



The Australian Hypnotherapy Journal

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

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

Editor: Chereyl Jackman

Proof reader: Bruni Brewin

Front Cover: Dawn at Deception Bay, Queensland

Presidents Report

Mailin Colman

Dear Members,

I am delighted to welcome a new editor for the Australian Hypnotherapy Journal – Chereyl Jackman! Chereyl brings a wealth of publishing experience to this role and I am looking forward to observing the journal's next phase of development under her very capable hands.



Planning day/s 12th & 13th of March

The national committee enjoyed the first planning weekend for 2016 and used the time very productively. There will be no new AHA projects for 2016 as it was strongly felt that this is a time to settle with the great changes we have had over the past 18 months and to focus on the following unfinished projects:

- To spend more time supporting AHA members through the myriad of information available from the AHA. It has been noted that our members are still largely unfamiliar with what is available to them.
- Schools review – the AHA has not updated the information on schools under its “hypnotherapy training” banner for some time. Phase one began in January with a request sent to all listed schools for updated information. Phase two will begin in the next few weeks with ascertaining all schools are congruent with the AHA's current criteria and standards.
- NHRA register – this has long required updating and discussions are now taking place in regards to actioning this.
- AHA member's database education for members – this is an ongoing issue but I am pleased to announce that so far, the renewal process has been much smoother this year than last!
- The rewriting / review of the AHA's Articles of Association and all internal policies and procedures. This is a process that should occur within all associations on a regular basis and will be undertaken throughout the coming year.

Renewal time

As you would all be aware, the AHA's membership year runs from the 1st of April to the 31st of March regardless of when you actually joined the AHA. If you joined us within the last month or 3, you are still required to renew and please note that all membership fees, supervision and CPD requirements will of course, be pro rata to that joining date.

Many members are still uploading first aid, insurance, police checks and other unnecessary documents to their renewals. Please be aware that if these documents are already on the database, they do not require to be uploaded again.

Unless something has expired, the only documentation to be uploaded is your supervision and CPD documents.

Professional members and supervision

Again, an area that has been well advertised since September 2014 but has still not reached all members and supervisors.

Professional members are required to attend a minimum of 6 individual supervision sessions per year in addition to any group supervision they may be doing. The evidence must show supervision attendance every month for 12 months of the membership year. This means that if you do individual sessions x 6 then the rest in a group situation, your total supervision for the year will be 18. This is fine! As long as you can demonstrate that you have attended monthly supervision and that this includes 6 individual sessions, you are fulfilling membership requirements. Please call Amanda or myself if you require further clarification.

Please also remember, I am, as a lovely member recently commented, a “hands on” president. I welcome discussion with members and am always available to talk with you.

Warmest regards,
Mailin Colman
AHA President

AHA website: <http://www.ahahypnotherapy.org.au>
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

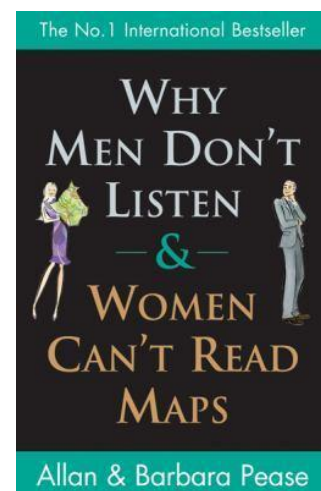
Please Note: Payment must be made in full prior to lodging your advertisement. Details are listed on Page 28.

Contact: Chereyl Jackman

Email: ecs_nt@bigpond.com

Book Review **Why Men Don't Listen and Women Can't Read Maps**

Author: Allan Pease & Barbara. Pease
Distributor: Great Britain: Orion Publishing Group (2001)
ISBN: 9780752846194
Reviewed by: Chereyl R Jackman BVA, MEd.



FAMILY DYNAMICS

Women and girls and men and boys communicate in different ways.

FEMALES

- use speech as a main form of expression
- particularise - describe in detail
- brain is not wired to rationalise things, she has to hear her own voice
- talk it out until they get the answer

MALES

- generalise
- solve problems
- get information
- give same problem to a male and he'll think about it and come to a conclusion in his mind

The fact has been known for some time that male and female's brains are wired differently. This has been proven scientifically in 1999 by the Institute of Psychiatry, London, through MRI scans. For a male it showed the brain activity for speech was less than half than a female's and located more on the right side, whereas the brain activity of a female was more generalised over larger areas through both hemispheres.

Females excel at verbal explanation and detail. They have greater auditory recall, they can hear more pitches and tones, and have more facial expressions to go with everything they're saying. Men usually respond in monotone and have less facial expression.

Men excel at spatial ability being able to picture in the mind the shape of things, their dimensions, coordinates, proportions, movement and geography. They are also able to see things three dimensionally. These abilities are four times greater than in a female, but interrupt them with speech, descriptions about all sorts of things unrelated, their process becomes scrambled. They become confused and irritated.

Can you imagine the confusion set up in a family when the mother who is used to verbalising everything seeks descriptive answers from her son who is playing computer games? The best she could possibly expect is a grunt in acknowledgement of what she's talking about. His ability to listen would verge on deafness. The reason for this is while males are employing their spatial abilities, their hearing becomes very selective. This is because they are operating in visual.

When a wife talks to her husband about all her daily activities and maybe perhaps is grizzling, the husband is thinking: "What can I do to solve the problem?" And when he offers solutions, she's thinking, "Why doesn't he just shut up and listen?"

The conclusion within family dynamics is that expected communications differ from one sex to the other. This leads females to believe that males are uncommunicative and males to believe that females are hounding them for answers.



Alternative Solutions

Bruni Brewin

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Child Abuse

Examining the 2013 Canadian Forces Mental Health Survey (CFMHS), which includes data from 6,696 fulltime personnel, researchers David Boulos and Mark A Zamorski found, Afghanistan-related deployments and child abuse experiences accounted for 38% of any mental disorder, 58.5% of post-traumatic stress disorders, 51.4% of panic disorders, and 37% of major depressive episodes.

<https://www.sciencedaily.com/releases/2016/03/160316082730.htm>

Of course that doesn't just apply to people in the forces, it applies to child abuse in general.

Alternative Solution?

If you suffer from any of the above symptoms contact a trained Hypnotherapist near you who may be able to help you release these feelings.

Contact the Hypnotherapy Register of Australia (HRA):

<http://www.national-hypnotherapists-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@gogglegroups.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 Australian Hypnotherapy Journal (fees shown on Page 28 of Journal).

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:

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.

"It's not working!" 24 factors that can impede change.

Karen Bartle

"It's not working!" is an all too common phrase heard in most therapist's office at some point in their career (even if this is all going on inside the client's mind!).

Even if clients don't verbalize it out loud, it can be seen through their body language and other behaviours, indicating they've often given up even before the process has had chance to gain enough momentum.

It's normal, and professionally desirable, to be concerned when a client doesn't make progress. Concern is to be empathic, caring and wanting the best for our clients. It's also about wanting to feel good, take pride in our work, check we are applying the appropriate methods, and encouraging positive word of mouth marketing.

However, there's a difference between 'concern' and 'anxiety'. Anxiety can drive a therapist to taking too much responsibility, trying too hard, and possibly ending up not enjoying or even leaving the profession. So it's important to have a sense of balance. One helpful way to do this is to look more closely at what can lead to therapy 'not working'. There's a checklist below to assist you here.

Are you sure?

Before asking why there's no progress, we first need to check whether this is the case. It can appear this way because:

- Progress can be slow at times.
- Client/therapist isn't aware of changes, some of which may be unconscious.
- Client/therapist goals have become more demanding – check initial goals.
- Client/therapist expectations were too high yet small but significant changes are afoot.

The antidote to much of this is educating clients at the outset, effective questioning to obtain information, and addressing their concerns.

The 24 factor 'No Progress' checklist:

The following checklist covers many of the factors that can impede progress. Note that some are a therapist's responsibility, some a client's responsibility, and some are relational.

1. Do we have rapport? This is a two-way street.
2. Is my client motivated?
3. Am I motivated?
4. Is there resistance beyond my influence?
5. Is my client committing to goals and then re-deciding?
6. Is my client not trying hard enough, or trying *too* hard?
7. Are they acquiescing – being very agreeable but not really engaged?
8. Are Primary, Secondary or Tertiary gain, or Malingering involved?
9. Does my client want to change themselves when changing context might be more appropriate, e.g. trying to manage stress but a change of career would be more appropriate?
10. Have my client's feelings about change and our agreed outcome been discussed?
11. Am I 'demonstrating' empathy, warmth, positive regard, listening, openness, and interest?

12. Am I colluding?
13. Am I being too forceful with my own agendas?
14. Am I working in the client's frame of reference or imposing? Or do they need imposition now to spark new thinking as we're stagnating?
15. Are we moving too quick or too slow?
16. Is the language I am using appropriate to my client's age, education, needs?
17. Am I withholding self-disclosure and coming across as cold and setting up a power imbalance?
18. Am I overly self-disclosing, taking up therapy time and forgetting who I am here for?
19. Am I starving myself of information, and the client of insight, by asking closed questions?
20. Am I acknowledging the client's identity – Age, Sexuality, Biological sex, Gender, Religious affiliations, faith and spirituality, Culture, Social status, Ethnicity, Dis/ability (physical, mental, learning)?
21. Am I engaging my client by incorporating their interests, hobbies, passions, etc.?
22. Who else has influence here apart from my client and I? Check family, friends, employer, colleagues, health professionals, etc.
23. Have I consulted my supervisor?
24. Am I up to date with my professional knowledge, theory, techniques, etc.?

If you discover that lack of progress is due to your own input, be kind to yourself, commit to what you're going to do better, and implement change immediately – individually for this client, or globally across your practice as appropriate. If lack of progress is caused by the client's input, and nothing could be done better by you, be kind to yourself and your client. Consider whether it's time to let go of any anxiety around your own performance, and possibly let go of your client.



Karen Bartle. MSc Health Psychology, BSc (Hons.) Psychology, HPD, DipH, PNLP, Cert. Stress Mgt, Cert. Hyp. Sup CMAHA; NHRA, Author and Hypnosis trainer.

Speakers and Trainers wanted for all AHA State Workshops

The AHA is dedicated to providing the Australian Hypnotherapy community with ongoing education opportunities in the form of 4 one day workshops per year. It is mandatory for membership levels professional and above to attend 2 of these workshops per year.

Each one day workshop offers between 1 and 4 speakers presenting material relevant to hypnotherapy and / or its practice.

Do you have something to share that would benefit AHA members? Please contact the relevant state workshop co-ordinator (details can be found in the last few pages of this journal) and discuss possibilities!

Offering yourself as a speaker benefits both the members and yourself. You will receive exposure for your own activities, increase networking opportunities and generally, get your name "out there".

WEIGHT

Have you been a Yo-Yo Dieter? Don't worry, that is not unusual. Research shows that weight loss from dieting as a rule of thumb, does not work. Within 5 years you will likely have regained your original weight plus more... Willpower alone is unlikely to permanently overcome subconscious habits and belief systems if they are deeply entrenched and serve a purpose...

Is this you? Short-term solutions don't work long-term...

Is it difficult to lose weight because:

We don't want to change our habits.
We like the food we eat...
We like the quantity of food we eat...
We just like eating...

Eating is an emotional issue or a health issue:

We eat when we are emotional or feeling hurt...
We eat when we are feeling depressed...
We eat when we are bored...
We eat when we are celebrating...
We eat because once we start, we can't stop...
We eat because our brain doesn't tell us when we have had enough...
Health issues or the results of medication we are taking can also play a part... Other reasons?

The basics of hypnosis weight loss therapy:

Teach how to use your mind to lose weight...
Work with your subconscious to lose the right weight for you...
Release feelings and emotions that stop you from releasing weight...
Up-front counselling to talk about underlying issues and various methods of releasing weight to include:

- Install a full-up feeling for when your body has had enough to eat...
- Describe what it means to you to have a fit and healthy body...
- Release the urge to eat more than is needed...
- Share with you and tell you what will assist you to lose weight without it seeming a chore...
- Motivate you at a subconscious level to make changes and do whatever it takes...

What Can Hypnotherapy do to assist?

Here are some therapies for you to choose from:

[a] How to lose weight with 'Hypnosis Gastric Banding'...

No surgery... No side effects... Motivation to exercise...

Putting you through a visualisation of a real gastric banding, so your stomach feels small and you can only eat small portions. If in hypnosis I ask you to imagine you are on a beach and hear the sound of the surf, feel the sun on your face, the sand under your feet... I don't need to bring a beach into my office for you to imagine that. Likewise, you don't need a therapist to set up the smells and sounds of a hospital. If you have been in a hospital, you know the sounds and smells which will enable you to imagine you are there under hypnosis.

[b] How to lose weight with 'Exercising while you sleep'...

No surgery... No side effects... Motivation to exercise...

Suzie Gibbs saw her weight balloon to 14st 7lb following years of avoiding the gym and a succession of failed diets. Visualisation of exercising, doing sit-ups, and reprogramming the mind to love exercise, caused the stomach muscles to contract which sped up the metabolism to burn off calories quicker. This helped Suzie



Illustration: Chris Chuckry

lose a stone in a month and eventually drop from a size 22 to a 14. Listening to a hypnosis audio each night for a month assisted the process.

[c] How to lose weight with ‘Learning to Unzip the Fat Suit’...

No surgery... No side effects... Motivation to exercise...

Trish Walker was 24st 7lbs at her heaviest. She lost half of her body weight in 18 months. Trish was about to have gastric band fitted when she opted for hypnotherapy. Trish consulted Therapist Maggie Wilde who developed CPR (Control, Program, Rewire). CPR uses EFT (Emotional Freedom Technique). This involves tapping on points on the body to change thoughts - to focus on feeling full up, to motivate to exercise, etc. Trish now weighs 12st 3lbs and exercises daily. The program was supplemented with hypnosis audios.

[d] ‘Gastric balloon in a pill’ helps patients lose weight without surgery or endoscopy...

Research: A new gastric mind balloon swallowed like a pill then filled with fluid to about the size of a grapefruit while in the stomach, can help patients lose more than 37 percent of their excess weight over four months. With the reduction of space in the stomach, hormones that control hunger and appetite under change. The balloon is emptied after 4 months.

Ninh T. Nguyen, MD, said *“The device is not a permanent solution to weight loss, but has the potential to help those individuals who are overweight or have obesity and are not candidates for bariatric surgery. For many struggling with their weight, procedureless gastric balloon devices may serve as a treatment option that bridges the gap between weight-loss drugs and surgery.”* A few tweaks and this can become an additional way to lose weight.

[e] How to lose weight squeezing a tennis ball...

Ask your subconscious to eat, enjoy and evaluate if what was eaten was too much. In hypnosis, squeeze a tennis ball to cause your stomach to feel full. Contract the muscles when you have eaten the right amount so you feel full. Through repetition in the session and asking your subconscious to do that so you feel full, is just as powerful as any of the above. Make adjustments as required. Use your own innate inner wisdom to create the changes that are right for you. Your subconscious mind knows what to eliminate or reduce from your diet so that it becomes easy to reduce weight.

What Else?

There are many different ways you can use your mind in Hypnotherapy to achieve weight loss - client focused hypnotherapy means just that - we focus on what is needed for you to achieve your results.

Methods to release anxieties include NLP techniques to release particular food cravings, visualisation and self-hypnosis, and listening to audio support.

How will you feel when you release weight?

You will feel healthier and avoid future health issues...

You will look good and be able to wear the type of clothes you like to wear...

You will feel confident and self-assured...

All this with... No surgery... No side effects... Definitely a better option to trial, don't you agree?

References:

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<http://www.dailymail.co.uk/femail/article-2487074/Unzip-Fat-Suit-Obese-woman-heavy-needed-knees-replaced-loses-12st-hypnosis.html>
- [d] Brewin, B comments* ‘How to lose weight squeezing a Tennis Ball’ has been successfully used in my practice for many years.



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/>

Reducing Anxiety in Organisation: Solution Oriented Programs

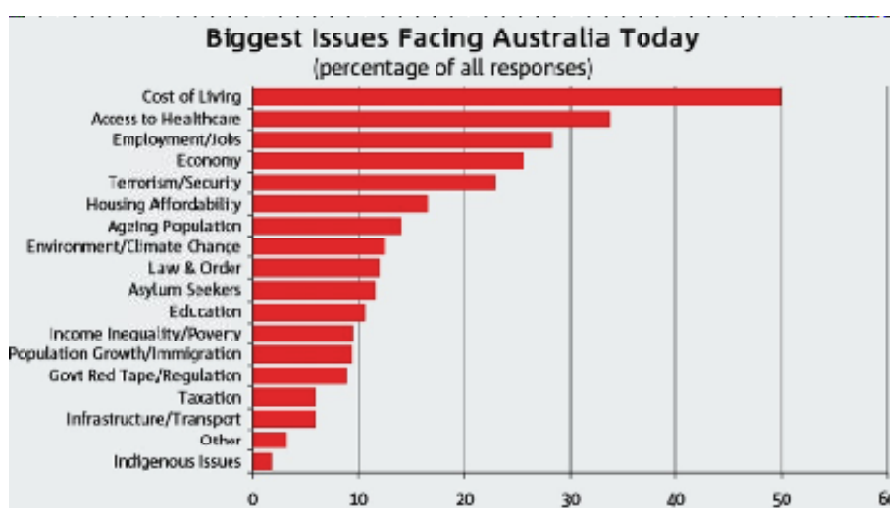
By Mike Conway, CEO & Founder of XVenture, Adj. Prof. MGSM

Over the last twelve months I have had deep and meaningful discussions with a number of senior executives and leaders all who have referred to a major challenge emerging in their organisations. The challenge relates to the high levels of anxiety and overwhelm of many of their staff.

Anxiety is the most common mental disorder (Australian Bureau Statistics) and at some point in life we will all experience it in some shape or form. Under usual conditions, it can act as a stimulant to help us complete things, however, consistent and continuous anxiety can affect many parts of our life, not least are our relationships both at home and at work and then ultimately our ability to perform at the level we should be able to or required to.

The NAB Australian Well-being Index confirmed that anxiety is at a new high as people worry about the cost of living, whether they can get good health care and whether they can keep their jobs.

“Anxiety is still the biggest detractor of personal well-being for a significant proportion of Australians, with around 38% rating their anxiety levels as ‘very high’,” says NAB Chief Economist Alan Oster.



Source: Business Insider Australia: Chris Pash January 2015

Our brain has an almost irrevocable power to draw us into emotional responses to the activities that come our way throughout our **busy** lives. Juggling **busy** family lives, **busier** travel to and from work, diaries chock-a-block bursting with meetings and constant texts and emails. Add to that regular organizational restructures and we've not even touched on any personal life matters yet. No wonder many are overwhelmed and providing the typical opener to everyone they meet – “sorry – I’m really **busy**!” or “I’m out of control!” What is fascinating about such comments is that the deliverer of the message isn’t aware of the impact that message could have on the receiver. Is it being delivered to gain a response of concern, or acknowledgement of importance or a way to keep people at bay?

The communication skill set we have and use can have a dramatic effect on how life turns out for us. Get it right and life can be truly wonderful. Get it wrong and it can spiral us out of control, affecting many parts of our life to our detriment.

When asked, most people believe they are good communicators. After all, we’ve all been involved in it since we were born! However, if we are so good at communicating, how is it that we have so much anxiety and relationship challenges in our lives. Michael Yapko draws attention to this in his landmark work “depression in contagious” which shows the inextricable link between failures and breakdowns in communication, relationships and anxiety, depression and medication. One in ten Americans are now on antidepressants.

Forty million anti-depressant drugs were prescribed in the UK in 2012 and in Australia the levels have doubled in the last decade making it the second highest prescriber in OECD countries. (2013)

My most recent work with individuals (at XV121) and teams (XVenture Challenge), suggests that despite us believing we are effective and give our best efforts, we are nowhere near the 100% that we pride ourselves being. Add the complexity of a large corporation, and a life as described then if we're achieving 50% we are doing ok! (Approximately 15% of a workforce are on the move each year.) Add a further 10% as they are disengaged for a period before and prior to a move. Add a level of anxiety for the rest of the workforce – we're now at 50%.

In recent months it has been good to see some organisations including Google and ANZ bank recognizing such matters and not only working as most do one the formal policies and procedures companies must obviously undertake, but also investing in time and effort on offering their staff tools and techniques for dealing with this fast paced changing world. Mindfulness and art therapies are now emerging in mainstream and these are delivering some exciting results.

From our work at XVenture, we have seen such benefits. As important as anything is the encouragement of individuals to spend time to reflect on their situation, acknowledge aspects that

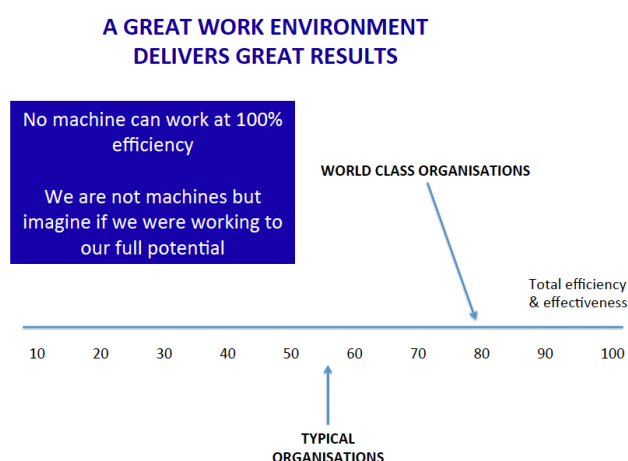
are not working for them, identify what they want to change and learn and embed new steps on how to implement new ways of living and working. This seems on the face of it obvious and logical. The tricky part is, as Dr Steve Peters shares in his work “The Chimp Paradox” that under pressure and when overly stressed, our emotional side of the brain leads us. It is so powerful that unless we are highly trained and self-aware we typically respond to much activity around us with a fight, flight or freeze mentality. Take the NAB analysis described earlier and our decision making is undertaken through such a lens.

In recent months we have started to introduce several organisations to solutions oriented approaches. These are delivered where needed in association with emotional intelligence and experiential learning concepts. The aim is to deepen the impact mindfulness and reflective techniques can have for an individual, providing them with tools to shift their behaviour and more effectively deal with high levels of anxiety. What has emerged is a new “sense of purpose” model where some organisations are beginning to see the benefits of a deeper connection between the Company “Sense of Purpose” with an individual's.

Some of this is not new. Semler was innovating in this way at Semco, Brazil in the 90's. What is new, though is acknowledging, identifying and applying modern techniques for workers to cope with the chaotic World we live in. This requires a greater degree of openness and honesty and requires us to relinquish many of our hidden fears. Apply these techniques, and maybe we have a chance to get those low percentages of efficiency and effectiveness up. Perhaps not at the 100% mark, but certainly closer.

About Mike Conway:

Originally a background in health care working with EY and Deloitte, Mike is the Founder and CEO of XVenture, an Adjunct Professor at MGSM and clinically trained hypnotherapist. His corporate life includes executive work experience in more than 20 countries with some of the world's best companies, and high profile, high performing individuals. His passion is using an integrated approach to support individuals and teams to become the best they can be. Feel free to contact Mike via mike@xventure.com.au, LinkedIn or see www.xventure.com.au to find out more.



What You Need to Know about Writing a Journal Article

The AHA encourages members to submit articles for publication in the Australian Hypnotherapists' Journal? Have you ever considered writing and submitting an article and enjoying the benefits of boosting your personal and professional credibility and increasing your advertising exposure to hundreds of readers? If you would like to write and submit an article, do you know what makes an article different from other types of writing?

The first and most important thing you should know is to ...

Identify your Reader

The AHA Journal is read by Hypnotherapists, Psychologists, Counsellors, professional people working in similar fields, or people who have an interest in hypnotherapy. From the very first sentence onwards, everything you write must speak to this type of reader and engage their interest.

It has to get the reader's attention

Create an interesting title for your article that makes the subject immediately clear. Magazines, newspapers, professional journals, and the internet are filled with articles with headlines to attract the reader's attention. You need to think like a journalist when you write your article. Include a rhetorical question in the first paragraph to make readers want to find out the answer.

Is your Article Interesting?

Hypnotherapists are generally interested in three things when it comes to Hypnosis Articles and Case Studies:

1. Details about the client and their presenting issue/s
2. Induction / Methodology
3. Time Frame and Outcome.

The article needs to be engaging and entertaining enough to read all the way through. Use quotes and/or examples and add a little humour.

Your Article must be Easy to Read

The eyes get tired after reading many pages of plain text. Highlight subheadings and write clear paragraphs to create a visually interesting layout. Include graphics/illustrations where appropriate. Write in a semi-informal, conversational style and organise your ideas into a logical sequence. Keep time lines consistent and in order of progression. Plan your article carefully. Spend 5-10 minutes brainstorming your ideas and choose the best three or four. Create appropriate subheadings and then write a short introduction to your article that tells the reader what to expect. It is important to keep the reader interested, but don't tell them exactly what they will read.

Give your client a name, even if it is fictional. It helps the reader to identify more fully with the person.

The BioMedical Editor recommends the use of **active voice** rather than **passive voice** when writing articles for medical /scientific journals. The **active voice** is direct and emphasizes the **performer** (or agent) of the action. The **passive voice** is indirect and can be weak, awkward, and wordy. It emphasizes the **receiver** (or product) of the action.

Passive voice: The child was being hypnotized by the hypnotist.

Active voice: The hypnotist hypnotized the child.

Be concise. Most people may have limited time to read your article. Reference information that has been sourced elsewhere. The Harvard Referencing style is usually recommended. Citations follow this format:

Last name, First Initial. (Year published). *Title*. City: Publisher, Page(s). Citations are listed in alphabetical order by the author's last name. If there are multiple sources by the same author, then citations are listed in

order by the date of publication. For more information refer: <https://www.citethisforme.com/harvard-referencing>

Read lots of professional journals to become familiar and competent with different academic writing styles. Compare with other genres i.e. articles in Woman's Weekly, New Idea, Boating and Fishing magazines. Learn your craft. Writing, like everything, else is a skill to be learned.

Summing Up

Often, the best endings link back to the beginning of the article in some way. It is also good to leave the reader with something to think about. Ask them another question or invite them to take action.

Finally, read your finished article out loud to yourself. Any errors will become painfully obvious. Ask yourself, "If, as Clinical Hypnotherapist, I were reading this article for the first time, would I enjoy what I am reading and if not, why not?" Send your article to colleagues to read. Ask for **honest** feedback.

Common mistakes made in articles

- The language is too formal, repetitive, or waffles on. Avoid generalisations, deletions and distortions.
- The writer does not use any quotes and/or examples.
- Too many or not enough questions are used. Rhetorical questions don't require an answer. No more than one per paragraph is recommended. Some examples are as follows: Have you ever ...? What do you think about ...?

Conclusion

Now that you know what you need to know, the do's and don'ts of writing an article for the Australian Hypnotherapists' Journal, I look forward to receiving and publishing your wonderful articles. Are you up to the challenge?

References:

Five Things You Need to Know about Writing Articles. http://www.examenglish.com/FCE/writing_an_article.html 4.4.2016

Harvard Referencing: Guide. <https://www.citethisforme.com/harvard-referencing> 4.4.2016

The BioMedical Editor. <http://www.biomedicaleditor.com/active-voice.html> 4.4.2016



Chereyl Jackman

BVA; MEd; Dip. Hypnotherapy; Dip. Kinesiology; NLP & NOT Practitioner, CranioSacral Therapist.
AH Journal Editor

Thoughts for the Day

*Shape clay into a vessel; it is the space within that makes it useful.
Carve fine doors and windows, but the room is useful in its emptiness.*

*Remember: A tree that fills a man's embrace grows from a seedling. A tower nine stories high
starts with one brick. A journey of a thousand miles begins with a single step.*

A New Way of Thinking, A New Way of Being – Experiencing the Tao Te Ching

When you believe in the impossible, it opens the way for the incredible to come true.

Letters to the editor



I would like to thank the AHA NSW's Executives for their consistent loyalty to our AHA Association; it takes commitment, time and much personal sacrificing. You are appreciated; I held an executive position for 5 years in past years, so I am aware of what it takes.

I am one of only a tiny handful of dedicated, motivated, inspirational hypnotherapists who banded together to form the NSW's branch of the AHA, in 1972. I have been a full time professional practicing Hypnotherapist since **1962**, that is a total of 54 years in 2016 and I am still as passionate and devoted now as I was when I first began my practice.

Recently I attended the AHA Christmas lunch workshop held by the NSW Branch. It was an add on extra bonus for me, with not only the Christmas Lunch, the workshop speaker, the catching up with friends and long-time Hypnotherapist friend Elizabeth Bullock, but I was both delighted and surprised to have a voice from the past, Nessie Shaw, compliment me and mention she first saw me when she sought out hypnotherapy with myself, for her HSC, 50 years ago. Nessie managed to have the opportunity to speak on the microphone and spoke of our first meeting.

I would very much like to extend my thanks and appreciation to those members present who applauded. I have forever been passionate and enthusiastic to about the practice of hypnotherapy, so it looks like I will keep going for as long as I can.

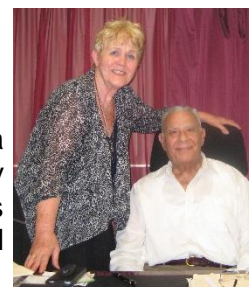
Thank you for a memorable day, and my best wishes to everyone in their future hypnotherapy careers and helping people to FIND the LOVE.

Beverley Bultitude, AHA Life Member

(Reprinted due to a typographical error.)

To the Editor – AHA

I wanted to advise older AHA members that I visited Onsy Mattar recently. Onsy is a Psychologist and Hypnotherapist. I first met in 1992 when I became National Secretary of the AHA. At the time I was the new member on the block. We lived a mere 20 minutes apart so I phoned to arrange to meet him. We have kept in touch for 24 years now and I have benefitted tremendously from his advice and wisdom over those years.



Onsy joined the AHA in 1972. He was a practicing psychologist in Macquarie Street, Sydney. In the room next to him was a Hypnotherapist called James Ballantine who was Secretary of the AHA at that time. Through talking about hypnotherapy Onsy became very interested and James started teaching him. He later saw a school advertising the teaching of hypnosis and did a course.

As the only Arabic speaking psychologist and hypnotherapist in Sydney he became very busy dividing time between practices and visiting clients at various doctors' premises and when James Ballantine became sick he took over his practice as well. Onsy divided his time between psychology and hypnosis. After 48 years he still practices at his premises in Bankstown.

Onsy told me that last year he had 2 strokes. A blockage caused an irregular heart beat that caused the first stroke. Three weeks later a second stroke came along. Since then the blockage was dispersed. At the time it caused him a 3 month stay in hospital. Fortunately, all is well now.

Unfortunately Onsy is also on dialysis. It would be great if like Joe Kee he manages to use his skills to remove himself from this.

We wish him health and many more years in the profession he so enjoys.

Regards,

Bruni Brewin. President Emeritus - AHA

FOOTNOTE: Onsy Mattar has been a member of the AHA, since 1972. He has been a member of The Australian College of Private Consulting Psychologists, since 1980 (one of the first psychologists to be registered when the need to register to be a psychologist came about), a member of The Australian Society of Clinical Hypnotherapists since 1980, and a member of the International Academy of Eclectic Psychotherapists since 1983. He has been awarded the honorary title of Doctor. He was also the President of The Institute of Australian Egyptian Culture.

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Professional Indemnity Insurance

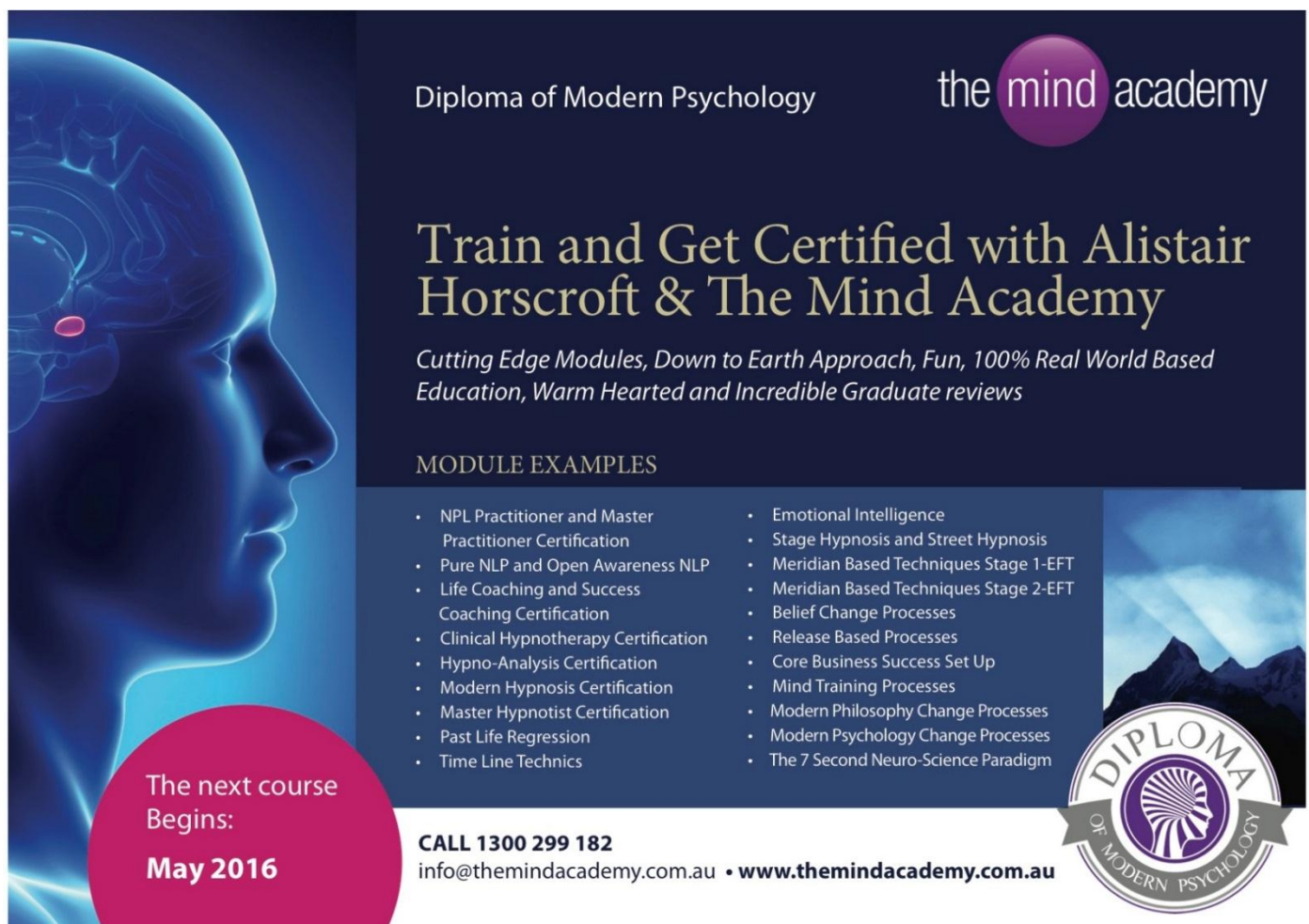
The AHA National Executive Committee has arranged a discounted combined professional indemnity and general public liability insurance policy for our members.

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>
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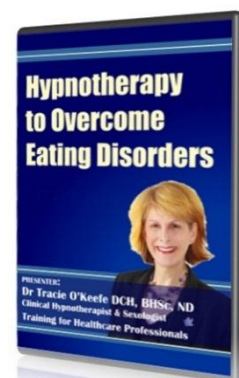
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Clinical Hypnotherapist, Psychotherapist, Naturopath
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2 hours Continuing Education Points

Slides included in the video

Instructions on How to Use Hypnotherapy to Help Clients Recover From Eating Disorders

Hypnotherapists are in a unique position to alter behaviour patterns for people with eating disorders fast, through deep unconscious change.

Topics covered include:

- The different kinds of eating disorders
- Screening protocols
- How therapists can work with clients to help them change their cognitive behavioural patterns, emotions and eating habits through direct and indirect suggestion, cognitive rehearsal in hypnosis and hypno-psychotherapy.
- A review some of Tracie's past cases where long-term chronic eating disorders have been helped in a matter of a few sessions by applying hypnotherapeutic techniques.

Viewers will learn:

- Theoretical and practical skills to use in their hypnotherapy practice
- How to work appropriately with different eating disorders
- How to work with other professionals
- What kind of hypnotic techniques are suitable for working with this issue
- Boundaries and limitations for professionals dealing with this issue

Run time: 2 hours

Delivery: Digital download

Essential training for hypnotherapy students, advanced clinical hypnotherapists and other healthcare professionals who use hypnosis in their practice.

[CLICK HERE FOR DETAILS](#)

Also Available:

The Use of Hypnosis to Treat Psychosomatic Erectile Dysfunction: Click [HERE](#) for details.

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without being qualified....
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or a pilot...*

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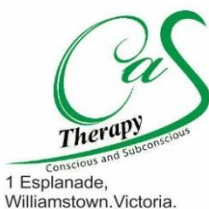
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Information is also available online and Bookings can also be made at:

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Master Certificate Award (ICHP Australia) **(M. Clin.Hypn. & Psych.)**

After 15 years teaching Hypnosis and Hypno- Psychotherapy under licence from ICHP in Europe we, in ICHP (Australia), – see www.hypnopeople.com are pleased to announce that our Licence has been extended by ICHP HQ in Europe to permit the teaching of the above Masters Award here in Australia. This award is the basis of Registration as a professional Psychotherapist (a regulated title covering all Psychotherapy modalities including Hypno-psychotherapy) in Europe (see www.hypnosiseire.com and www.moodle.hypnosiseire.com for details). ICHP (Australia) Lecturers contribute significantly to the production and teaching of the relevant Modules every year at the Marino Institute in Dublin. The Award will be made by the European and Australian Institutes jointly. It is NOT an Australian Government accredited VET course of Australian origin and is NOT a Master's DEGREE (an award which is the prerogative of Universities). The award does however reflect the European post-graduate content which is of a high standard and which is required by the European Association of Psychotherapists (EAP) for recognition as a Psychotherapist, or Hypno-psychotherapist, in Europe.

This Course is Nationally recognised by the Australian Hypnotherapist's Association which is the National Registration Body for hypnotherapists and has been the **premier association** for hypnotherapy and hypnotherapists since 1949; it is the oldest and largest hypnotherapy organisation in Australia (see <http://ahahypnotherapy.org.au>).

We propose to offer the award, commencing in 2016, in two formats; either as a 4 year part time course (approximately 400 hrs per year), or as a 2 year part time course (approximately 800 hrs per year). Recognition of Prior Learning will be granted to would-be students who have prior training in Hypnosis and/or Counselling and Psychotherapy, Social Work or Psychology.

You are invited to Register Interest in Enrolment for the above Course by making contact as follows:

Email: ichp.aust@gmail.com or

Mobile: Voice or Text **0412 907 363** (If we cannot answer, because we are in Clinic or Teaching, please text your name and number and we will call you back).

You will be sent **full details on request** and it will assist us to do so in a manner which is most relevant to you if you would mention any qualifications you may already have and whether you may be interested in seeking RPL.

Thanks for your attention!

Dr Peter George, D.Clin.Hypn.& Psych., M.Sc., Grad.Dip. Health Counselling., B.App.Science., Adv Dip. Hypno-analysis., Dip. T&A.
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Mastering the Fundamentals of Ego State Therapy

Designed to give an overview of Ego State theory and therapy as well as teach the core skills to enable you to implement and integrate Ego State Therapy into your practice.

Weekend Training - \$550 Early bird \$500

16 & 17 July, 2016

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This in depth training will extend your practical knowledge to cover most presenting issues in practice \$2750 Early bird discount \$100

6 & 7 August, 2016

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Includes 1 × one on one supervision session and one therapy session

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This series, focused on specific topics, is for those who have completed the Diploma or Clinical Qualification in Ego State or Resource Therapy. We will go deeply into specific areas of practice

One day workshops \$250. For details register your interest at julie@juliemadden.com.au.

Enrichment Series

This series is designed to expand knowledge of ideas that will complement your Ego State Therapy work. These workshops will be presented by professionals with extensive knowledge in their field.

One day workshops \$250. For details register your interest at julie@juliemadden.com.au

Supervision

Individual supervision in person, via Skype or telephone is available. In Melbourne there are two supervision groups – one for beginning practitioners and one for advanced. For details contact julie@juliemadden.com.au

Training days are 9.00am - 5.00pm in Brunswick or Fairfield, Victoria

Trainer: Julie Madden



As one of Australia's leading exponents of Ego State Therapy Julie Madden's extensive knowledge of both theory and therapy together with her practical experience of ego state interventions, will help you integrate learning the model with useful applications for your practice.

Julie's dynamic presentation style is engaging. Her experience supervising Ego State therapists in group and individual supervision adds another dimension to her training.

Julie has been in private practice for over 15 years using Ego State Therapy exclusively. Julie works with children, adolescents and adults with a wide range of presenting issues. She brings her in-depth knowledge and practical experience of working with thousands of clients to the training.

Julie is a Life Member of the Australasian Ego State Therapy Association and is an approved AESTA Supervisor. Julie is a Fellow of the Australian Hypnotherapists Association and is an approved Supervisor with the AHA.

Mastering Ego State Therapy can add a powerful set of tools to your therapeutic toolbox. With or without hypnosis this therapy can bring about powerful and long lasting change.

It can foster an improved psychological and physical experience of life. Working directly with the state that needs assistance provides the shortest distance between the goal and the solution. The practical techniques help you to locate ego states in pain, trauma, anger or frustration and facilitate expression, release, comfort, and empowerment.

Ego State therapy is a focused therapy which facilitates the part of the client with the problem to come forward so the origin of the problem can be directly addressed.

The course covers theory, demonstrations, practical applications and practice. The Intermediate course includes supervision and therapy.

For further information:

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AHA Information and Updates

Workshops for 2016

NSW	Sunday	2th March 2016	GM & Training
	Sunday	19th June 2016	AGM & Training
	Sunday	4th September 2016	GM & Training
	Sunday	27th November 2016	GM & Training
QLD	Sunday	7th February 2016	GM & Dr Alan Brast
	Sunday	29th May 2016	AGM & Training
	Sunday	28th August 2016	GM & Training
	Sunday	27th November 2016	GM & Training
Vic	Sunday	6th March 2016	GM & Training
	Sunday	5th June 2016	AGM & Training
	Sunday	4th September 2016	GM & Training
	Sunday	4th December 2016	GM & Training
WA	Sunday	7th February 2016	GM & Dr Robert McNeilly, Hypnosis Made Easy
	Saturday	7th May 2016	AGM & Q&A + Joshua Hawes, Psych Critical Incident
	Sunday	7th August 2016	GM & TBC Peter Smith
	Sunday	19th November 2016	GM & Dr Michelle Middlemost

Renewal information: Due by 31st March, 2016.

All renewals are due by the 31st of March, 2016 in order to begin the new membership year on the 1st of April.

Required accompanying documents:

- CPD record card – filled out and with accompanying evidence of all CPD completed during the 15/16 membership year. This should equal a minimum of 20 points and include at least 2 AHA workshop attendances. Clearly if you live in a rural or remote area, you will be exempt from this requirement.
- Supervision record card – this must be completed and signed by your supervisor / peer group leader. **Professional members** should have a minimum of 6 one on one supervision sessions with the rest being made up of either group (peer or supervision group) or continuing with one on one for the entire year to a total of 24 points.
- If your first aid, insurance and police check / WWC are current at the time of renewal, this will be noted on your renewal form and uploading the document again is not necessary. Uploading is only necessary where the document has expired.

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

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

1300 552 254
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[**admin@ahahypnotherapy.org.au**](mailto:admin@ahahypnotherapy.org.au)

AHA State Workshop Reports

QLD – Chereyl Jackman, Secretary,

7th February 2016

Dr Alan D. Brast has been a medical / mental health professional for over 4 decades. His primary areas of expertise include Suicidology, Medical Hypnotherapy / Analysis, Grief and Trauma Counselling for suicidal ideation, rape, abuse, anxiety, phobia disorders and other areas of medical psycho trauma. He lectures extensively worldwide and teaches Clinical Suicide Understanding for medical, mental health and educational professionals at two universities.



Dr. Alan D. Brast gave four Short Presentations.

This article covers his discussion on Managing Insomnia

Insomnia is the inability to fall and stay asleep. 56% of people over 50 have insomnia. It is not the length of time but the quality of the sleep. A good dose of REM sleep REM sleep = 2¾ - 3½ hours. During REM sleep you dream. Dr Brast finds 6½ hours of REM sleep is sufficient for his health and well-being.

How does the client feel when they wake up? Are they energized, etc.? Is their sleep constantly interrupted? Are they kept awake at night with Mind Chatter? Do they have Functional Insomnia? Shift work, jet lag, diabetes, emotional issues and mind chatter all violate sleep hygiene.

MEDICAL SLEEP DISORDERS: Narcolepsy, Restless Leg Syndrome.

THE GROSS MISREPRESENTATION OF THE DRUG COMPANIES:

FIRST GENERATION SLEEPING PILLS: Had a long half-life of 30 - 34 hours. If a person took a pill at 10:30pm, he would still be asleep when he drove to work the following day.

SECOND GENERATION SLEEPING PILLS: Their affect is of shorter duration but they are more dependent forming. They also violate the laws of sleep hygiene and disturb the Circadian Rhythm. Drugs which are used as sleep aides create rebound insomnia. Within a short time you can't sleep without them and you can't sleep with them.

How much sleep do we need?

Teenagers produce enormous amounts of melatonin and sleep a great deal. In adults over 30 the production of melatonin reduces dramatically and less sleep is required. A power nap of only 20 - 30 minutes during the day is very beneficial. It is not a matter of how long you sleep, it is the quality of REM sleep that is needed to reinforce the Circadian Rhythm.

Babies: 16 hours per day. **Teenagers:** 9 - 16 hours per day. **Adults:** most need 7 - 8 hours, but some may need as few as 5 or as many as 10. **Pregnant women** may need more sleep than usual. **Older adults** may sleep for shorter periods of time, more often.

What is good sleep?

Good sleep is restful and uninterrupted. Your muscles are relaxed. Your body rearranges itself once or twice each hour so your blood circulates. You go through the five sleep stages several times. You spend at least two hours dreaming, during which your brain tries to make sense of random thoughts and brain signals. Your body's cells produce and store proteins to renew and restore all of your systems.

What are the stages of sleep?

Stage 1 (10%) It's easy to be awakened from stage 1 sleep. You may experience slight muscle contractions that give you the sensation of falling.

Stage 2 (45-50%) Brain waves slow down, body temperature drops, breathing and heart rate remain constant.

Stage 3 and 4 (20%) You enter deep sleep. Your brain waves change from the waking alpha and beta waves to slower theta and delta waves. It is hardest to wake you up. Your blood pressure drops and your breathing slows.

REM (Rapid Eye Movement) (20-25%) Your heart rate increases, your blood pressure rises, males get erections, and you lose some ability to regulate your body temperature. Most dreams occur during this stage.

As the night goes on, periods of REM sleep increase in length while deep sleep time decreases. If you're deprived of REM sleep one night, you may go into it earlier the following night to catch up.

Sleep wraps itself around you. To create good sleep hygiene it is important to go to bed and wake up at the same time daily. Bed is only for sleep or sex. If you want to have a nap, use the couch.

Bed time snacks should be absent of fat and sugar. Thinly sliced turkey and dairy products are high in melatonin. Caffeine has a half-life of four hours. Coffee, tea, chocolate, candies, baked products, binders in blood pressure and cholesterol tablets are high in caffeine. Nicotine stimulates and aggravates insomnia. Alcohol is a depressant. It creates a light state of sleep and is a poor excuse to create sleep.

Exercise is not helpful. If you go to the gym after work and finish your workout late in the evening you are still pumped when you go to bed.

Beneficial methods to induce sleep include: Self-Hypnosis; 10 Cleansing Breaths cleans the blood and relaxes the body; reading a book; a warm bath or shower; and guided imagery.

The environment should be cool, dark and without noise. Eyelids are like Venetian blinds. They do not filter out enough light. If you need a night light, place it inside the bathroom where the light will not disturb your sleep. Acrilalin Ear Plugs mould to the inside of the ear and block out all noise. They are available from the chemist.

If the mind is working overtime and thinking about what needs to be done the next day, guided imagery or self-hypnosis will help.

The mind is a predatory organ. Do not lay there and watch the clock or toss and turn. Get out of bed and do something mindless for 10 minutes like reading a book or watching some TV.

REM sleep is non-productive in people who are clinically depressed. Note that depressives lie like a rug.

If you wake up and fall back to sleep, you have experienced a temporary state of wakefulness. Yawning prepares the mind and body for the sleep that is to come. Looking towards the top of the head tires the eyes which also produces sleepiness. Used in combination with 10 deep cleansing breaths and yawning, this technique creates an excellent way to fall asleep.

Reference: *Sleepless America – Why is Sleep so Important.* <http://www.sleeplessamerica.org/why.html> 16.8.2006

Chereyl Jackman

Secretary, AHA QLD

AHA State Reports

State Links

The NSW State Report

Go to the AHA – NSW website for further updates:

http://www.ahahypnotherapy.org.au/nsw_workshops.htm

The ACT State Report

Go to the AHA – ACT website for further updates:

http://www.ahahypnotherapy.org.au/act_workshops.htm

THE QLD State Report

Go to the AHA Queensland website for further updates:

http://www.ahahypnotherapy.org.au/qld_workshops.htm

The TAS State Report

Go to the AHA – Tasmania website for further updates:

http://www.ahahypnotherapy.org.au/tas_workshops.htm

The NT State Report

Go to the AHA – NT website for further updates:

http://www.ahahypnotherapy.org.au/nt_workshops.htm

The SA State Report

Go to the AHA – SA website for further updates:

http://www.ahahypnotherapy.org.au/sa_workshops.htm

The VIC State Report

Go to the AHA – Victoria website for further updates:

http://www.ahahypnotherapy.org.au/vic_workshops.htm

The WA State Report

Go to the AHA – WA website for further updates:

http://www.ahahypnotherapy.org.au/wa_workshops.htm

WA State Report

WA has experienced a rapid growth in membership over the last 18 months ranging from a total of 56 members in August 2014 to 99 members in March 2016, an increase of 43 members. The breakdown of membership categories as at 4 March 2016 is: Clinical – 31, Professional – 24, Student – 40 and Affiliate – 4. The growth pattern shows a steep rise in the Student and Professional category when compared to 2014 figures.

The TryBooking system was implemented in December 2015, ready for the February Workshop and is proving popular with both members and Committee for its ease of use and time saving capabilities.

Attendance over the last three Workshops has steadily increased to a record breaking 70 members registering for the Rob McNeilly Workshop in February this year. It is my hope that this trend will continue and that all members will take full advantage of every opportunity to 'upskill'; continued development of personal knowledge, skills and abilities can enhance treatment outcomes when working with clients.

The next General Meeting and AGM will be held on 7 May when we will be welcoming our President Mailin Colman. Following a delicious morning tea, Mailin will host a 'Q&A' session for the benefit of members to ask any questions. An early lunch is scheduled to allow maximum time for our Presenter, Mr Joshua Hawes, whose expertise in trauma should be of value to every one of us. Joshua's amazing career has included holding the position of Regimental Psychologist with the Australian SAS and being deployed a dozen times to conflict zones across the globe, working in Correctional Facilities and running his own private practice. Joshua has worked for both private and government agencies and his

expertise includes the delivery of a variety of organisational services:

- Trauma Management
- Crisis Preparation
- Psychological Risk Mitigation Procedures
- Personnel Selection
- Leadership Training and Organisational Development

also individual psychological services. It will be a privilege for AHA (WA Branch) to welcome Joshua as our Presenter.

I would like to invite all Clinical and Professional members to give serious thought to sharing your expertise and consider nominating for a role on the Executive Committee, or as a general support Committee Member. All positions will be declared vacant at the AGM. Nomination forms will be e-mailed to all members. AHA (WA Branch) is growing and with your help, we can continue to strengthen the foundations of our dynamic Association during this growth phase; the future for hypnotherapy is bright – you can make it shine. Please call me with any questions you wish to ask, I'm here to help you.

Warm regards,

Elaine Walker
Acting SEO WA

Vic State Report

The Victorian branch has had an increase of attendees in workshops in this financial year 2015-2016. Thanks to the committee Raeleen Harper, Stella Dichiera and Myself, we have managed to accommodate a variety of topics for the members. Thank you all for the support and feedback you provide us. The branch is in a positive financial position.

Our last workshop featured Elizabeth Waddell – Positive Psychology – It was a pleasure to invite Elizabeth, she is passionate presenting the work of William Glasser MD (psychiatry) who utilized Positive Psychology through

Reality Therapy, Choice Theory. "We behave to meet our needs. Our needs will drive the behaviour". Our behaviour (choices) are driven by five genetically driven needs (survival needs), such as Food, Clothing, Shelter, Breathing, Personal safety, Security. And our four fundamental psychological needs are belonging / connecting / love, Power, Freedom, Fun / Learning. Elizabeth was very professional and inspirational.

Our second lecturer had an impact on how much we need to learn about Supervision.

Cas Willow is passionate about Supervision, She loves it! And she definitely showed it. There was so much about supervision that people did not know, and we cannot thank her enough for sharing her vast knowledge and professionalism. Supervision is intended to focus on the welfare of the client. It is getting the bigger picture of the profession as a whole. It is about reflection, accountability, confidentiality and so much more that it would be impossible to summarize in a few lines. Cas showed both supervisees and supervisors the necessity to maintain a professional standard by attending supervision. Thank you Cas, and there is so much more you would have liked to say. A nice opportunity to have you back in Victoria.

On behalf of the committee, thank you to all members for your support and understanding. Thank you for your friendship and commitment to the AHA.

We are looking forward to seeing you at our next workshop and AGM on Sunday 5th June 2016.

Kind regards,

Marc Ponzi
SEO Victoria

QLD State Report

We had a very successful beginning to our 2016 work-shop programme with Dr Alan Brast speaking on a range of topics including Managing Anger and

Frustration, Cancer for Two, Aging Gracefully and Conquering Insomnia.

More than forty people attended and the feedback was without exception, excellent.

We have topics and speakers in place for the remaining three workshops in 2016.

Next workshop May 28th the topic of the day is TRAUMA. Our first presenter for the day is Sharon Mulcan an expert and trainer on TRE (Trauma Release Exercises). The afternoon presenters, Yael Tsvieli Reiss followed by Alex Robey are Clinical Members of the AHA. They will also be presenting on trauma.

Our August 28th presenter is Alistair Horscroft. He is also an AHA Clinical member and well known and very popular with our members for his various past successful presentations. We will have more details on Alistair's presentation in our next report.

The last presenter for the year November 27th is Trish Purnell-Webb, a Trainer for the Gottman Institute who will present "*Understanding a Sound Relationship*".

During this past year Marilyn Colvin Boon has done wonderful work in transitioning us over to us over to MailChimp for our promotional and member mailouts and Trybooking for smooth payment for workshop attendance.

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

Both of these innovations have been significant improvements to our workshop processes.

Again, thank you to the great Qld Committee Team for a terrific start to the year.

Warm regards,
Marie Element
SEO QLD

SA State Report

Welcome to 2016 from the SA branch of the AHA. This year is a "9" year in the eyes of numerology, it promises to

be one to complete unfinished business, reach conclusions and tie up loose ends. Therefore as one door closes another opens. It is time to integrate our past with the present, so that the potential of our future can be seen and felt. A significant transformation is likely this year - alterations and improvements to all areas of life.

What we call the beginning is often the end.

And to make an end is to make a beginning.

The end is where we start from.

T.S. Eliot

As SA is now ready to move ahead and make significant changes to its current mode of operating, I am hoping to embrace change and work to create a new body of members that will engage in the future of our chapter.
















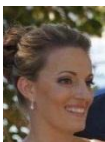





We currently have 49 members comprising 14 Clinical, 19 Professional and 16 Students. I am hoping that those members that are qualified to upgrade will consider doing so this year. I would also like to mention to Professional members, that it is important that you are getting your clinical supervision from one of SA's approved clinical supervisors; otherwise your supervision is invalid. Audits will be conducted randomly at renewal to check that supervision is being adhered to correctly.


We are not in a position to advertise workshops at this stage; however, I do have some in the pipeline that will come to fruition during the year. We are still hoping to hold at least 3-4 workshops, either half or full days, depending on the content. Stay tuned for further notification.

In closing, I would love our branch to make the change this year. If you are a current clinical member, please consider joining the Committee and help to make this year a significant one of transformation.

Warm regards,
Rona Spicer
SEO SA

AHA State & National Committees

National Committee		NSW / ACT Committee	
	President Mailin Colman 0417 184 355 mailin@ahahypnotherapy.org.au		NSW State Executive Officer' Lydia Deukmedjian 0410 627 665 nsw@ahahypnotherapy.org.au
	Vice President Bernadette Rizzo 0401 082 077 bernadette@ahahypnotherapy.org.au		NSW State Secretary Katherine Ferris 0414 585 595 ahasecretarynsw@gmail.com
	National Treasure & SA Representative Rona Spicer 0408 816 118 sa@ahahypnotherapy.org.au		NSW Treasurer Natalie Meade 0406 934 645 ahanswtreasurer@gmail.com
	National Secretary Christine Taplin (03) 9773 8850 christaplin@yahoo.com.au		NSW Membership Secretary Antonella Franchini 0408 806 996 ahamembershipnsw@gmail.com
	National Director & Vic Representative Marc Ponzi 0401 063 594 pureintuition@optusnet.com.au		NSW Workshop co-ordinator Position currently vacant ahaworkshopnsw@gmail.com
	Director – QLD Representative Marie Element 0421 396 994 qld@ahahypnotherapy.org.au		Supervision / Peer group co-ordinator Hollie-Berri Sleeman Ph: 0433 777 775 ahasupervisionnsw@gmail.com
	Director – NSW Representative Lydia Deukmedjian 0410 627 665 lydia@acceleratedhealing.com.au		NSW Workshop Team Luke Dixon, Lucy Ellis ahaworkshopnsw@gmail.com
	Director – WA Representative Elaine Walker 0434 976 046 ew.therapy@bigpond.com	Victoria /Tasmania Committees	
	National Administrator Membership, Health funds, Database Amanda Franzi 1300 55 22 54 admin@ahahypnotherapy.org.au		Vic SEO / Membership Secretary / Peer Groups Marc Ponzi 0401 063 594 pureintuition@optusnet.com.au
	National Supervision & Peer Group Co-ordinator Gwen Pasin 0404 705 453 supervisor@ahahypnotherapy.org.au		Vic State Secretary & Treasurer Raeleen Harper 0417 882 568 missrae@modernhypnosis.com.au
	National Committee member & Webmaster NHRA Register Antoine Matarasso antoine@ahahypnotherapy.org.au		Vic State Workshop Co-ordinator Stella Dichiera 0415 876 722 stellahypno@hotmail.com

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North Queensland Representative  North QLD Representative Catherine Lee 0419 703 957 leewayhealing@gmail.com	

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

- The Journal will refuse an advertisement if we do not consider it suitable.
- 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.
- It is the responsibility of the advertiser to ensure they don't offer products and/or services that are unsafe or defective.
- Advertisers are responsible for complying with the relevant Australian guidelines for advertising their products and must be able to substantiate any claims they make.
- 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.
- 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.
- 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.
- Disclaimers should be specific, clear and highly visible.
- Advertisers do not exert any influence on the editorial content, selection of content or presentation of material in the Journal.
- 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.
- Advertisers should not accept payment if they know, or should know, that they cannot provide the kind of goods or services promised.
- Comparative advertising is acceptable as long as it is legal, truthful and does not mislead in anyway.
- 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 of the Australian Hypnotherapy Journal – this journal is subscribed to by universities and libraries around Australia
- Free bi-monthly newsletter
- Free publication and distribution of regular *News Bulletins*
- Upgrading to higher membership levels as soon as you qualify

Promotional Opportunities:

- The advantage of being able to promote your business using the AHA brochure – adding credibility and saving you time and money
- 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*
- Access to an exclusive *Yellow Pages Advertising* scheme under the AHA banner for a discounted rate
- Free dedicated referral facilities from the AHA National Free Advisory Line by an experienced, specialist hypnotherapist to all professional and clinical members (our toll free 1800 number is available to members and the public between 9:00 am to 5:00 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
- Subscription to bi-monthly AHA newsletters
- 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
- A free CD of background music collated for AHA members to use in the hypnotic process

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

Discount facilities with:

- Member discount petrol card
- Members discount EFTpos facilities
- Fenton Green insurance
- 15% discount on all books from Footprint www.footprint.com.au

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
- [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 Australasian subconscious-mind therapists association (ASTA) is a member association of the AHA
- The Association of solution oriented counsellors & hypnotherapists of Australia (ASOCHA) is a member association of the AHA

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

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

<http://www.ahahypnotherapy.org.au/documentspublic.htm> and download the prospectus and information booklet.

You can also contact your state membership secretary – see above pages listing state committees.