with the unconditional stimulus (i.e. punishment); the anxiety becomes the conditioned response.

Social learning theory has been very influential in the areas of clinical psychology and personality theory. It helps us to see human actions as reactions to specific events and to focus on the way in which environments control aspects of our behaviour and how they can be changed to modify our behaviour.

Behaviour therapy took behaviourist principles and took them into applied settings. This later played an important part in the development of cognitive behavioural therapy.

Questions & critical thinking

1. How might you apply behaviourist principles to help a client who couldn't stop eating chocolate?
2. How might you apply behaviourist principles to help a child behave in school?

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Karen Bartle MSc, is the Co-founder of [Academy of Advanced Changework](https://www.hypnotherapy-training.com.au/) and has been specialising in mental health and behavioural change for over 20 years. Her Academy provides attended Diploma courses in Clinical Hypnotherapy & NLP on the Sunshine Coast, Brisbane, Gold Coast, Melbourne, Perth & Sydney, Australia, and a range of CPD courses (online, distance & attended), including an [Advanced Diploma in Hypnotherapy course](https://www.hypnotherapy-training.com.au/advanced_diploma_hypnotherapy.html).

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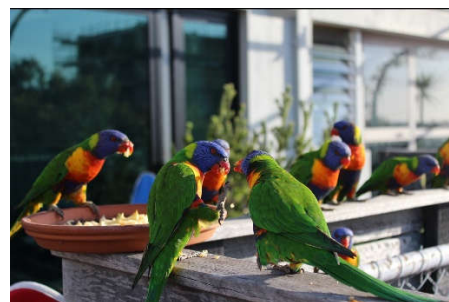
Feel the Fear and do it Anyway...

In 2011 my husband and I visited the Bega Cheese Factory in Bega, NSW. A 5½ hour drive took us past Canberra and Cooma. We enjoyed the factory tour and bought some of their products. On our return trip we booked a motel for the night. We noticed two Rainbow Lorikeets eating from a chair outside the motel.

The owner directed us to few streets away to where there was a 6.00pm late afternoon daily feeding session. At precisely 6.00pm the birds started arriving. The bright blue, red, orange, yellow and green colours of Lorikeets were spectacular. The noise was deafening.

One of the birds busily chased away the others. While he was engaged with one on the left, another would take food from the right. Then he would then chase the bird on the right, while another came in from the left. There was plenty of food but he got very little.

An early breakfast and we were on the road once more. The green hills, blue sky and white fluffy clouds were lovely. It was a beautiful morning for a drive. Then I noticed a sign: To Pigeon House Mountain. We decided to follow the sign to see where it led.



Pigeon House Mountain was originally named Pigeon House Hill by Captain Cook in 1770. It reminded him of pigeon lofts in his native England. The Aboriginal name is Didhol meaning Big Mountain.

The round trip to the top of Pigeon House Mountain takes about 4 hours. First there was a steep climb, a track, then another steep climb of 500 metres to a series of steel ladders attached to the cliff face.

On the summit we were rewarded with the most splendid panoramic view. A stand with a visitors' book invited signatures but it was full. I left one of my business cards then it was time to descend.

As I looked over the top, fear gripped my gut. I would have to swing one leg out into the air to reach the first rung with my foot, while grasping a higher rung with my hands. My whole body reacted violently.

‘What if I missed the rung? What if I fell?’

I could feel the trembling, my body tensing, sweat on my face and neck. I told my husband; “I can’t do this!” I am sure every gene and cell in my body was shaking with fear. My heart was thumping in my ears, and yet, I knew I must go down.

My husband went first and verbally reassured and encouraged me, but still the fear was overwhelming. I moved my hands to the top rung and felt terror ripple down my spine. I could see the whites of my knuckles and felt my hands shaking as I moved first one leg and then the other onto the rungs below. One step at a time I climbed down the first ladder then two more. My adrenals worked overtime, my heart rate increased as feelings of flight-or-flight coursed through my body.

When I finally reached the bottom, I felt so proud and elated. I had made the descent despite the intensity of my fear. I realised that it was possible to feel fear and override it if one must. I could now relate to the saying; ‘Feel the fear and do it anyway.’

Fear doesn’t have to be about climbing a mountain. Fear can arise from talking in front of an audience or getting back in a car after surviving a motor vehicle accident. It may result from parental abuse as a child or school bullying. People may become victims of rape, domestic violence, infidelity and other emotional or physical trauma.

Our body is meant to feel intense emotions in certain circumstances. Emotions protect us from repeating behaviours that originally caused us harm. Traumatic emotions often linger for many years even though current circumstances may be non-threatening.

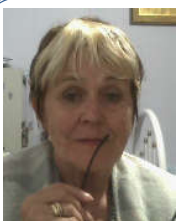
Manageable anxiety goes away after a reasonably short period. If a client suffers from distressing negative feelings that intensify over time, they may be diagnosed with PTSD (Post Traumatic Stress Disorder). Medication may be prescribed to control the anxiety and associated symptoms, but it is only a band aid solution to manage the problem. It will not resolve the underlying feelings from the causal issue.

In my experience, I have found that PTSD (Post Traumatic Stress Disorder) is the result of a very frightening, a deeply distressing or disturbing experience from a causal event(s). A client may be deeply wounded or injured and is so highly reactive to trigger events that they become caught in a psychological and neurological loop. This may be activated at the slightest provocation and resurrect the causal event as though it were happening in the present. This damaging psychological neurological loop must be broken and the client disassociated to a place where they can safely review and discuss the original happening and their reactive behaviour without triggering those earlier intense dis-ease emotions.

Climbing Pigeon House Mountain forced me to face and overcome my fear of heights and falling. We all have our own internal Pigeon House Mountain to climb. Hypnotherapy, NLP, TRE, CBT, and other therapies assist clients to overcome past trauma and move on to happier and more fulfilling lives.

“Perhaps the most valuable result of all education is the ability to make yourself do the thing you have to do, when it ought to be done, whether you like it or not; it is the first lesson that ought to be learned; and however early a man’s training begins, it is probably the last lesson that he learns thoroughly.”

Thomas H. Huxley, 1825-1895, Biologist



Brunni Brewin JP - Dip Hypnosis, Dip Counselling, Cert Mental Health Practitioner, Cert Complementary Medicine, Cert TIR, Cert NLP, Cert TA, Cert EFT, LMAHA, CMAHA/SUPERVISOR. (Member since 1992.) President Emeritus – Australian Hypnotherapists Association (Honorary Title)

Note: All thoughts in this article are those of the author and do not reflect the thinking of the current National Executive. Co-Author “The Art of Spiritual Hypnosis: Accessing Divine Wisdom” <http://amzn.to/1WozWNW>
email: bruni.brewin@bbbenefits.com.au website: www.bbbenefits.com.au

So Where Does Silence Begin?

Krishnamurti: "So where does silence begin? Does it begin when thought ends? Have you ever tried to end thought?"

Questioner: "How do you do it?"

Krishnamurti: "I don't know, but have you ever tried it? First of all, who is the entity who is trying to stop thought?"

Questioner: "The thinker."

Krishnamurti: "It's another thought, isn't it? Thought is trying to stop itself, so there is a battle between the thinker and the thought ...

Thought says, 'I must stop thinking because then I shall experience a marvellous state.'... One thought is trying to suppress another thought, so there is conflict.

When I see this as a fact, see it totally, understand it completely, have an insight into it ... then the mind is quiet. This comes about naturally and easily when the mind is quiet to watch, to look, to see."

—J. Krishnamurti – **You Are the World**, 1972

[Bruni Brewin](#)


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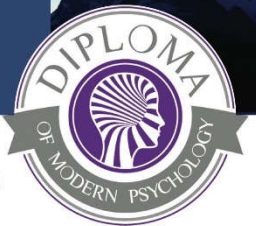
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70th Anniversary Australian Hypnotherapists Association World Conference

13-15 September 2019
Mercure Hotel Brisbane
North Quay



RESILIENCE – BEND OR BREAK? HYPNOTHERAPY CREATING STRENGTH WITHIN

70th Anniversary Australian Hypnotherapists Association World Conference
 Friday 13 to Sunday 15 September 2019 | Mercure Hotel Brisbane North Quay

RESILIENCE – BEND OR BREAK? HYPNOTHERAPY CREATING STRENGTH WITHIN

In this conference, international and Australian professionals will provide current and leading-edge information to integrate into the day to day practice of clinical hypnotherapists.

- What determines whether we overcome or are overcome?
- How do we build resilience to overcome adversity and see ourselves as victim or victor?
- How do we build the coping ability emotionally, mentally and physically?
- What tools and skills to we utilise and build to develop empowered resilience?

Who should attend?

Hypnotherapists, counsellors, psychologists, psychotherapists, medical professionals and other mental health and family therapy professionals.

Important dates

- August 2018** Abstract submissions open
- 31st January 2019** Abstract submissions close
- 11th March 2019** Registrations opens
- 31st July 2019** Early Bird deadline
- 13-15 September 2019** Conference

Contact for more information:

DC Conferences, PO Box 637 North Sydney 2060
 Tel 61 2 99544400
AHAConference2019@dcconferences.com.au
www.dcconferences.com.au/ahaconference2019

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 (Crosses the midline – needed for reading).

Chereyl R Jackman
 Editor – AHA Journal

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Well established Training School, Hypnotherapy Training Australia on the sunny Central Coast, established in 2009, is for sale due to owner's ill health. This is a very reluctant sale, as we have put our heart and soul into creating one of the strongest, most thorough training programs in Australia, way exceeding National Standards.

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We currently have around 13 students about to graduate, and many more could be enlisted with an owner who has good health, passion and a love of teaching fresh new students our wonderful industry.

Asking price: \$50k negotiable.

Kaz Field Anderson

Director of Training

Hypnotherapy Training Australia

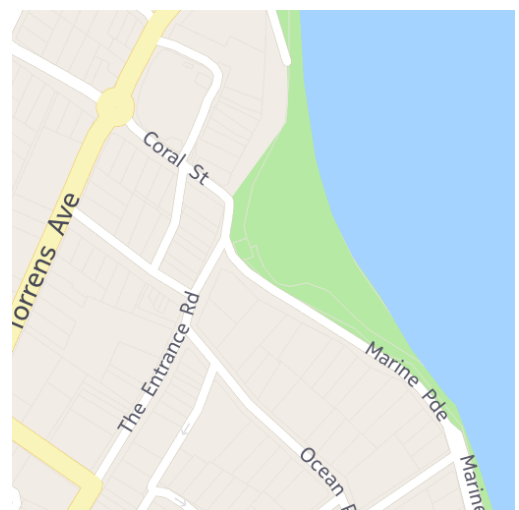
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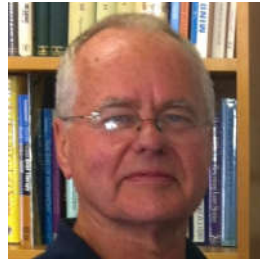


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[details here](#)

<https://robmcneilly.simplero.com/page/93488>



Fear-free Injections

This small article was published in the Courier Mail dated 11th May 2018

ANAESTHETISTS are increasingly turning to hypnosis and other relaxation techniques to help those who have a fear of needles, Dr James Griffiths a consultant anaesthetist at Melbourne's Royal Women's Hospital says.

Needle phobias affect as many as one in 10 people, causing significant anxiety for patients. It also causes significant challenges for treating doctors. Dr Griffiths encourages his staff to use calming and positive language with patients.

Chereyl R Jackman
Editor – AHA Journal

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Peter Richard-Herbert is a therapist and trainer who has been using hypnosis clinically with clients for over 35 years. He will be sharing his experience, teaching techniques and giving demonstrations at this half-day presentation.

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This stand-alone technique will be a useful addition to your toolbox. You can expect an intensive half-day of training in a small group. You will leave with real world skills.

This workshop presents a new, rapid change technique grounded in neuroscience and imagery.

Coarse Information

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- Only 2 sessions available in November 2018
 - Sydney: 18 Nov 2018
 - Mittagong: 27th Nov 2018
- Full cost \$220. Earlybird rates available

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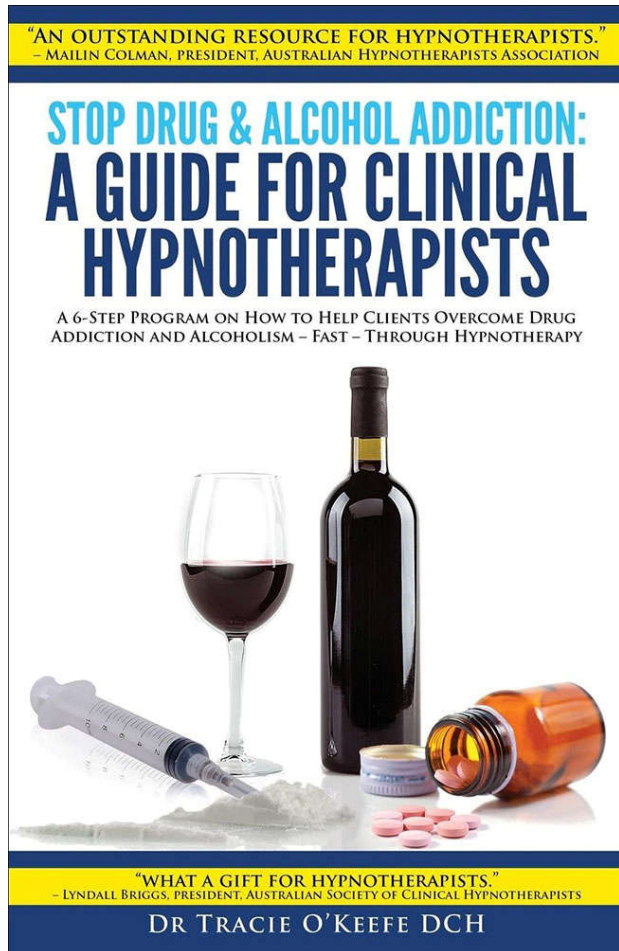
Phone: 0455 622 219

peter@macquariestreettherapy.com.au • www.macquariestreettherapy.com.au

Dr Tracie O'Keefe DCH, BHSc, ND

Stop Drug & Alcohol Addiction: A Guide for Clinical Hypnotherapists

A 6-Step Program on How to Help Clients Overcome Drug Addiction and Alcoholism - Fast - Through Hypnotherapy



Do you want to be a hypnotherapist who successfully works with drug and alcohol addiction?

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This book will give you the clinical hypnotherapy theory, structure and practical help on how to assist clients to recover from drug and alcohol addiction - quickly.

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Learn about the different drug addictions that you will encounter in your practice

What steps you need to take to help the clients recover from addiction fast

What you should ask and expect your clients to do in recovery

How to work in light, deep and somnambulistic trance with addicts

What health measures you need to address as the client recovers from addiction

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Discounted for AHA members

Please note that prices are listed in USD, so it's a \$5 USD discount.

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<https://www.doctorok.com/addiction-book-hypnotherapy>



AHA Information and Updates

Workshops for 2018

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

AHA workshop information

AHA workshops are suitable for hypnotherapists, NLP practitioners, Counsellors and psychotherapists etc. They are aimed at areas such as skill development, personal development, business, health, and overall wellbeing.

We encourage all members to take advantage of these workshops as you are not only able to continue your learning, you are also networking and involving yourself in both the association and the profession.

State workshop dates 2018

	WA	QLD	NSW	VIC	SA
GM & Workshop	17th Nov Rona Spicer	25th Nov	25th Nov David Newman & Dean Wooding	25th Nov Tess Graham	17th Nov Jeannine Sanderson

State workshop dates 2019

AHA State Workshop Reports

AHA NEW SOUTH WALES – Spring State Report 2018

The September GM was the first GM to be conducted by the new team of Toni Knight (Secretary) and myself Brett Cameron as (SEO). After a couple of teething problems, I am confident that we can get a buzz of activity happening in NSW. It was encouraging to see new faces at the workshop. The workshop for members was presented in two parts.

Nicolas Gerey (Goulding Sleepwalk) Nicolas is passionate about the work he does. In his two hours, he gave attendees a broad overview of the benefits of becoming a Sleepwalk consultant. For those wishing to engage further with Nicolas and the Goulding Sleepwalk methods, the following links will prove invaluable.

<https://www.sleepwalk.training/marketing/>
www.sleepwalk.training
[www.sleepwalk.training - for consultants](http://www.sleepwalk.training-for-consultants)

Peter Smith (Quantum Consciousness) Peter loves hypnotherapy and has a greater love of the work and studies that he is pursuing with quantum consciousness. We were taken on a path of transcending the trauma of the human condition. The presentation was interactive, hands-on and gave every attendee a first-hand perspective, and a deeper understanding of the interplay of quantum mechanics and the human mind. More information can be found at: www.instituteforquantumconsciousness.com

Next workshop November 25:

Dean Wooding: Mindfulness and hypnotherapy

David Newman: Narrative Therapy.

Brett Cameron

State Executive Officer, NSW

AHA QUEENSLAND - Spring State Report

This quarter QLD AHA had Peter Smith from the Institute for Quantum Consciousness present at our August workshop. The event was held at a different venue which a majority were happy with.

Peter presented a wonderful presentation which was received very well by all those in attendance. We even had a few members email us to say how much they loved it and just how much they got out of it.

Peter's presentation was a perfect blend of his journey, quantum theory, and practical experience. He explained the theory of alternate realities in a way that was easily understood and challenged everyone reach beyond their current concept of reality.

Various levels of consciousness were discussed and how using the Institute for Quantum Consciousness' system we can create an experience that moves beyond time, space and the restrictions of the physical body and human mind.

We discussed other realities where our consciousness already exists but took a different path or journey in life, and how to connect with these to heal regret and grief from the past or to make a better decision now by going into the future to look at the realities where the particular path was taken.

Everyone walked away wow'd and invigorated! Thank you Peter.

All workshops for this year have been organised and the Queensland team are very excited with who will be presenting in the coming months.

Julie Robinson will be presenting in November. Julie is a highly regarded sports coach and hypnotherapist, and also specialises in assisting children/teen specialist.

Scott Jansen will have the floor in February. I have personally trained with Scott and consider him an authority in Ericksonian and conversational hypnosis.

Richard Hill will be presenting in May. Richard is an international speaker and highly regarded in the neuro-psychotherapy and neurobiology fields. In collaboration with Ernest Rossi (mentored by Erickson himself), Richard has developed 'Mirroring Hands' which I'm sure everyone will be looking forward to hearing about.

In September 2019 we will be holding AHA World Conference in Brisbane. 'Resilience - Bend or Break Hypnotherapy, Creating Strength Within' and the lovely Joane Goulding will be presenting in November!

We look forward to seeing you all there!

Greg Thompson

State Executive Officer, QLD



AHA VICTORIA - Spring State Report

For the first time, our Committee held our meeting by Skype the Friday night before our Workshop.

Our August Workshop was at the Mulgrave Country Club, and went off very successfully, although numbers a little disappointing for a venue so well located, and having lots of parking. The topic was Sleep Talk with Natalie Cossar and Kerrie Burley delivering terrific sessions after Joane Goulding's walk down memory lane, with a from the trenches description of the tos and fros, friends and foes, of the last thirty years in the Hypnotherapy world. Such an overview was a treat to hear; I was given a glimpse of how gritty the struggle for acceptance has been, how fortunate we are now thanks to some very spirited pioneers.

We currently have 151 members in Victoria and Tasmania, being 2 Fellows, 61 Clinical, 56 Professional, 8 Affiliates and 24 Students.

Tony Ahearne
State Executive Officer, Victoria



AHA SOUTH AUSTRALIA - Spring State Report

Our most recent workshop was in August with presenter Annie O'Grady. She is an experienced trainer and practitioner of EFT (tapping) and gave an introduction to EFT, which included plenty of opportunity to practice. By the end of the day attendees had gained a good understanding of the basics, so that each would have been in a position to make an informed decision as to whether this is something that they would like to pursue further.

Our next workshop will be in November with presenter Jeannine Sanderson. She is a Canadian trainer and therapist, who will be conducting her own workshops while in Australia and we have been fortunate enough to organise a one day workshop. The topic will be about 'changing your mind', something that she focusses on as a means of making improvements in one's life. As part of making the point about the power of focusing one's mind she will be including a spoon bending exercise.

SA has a small but enthusiastic committee that has been continuing the work of representing the AHA in SA, the current focus is on supervision and on raising the profile of the AHA in SA, one part of which will be some form of Facebook presence.

Kind regards,
 Colin Darcey
State Executive Officer, SEO



AHA WEST AUSTRALIA - Spring State Report

Our workshop with Lisa Webber on 12th August was very well received, Lisa talked about Helping Clients become Unstuck, she taught how to effectively work with Stable Attributions.

Our next workshop is with Rona Spicer on 17th November, at which time we will be exploring our new Venue at the State Tennis Centre.

WA Membership:

2	Affiliate
21	Clinical
1	Fellow
21	Professional
18	Student
63	Total

WA Workshops:

17th Nov 2018 – Rona Spicer
 10th Feb 2019 – Maggie Wilde
 18th May 2019 – Gail Rogerson

WA is still seeking a workshop co-ordinator and would welcome interested members.

Kind Regards,
 Hope Wesley
State Executive Officer, WA

AHA State & National Committees

National Committee


President

Mailin Colman
0417 184 355

president@ahahypnotherapy.org.au


Vice President

Rona Spicer
0408 816 118

vicepresident@ahahypnotherapy.org.au


National Treasurer

Hope Wesley
0430 224 130

treasurer@ahahypnotherapy.org.au


National Secretary

Miranda Diprose
0450 747 886

secretary@ahahypnotherapy.org.au


State Executive Officer & Director - Victoria

Tony Ahearne
0419 190 542

vic@ahahypnotherapy.org.au


State Executive Officer - Queensland

Greg Thompson
0422 741 041

qld@ahahypnotherapy.org.au


State Executive Officer - NSW

Brett Cameron
0403 335 751

nsw@ahahypnotherapy.org.au


State Executive Officer - West Australia

Hope Wesley
0430 224 130

ahaseowa@gmail.com


State Executive Officer - South Australia

Colin Darcey
0419 808 593

sa@ahahypnotherapy.org.au

National Head Office

**National Administrator & Co-Administrator
Membership, Health funds, Database**

Mailin Colman & John Ward
1300 552 254

administrator@ahahypnotherapy.org.au

OR your local state membership secretary or committee member.

NSW / ACT Committee


Director & SEO - NSW

Brett Cameron
0403 335 751

nsw@ahahypnotherapy.org.au


NSW State Secretary

Toni Knight
0406 882 456

ahasecretarynsw@gmail.com


NSW Treasurer

Brett Cameron
0403 335 751

ahanswtreasurer@gmail.com


NSW Workshop Co-ordinator

Brett Cameron
0403 335 751

ahaworkshopnsw@gmail.com


NSW Membership Liaison

Yvette Allen
0411 407 1

ahamembershipnsw@gmail.com


NSW Committee member

Greg Elsey
02 4324 5109

greg@elsey.id.au

Victoria /Tasmania Committees


Vic State Executive Officer

Tony Ahearne
0419 190 542

vic@ahahypnotherapy.org.au


Vic State Secretary

Nina Shayan
0412 444 821

ninashayan@me.com


Vic State Workshop Co-ordinator

Janine Nash
0488 692 722

janine@acceleratelife.com.au


Vic Committee Member

Tim Falkiner
0417 107 440

timothyfalkiner@optusnet.com.au


Vic Committee Member

Karen Williams
0412 203 916

karenw125@gmail.com


Tasmanian Representative

Noeline Robinson
03 6224 2060

noelinerobinson@bigpond.com

AHA State & National Committees (continued ...)

South Australian Committee



SA State Executive Officer
Colin Darcey
0419 808 593
sa@ahahypnotherapy.org.au



SA State Secretary & Treasurer
Dianne Bradey
0402 831 716
ahasecretarysa@gmail.com

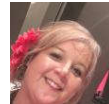


SA State Workshop Coordinator
Carolyn Guerin
0414 497 771
ahaworkshopsa@gmail.com



SA Peer Group / Supervision co-ordinator
Marilyn Peterson
0408 825 932
info@innerresolve.com.au

SA Committee Member



SA Committee Member
Tess Boyd
0422 093 298
tessboyd@optusnet.com.au

Queensland / North Queensland Representative & Northern Territory Committees



QLD State Executive Officer
Greg Thompson
0422 741 041
qld@ahahypnotherapy.org.au



QLD State Secretary
Lynne (Rice) Lumley
0438 411 551
lynne@phoenixhypnotherapy.com.au



QLD State Treasurer & Workshop co-ordinator
Brian Smith
0423 112 322
ahaqldworkshop@gmail.com



QLD Workshop assistant
Donna Napier
0414 966 756
ahaqldworkshop@gmail.com



QLD Supervision Co-ordinator
Lee Barnasson
0411 075 445
lee.barnasson@bigpond.com



North QLD Representative
Jeffrey Mack
0428 968 777
tsvlmodernhypnosis@gmail.com

West Australian Committee



WA State Executive Officer
Hope Wesley
0430 224 130
ahaseowa@gmail.com



WA State Secretary
Lisa Billingham
0403 932 311
ahasecretarywa@gmail.com



WA Treasurer
Miranda Diprose
0450 747 886
ahatreasurerwa@gmail.com

WA State Workshop Co-ordinator
VACANT



WA Committee Member
Jennifer Burke
0418 942 319
jennifer@alayahypnosis.com.au



WA Committee Member
Carol Vaughan
0409 087 629
carolvaughan@optusnet.com.au

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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.

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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.

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- 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

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ecs_nt@bigpond.com by the date/s noted below.

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

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

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

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

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

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

International reciprocal alliances:

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

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

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

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

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

and download the prospectus and application forms.



The AHA a Facebook page!

Please visit and 'Like' the AHA Facebook Page

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

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