



# 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:**  
Mailin Colman

**Proof reader extraordinaire:**  
Bruni Brewin

# Presidents Report

## Mailin Colman



Dear members,

I wish each and every one of you a wonderful and enriched 2016. May the new year bring all that you wish it to. Personally, I had a great entry into 2016 at the Woodford Folk Festival in QLD with amazing music playing and in the presence of some incredibly special people in my life. I could not have asked for a better transition! I feel it bodes very well for the year ahead.

### AHA Planning day/s

The AHA National Executive are preparing for the first planning days to be held in Sydney over the weekend of the 12<sup>th</sup> and 13<sup>th</sup> of March. It's always a productive and sharing time, giving the AHA new focus and energy for the coming year as well as allowing all SEO's and national committee members to reconnect with each other. The national executive would certainly welcome feedback from members as to discussion topics – this is your opportunity to speak out. Please don't hesitate to send your ideas on to me at [mailin@ahahypnotherapy.org.au](mailto:mailin@ahahypnotherapy.org.au).

### Renewal time is almost here!

All renewals are due by the 31<sup>st</sup> of March each year for all members – even those who have just joined us in the last few months. If, by some quirk of the database, you have not received your email renewal, then please contact AHA administration via [admin@ahahypnotherapy.org.au](mailto:admin@ahahypnotherapy.org.au) so the renewal can be sent manually if need be. More information on renewal is available on page 19 of this journal. As you're now aware, these renewals are done online so please also remember that Amanda and I are here to assist you in any way. We can talk you through the process over the phone and are happy to do so.

### Australian Hypnotherapy Journal

I feel that it is time for a fresh look at the journal and call for anyone who is interested in standing up as editor to please call me and have a discussion. It has been a role I have enjoyed greatly (and still do) however, I also feel that this role is one that requires a change of hands every few years to remain fresh.

### Congratulations to Leon Cowen PhD / evidence based journal writing

Long time AHA clinical member, Leon was awarded his PhD from the University of Sydney – School of Medicine and the AHA takes this opportunity to offer him warm congratulations on his achievement. Leon also has plans to generate a free program to teach hypnotherapists to write an evidence based journal article / paper in 2016 via Hypnotherapists Enhancing Life for People (HELP). If you'd like more information, please email [leon@aah.edu.au](mailto:leon@aah.edu.au). Research and evidence based papers is definitely an area the hypnotherapy industry should be involved in to grow the credibility and evidenced based knowledge of the modality.

### Changes to mandatory reporting of child abuse

A law was introduced in Victoria last year that is now a part of the criminal code in relation to reporting child abuse. Any adult who forms a reasonable belief that a sexual offence has been committed by an adult against a child under the age of 16 is obliged to report the information to police. Failure to disclose such information to police is now a criminal offence. See the [Justice and Regulation website](#) for more details. See also the [Child Protection Manual](#).

Reporting guidelines in other States can be found at the following websites:

- **National:** Child Family Community Australia [Mandatory reporting of child abuse and neglect](#)
- **NSW:** Family & Community Services [Reporting Suspected Abuse or Neglect](#)
- **Queensland:** Department of Communities, Child Safety and Disability Services [Mandatory Reporting](#)
- **South Australia:** [Mandatory notification – obligations of individuals and organisations](#)
- **Western Australia:** [Child Protection](#)
- **Northern Territory:** [Mandatory Reporting Requirements](#)
- **ACT:** [Keeping Children and Young People Safe](#)
- **Tasmania:** [Child Protection](#)

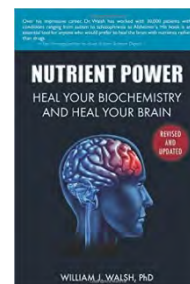
Warm regards,  
Mailin Colman,  
President

# Book Review

# Nutrient Power...

**Author:** William J Walsh PhD  
**ISBN:** 978-1-62636-128-7

**Distributor:** Skyhorse Publishing (2012, 2014)  
**Reviewed by:** Justus H Lewis PhD



With the title, *Nutrient Power*, you might expect this book to be one of the many currently popular books about the healing power of food and that it might include a plug for a particular dietary approach like the Paleo Diet or the Mediterranean.

But William Walsh's approach is more subtle. This book is about the many bio-chemical imbalances that affect mental health and while bio-chemistry must involve food, Dr Walsh's experience has led him to believe that with several exceptions; major biochemical imbalances are best treated first before attempting changes in diet and lifestyle (p. 152). Once the imbalances are corrected, patients can more readily tackle the necessary dietary changes. This establishes a feedback loop that continues to stabilise and maintain the new brain balance.

This book is about the role of neuroscience in the contemporary treatment of mental health.

In recent years a working knowledge of neuroscience has become of greater importance to clinicians such as counsellors, hypnotherapists, psychologists and psychotherapists. Research provides a steady stream of new information about how our brains work. Our ability to explain these discoveries to clients/patients in ways that make sense to them can make a big difference to the effectiveness of treatment. As clients have a greater understanding of what can and can't be changed and what is or is not under their control, they can benefit by being better informed on the choices available to them.

Spanning a long career that started with a doctorate in chemical engineering, Dr Walsh has studied over 30,000 patients and developed protocols for the treatment of patients with a range of behavioural disorders. He argues that psychiatry needs a new direction. The new direction recognises that the molecular biology of mental disorders is caused by a combination of genetic and environmental factors; rather than using psychiatric drugs that may have undesirable side effects; these disorders will increasingly be treated by adjusting brain levels of key nutrients accompanied by compatible processes such as counselling.

The first four chapters cover *Biochemical Individuality and Mental Health*, *Brain Chemistry 101*, *The Decisive Role of Nutrients in Mental health* and *Epigenetics and Mental health*.

The book starts with a review of biochemical individuality. The concept of biochemical individuality, first developed by Roger Williams in the 1940s is key to understanding and applying biochemical therapy. We are each genetically unique. One man's meat is indeed another's poison. Some of us are genetically predisposed to thrive on a vegetable-based diet, others are not.

Also, surprisingly, nutrient overloads may create more harm than nutrient deficiencies. This explains why treating mental disorders with multivitamins and minerals may do more harm than good (p. 5).

*Chapter 2: Brain Chemistry 101* describes, with illustrations, the role of neurons and neurotransmitters in the brain and explains how most psychiatric medications work by altering neurotransmitter activity at synapses (p. 10).

In *Chapter 3: The Decisive Role of Nutrients in Mental Health*, Walsh puts the case for nutrient therapy by examining the role played by a variety of 'repeat offenders', 'the repeated presence of certain chemical imbalances in completely different mental disorders' (p.18). He identifies these as copper overload, vitamin B6 deficiency, zinc deficiency, methyl/folate imbalances, oxidative stress overload, amino acid imbalances. A notable feature is that he is not arguing for the exclusive use of nutrient therapy. Rather, he discusses the strengths and weaknesses of medication, nutrition, lifestyle changes, psychiatric interventions and counselling (pp 30-32) making the point that nutrient therapy and counselling are natural partners.

*Chapter 4: Epigenetics and Mental Health* complete the big picture introduction leading to the detailed discussion of specific mental disorders in Chapters 5-9: *Schizophrenia, Depression, Autism, Behavioural Disorders and ADHD*, and *Alzheimer's Disease*.

The final Chapter 10: *The Clinical Process* outlines a five-step process for nutrient therapy.

1. Medical history and review of symptoms
2. Lab testing of blood and urine
3. Diagnosis of chemical imbalance
4. Treatment design
5. Aftercare.

The book includes *References*, a *Glossary*, and four *Appendices: Methylation, Oxidative Stress, Metallothionien*, and *Clinical Resources*.

I was intrigued to learn that while having a family history of the same disorder is a greater predictor of mental illnesses than early life experiences (p. 3), by the same token, the genetic predisposition to a particular disorder affords a greater chance of recovery for the affected person.

In the field of health and nutrition, there is growing concern on the increase in chronic diseases for which there are no ready cures. Nutrition had taken centre stage in the heated debate on the potential long term consequences of including genetically modified ingredients and heavily processed food in our daily diets.

Dr Walsh's revised and updated edition of *Nutrient Power* has been republished (2014) at an opportune time. This book can be a useful reference for health professionals particularly counsellors.



**Justus Lewis, PhD**  
Clinical Hypnotherapist  
practicing in St Kilda, Victoria

[www.transormasia.com.au](http://www.transormasia.com.au)

## 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".

## CD Review

# Relaxation music for children

## Crystal child

**Composed:** Llewellyn  
**Performed by:** Llewellyn & Juliana

**Published:** Paradise Music (2009)  
**Reviewed by:** Kylee Williams



The CD offers a very gentle range of music that is certainly relaxing in its tone.

I work extensively with children with my hypnotherapy and other therapies and wanted some music that was specifically designed to tap into a child's rhythms.

The feedback I have had from adults on the music has been that it is very 'pretty' and the children I have asked have said they really like the sounds and found the music to be relaxing.

One beautiful aspect of the music on the CD is that one of the instruments is quite literally the artist's voice. It is hauntingly beautiful and at times it is difficult to ascertain if it is an instrument or her voice. The high notes that she reaches are done with seeming ease and are in no way off-putting in their tone, they are in fact very soothing.

In some of the songs it is almost as if one might be listening to the voice of an Angel. The music, in that sense, brings with it similarities to the music by a group called Bliss, 'One Hundred Thousand Angels'.

Whenever choosing music to be played in my clinic, I always listen to it alone first and try to place my self in the position of the client, be that child or adult. When I initially heard this CD for children, I could imagine myself being taken to really lovely magical places in my mind. The music definitely takes the listener on a journey. It was not a stretch to imagine myself listening to this as a child and drifting off to sleep with the comforting sounds.

Usually in my clinic, no matter what therapy I am using, I choose music with no lyrics to alleviate the concern of suggestions being placed in the client's mind other than those that we are purposefully placing there.

In light of that, my only negative comment on this CD is that in one of the songs some words can be heard. In this tune, just the occasional word can be made out while the other words and sounds made by the artist's voice still have that ethereal quality that makes it difficult to distinguish individual words. Unfortunately one of the words that can be made out appears to be 'dying' and whilst the other couple of words are positive in nature, it really stood out to me that this may not be a positive word for a child to listen to as they drift in to relaxation. In the context the word is used it may be in fact positively placed, however due to the other words being more difficult to understand, it stands out alone and I have therefore decided not to use that song as part of my therapy practice so as not to heighten fears or anxieties in my clients.



Kylee Williams is a clinical hypnotherapist practicing in Hervey Bay, QLD.  
<http://butterfly-effects.com.au>

### Professional Indemnity Insurance

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

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

Should you have any questions concerning this insurance policy or any other insurance related enquiry, we encourage you to call Fenton Green & Co on 03 8625 3333 or 1800 642 747, visit <http://www.fentongreen.com.au/allied-health-practitioners.php> and click on AHA (4<sup>th</sup> line down).



**AHA website:**

**National Hypnotherapists Register Australia:**

**AHA guidelines & policies:**

**AHA Submissions to Government:**

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

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

[http://www.national-hypnotherapists-register-australia.com/listing\\_changes.htm](http://www.national-hypnotherapists-register-australia.com/listing_changes.htm)

[http://www.ahahypnotherapy.org.au/aha\\_members\\_area/](http://www.ahahypnotherapy.org.au/aha_members_area/)

<http://ahahypnotherapy.org.au/submissions-to-government/>

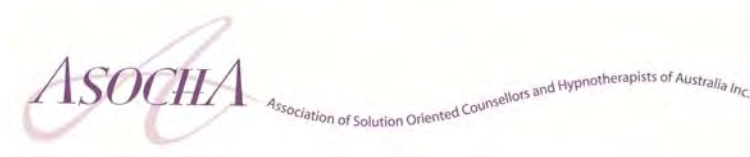
## Keeping in touch.....



<http://www.hypnotherapycouncilofaustralia.com>



[http://www.psh.org.au/about\\_psh.htm](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 on page 29**

**Contact Mailin Colman [mailincolman@gmail.com](mailto:mailincolman@gmail.com)**



## Alternative Solutions

Bruni Brewin

[www.bbbenefits.com.au](http://www.bbbenefits.com.au)

### CHILDREN/TEENS BEDWETTING

Statistics show –

The prevalence of bedwetting reveals that

–

15% of 5 year-olds,

10% of 6-year-olds,

5% of 10-year-olds, and

1 out of every 100 15-year-olds is still wetting the bed at night.

### ALTERNATIVE SOLUTION?

After learning self-hypnosis...

45% were completely dry [defined as 30 nights in a row and 1 year later without relapse], 32% were dry more than 50% of the time, and unsuccessful children were either not motivated or had parents who were too involved.

Successful patients usually demonstrated improvement after only 2 or 3 visits.

Go to the National Hypnotherapy Register of Australia—to find a suitably qualified hypnotherapist to help your child.

**(NHRA)**

<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@googlegroups.com](mailto:aha-Discussion@googlegroups.com).

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

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

Advertising can be placed in the Australian Hypnotherapy Journal (fees shown on page 19).

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](mailto: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.)

The AHA is the largest professional association for hypnotherapists in Australia, and is committed to advancing hypnotherapy as a discipline and profession in its own right.

Spreading the message that hypnotherapists make a difference to Peoples' lives, through improving hypnotherapy knowledge and community wellbeing.



1300 552 254



# Being a reflective practitioner (self-awareness) by Karen Bartle

Working as a hypnotherapist requires wearing many hats and juggling many balls, and working as a therapist of any kind can take its toll. There are the important and ongoing practice management tasks including marketing, housekeeping, admin, CPD, supervision, organising one's diary and speaking with potential clients over the phone. Then there's exposure to a whole range of issues that client's present with such as physical illness such as coughs and colds, through to disturbing stories and experiences.

Like any industry, there is a risk of doing too much and in the worst case, burnout. Just because we are therapists and have had good training to enable others, it doesn't inoculate us from the cumulative effects of not taking care of ourselves and heeding our own advice. Recognising the signs of stress and taking responsibility for our own self-care are essential skills of a hypnotherapist and without them, we are not likely to be doing the best we can for ourselves or our clients.

There are a number of strategies hypnotherapists can use to manage their work well and proactively take action, before the signs of stress begin to creep above the parapet. Self-reflection has to be one of the most important key elements for managing ourselves well.

Being a reflective (or 'reflexive') practitioner simply means reflecting back on you and your practice. It is all about how what we are doing (or not) is affecting our work, both positively and negatively. Reflection occurs at many stages, such as during therapy, just after a client leaves, before a session, during supervision and sometimes to satisfy the requirements of professional bodies for membership upgrades.

Reflecting on our practice enables us to identify strengths to build on, weaknesses we can address, and generally provide the best possible service to our clients. Actively engaging with self-development also keeps our interest as we grow as therapists and is a lifelong endeavour. Conversely, those therapists that are not reflective - often those who have no professional membership, no engagement with supervision or peer-vision, and those who have attended substandard course - are a risk to the public. Their disinterest or ignorance means they stagnate as there are no internal checks on their behaviour.

Being reflective enables us to improve all aspects of our work from techniques to rapport-building, empathy to efficiency, our language and body language, welcoming clients at the door to bringing therapy to a close, and so on.

## **During therapy (reflecting *in action*)**

While working with clients a therapist needs to be 'looking back at themselves'. Typical questions might be:

- How is the client reacting to me or my questions right now?
- Am I asking relevant questions?
- Am I pushing too hard here or not hard enough?
- Shall I come back to this (e.g. if the client appears to be resisting)?
- It was good last session when I \_\_\_\_ so let's have another go at that.
- Am I maintaining open body language?
- Am I trying too hard at matching and mirroring and risking being 'found out'?
- Was that humour appropriate?
- Am I jumping to conclusions, stereotyping, leading, etc?

## **After therapy (reflecting *on action*)**

Being reflective after therapy may be during a quiet moment of reflection after a client leaves or during supervision. Some of the questions will be similar to those asked of ourselves during therapy but others might be presented from our unconscious or a general feel for how the session went. As the mass of *content* disappears from our conscious mind (all the details clients present about a given issue), we may become aware of the *process*. We might get a sense that we pushed a client too hard and wonder if an apology is in order next time. Or we get a sense that the client has, on balance, been avoidant or resistant and that next session needs to address this. We might realise, after the event,

that we were having a bad day and not on form and we can plan ways to minimise how this affects our work in future.

Sometimes therapists notice patterns emerging across many sessions, such as a common failure to ask clients when a problem first started. Procedures and routines might be put in place to minimise this in future. While a therapist prepares for the next session with a client they will often reflect on their practice in previous sessions. Perhaps a note they made reminds them of how they 'let something go' that they really believe is central to the client's problems. They have a second chance to bring up the subject this session. Or maybe they remember previous sessions have tended to go well when permissive language is used but not so when authoritarian language is used.

As therapists, we need to be aware of the power we exert over others too. Hypnotherapists have not traditionally been particularly concerned with power while it has become an important concept in many other psychotherapies. We need, for example, to be sure that when we use an authoritarian technique it is because we think this is best for our client and not for our amusement in exercising power over people. If we *do* seek power, we should be considering our own processes and why we need this. It may be that personal therapy is appropriate in this instance. It is common for therapists to seek therapy. It can help us be happier all round as well as more effective in our work with clients.

There are many other personal issues we might examine as part of our reflectivity. The common denominator is that they affect us *and* our clients. Here are some examples:

- Impatience for change
- Aggressiveness e.g. when a client does not comply with our requests
- Passivity - we don't like being challenging but this is for our needs rather than because it is in the best interests of the client.
- Low confidence
- Overly strong desire to be liked
- Constant need to self-disclose
- Apologetic for everything that goes wrong or for asking difficult questions
- Becoming overly friendly with clients rather than maintaining professional distance
- Desire to share with people what clients have said and break confidentiality
- Not enjoying our work

Supervision helps with the process of identifying our needs. Through effective questioning and experience, the supervisor will encourage the supervisee to consider important aspects of their practice, some of which they might not have considered before. It can be personally as well as professionally enlightening.

### Professional bodies

Some professional bodies ask therapists to reflect on their practice before they will upgrade the therapist to full or higher level membership. The therapist typically has to write an essay on what they have done well and what they could do better to demonstrate a reflective approach, self-awareness, and a commitment to improvement and learning.

### Caution

All things in moderation. Some therapists, especially new ones, but also some seasoned ones too, try too hard at reflecting on what went wrong. They allow the reflective process to continue long after the appointment, perhaps even ruminating during relaxation time or when they should be asleep. Literally 'shake off' the client by physically shaking your whole body loosely when it is time to let go. Remember to congratulate yourself on what you have been doing right. If the client is still taking up your mind space unnecessarily, it's time to book in for a session of supervision!

### Further reading

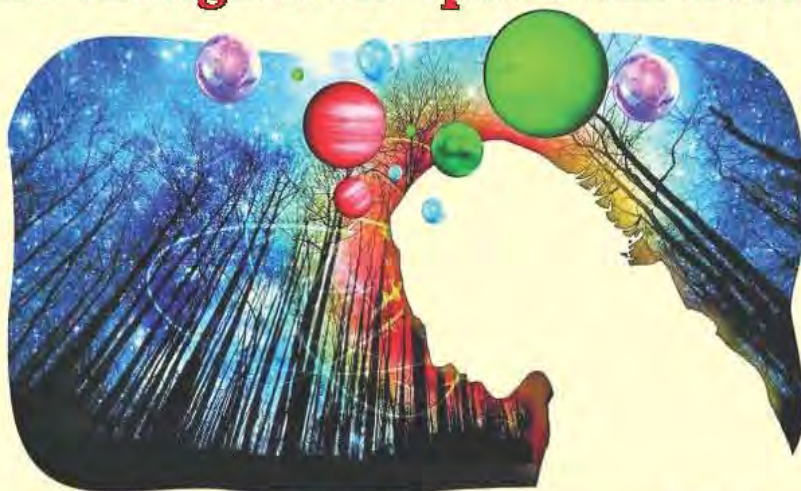
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Karen is a practicing hypnotherapist and hypnotherapy trainer at the **Academy of Advanced Changework**, and published author of 'The Advanced Hypnotherapist'. [www.hypnotherapy-training.com.au](http://www.hypnotherapy-training.com.au). Karen is an approved hypnotherapy supervisor with the AHA and owner of the Hypnotherapy Hub on LinkedIn which is a professional discussion/networking group for qualified hypnotherapists <http://www.linkedin.com/groups/6629432> with 1300 members.



## Some thoughts on 'quantum healing'



**Auto-healing, akin to quantum healing, can bring a sick person back to normal. This alone can be called cure'**

Each time I went to a certain city to lecture on the futility of interventional coronary revascularisations, one ace interventionalist in that city, who did on an average about 20 angioplasties a day, used to come up and criticise me. But this time, as soon as I finished he raised his hand and wanted 15 minutes to speak. I was looking forward to a big attack, but he came up and first bowed to me, and then said I was always right and he was wrong all along. Then he narrated his story.

He had severe, almost incapacitating, pain on the left side of his chest and left shoulder. It defied all attempts at conventional diagnosis. Every conceivable treatment failed and the pain made him chair-bound. He could not sleep as the pain would increase as he tried to. Even morphine did not help. Moving in the chair became unbearable. His friends told him this could be relieved by surgery at Mayo Clinic. He was getting ready to go in an air ambulance as conventional air-travel was impossible.

His wife, though, was a strong believer in her guru, a divine incarnate. The patient was an atheist as he believed himself to be a "scientist".

Little did he realise that science knows just about 5 per cent of this universe.

He had to go for the blessing. There a miracle happened. The blessing seemed to reduce his discomfort gradually, and in 24 hours he was free from pain. He is back at work, but I think he has reduced his interventional onslaught.

One could always claim that this miracle, if it is one, could not be scientific. Lots of rationalists would not even believe this happened. I cannot fault them either. Everything that happens here has a reason but our reasoning might not be able to unravel many such happenings. In quantum physics they call it "haps".

Quantum physics, which turned conventional solid state physics upside down, has an important principle, which is that our thoughts determine reality. Early in the 1900s they proved this with the double slit experiment. The observer's awareness determines the behaviour of energy at the quantum level. Recently the experiments of Dean Radin confirmed the double slit experiment results. He has his share of critics. The mind cannot be confined to the brain. The man who tried to do this was the Canadian neurosurgeon Wilder Penfield, with his experiments on the opened-up brains of patients during surgery. Confining the mind to the brain is big business in western modern medicine selling trillions of dollars of mind-modifying medicines called psychotic drugs.

The mind is the canvas on which our thoughts are projected and is a part of our consciousness. Our body is a holographic projection of our consciousness. Therefore, we should have complete control over our bodies if we try and have the genuine intention to heal. Electrons under the same conditions would sometimes act like particles, and then at other times switch to acting like waves (formless energy), depending on what the observer expected was going to happen. "Whatever the observed believed would occur is what the quantum field did." Quantum physicists have such difficulties in dealing with, explaining, and defining the quantum world. Are we not the masters of creation as we decide what manifests out of the field of all-possibility and into form?

Just as an atom has the blueprint of a molecule to rebuild it, the human mind has a blueprint of the human body. When the body needs to be rebuilt differently the mind could do that each time we oscillate between energy (formlessness) and particle (it happens innumerable times in a second). We should have total control over what we want with our attention to manifest out of the energy field the next moment. It depends on our belief and feelings to an extent. Even an atheist could do that when he is in trouble as he will hang on to the last straw while drowning. Rock Hudson was caught by the paparazzi sneaking into Lourdes in his final stage of AIDS. They asked him how he, once the president of the American Rationalist Society, could believe Lourdes water could save him. He replied: "When it comes to you, you swallow your scepticism." Quantum healing is what happens when your own volition can make it happen during the oscillation between matter and energy to rebuild the damaged part. This needs that level of consciousness when one is very tranquil. This is where meditation and such activities have therapeutic value. Studies have shown mindful meditation can even lengthen the telomeres which otherwise shorten with age. They are shown to even change gene penetrance by altering the environment needed for it. Epigenetics brings evolution closer to human consciousness now that Lamarck's ideas dominate that field.

One example of ventricular remodelling after a non-fatal heart attack where the lucky patient does not come under the shadow of our interventionists is this. Unaided by any reductionist chemical the dead heart muscle cell (cell death) in the centre of the infarct (heart attack) gets the help of neighbouring normal cells slipping to occupy the dead cell's place (cell slipping). When normal cells slip out of their normal place the fibroblasts holding these cells in place get stimulated to produce more fibre (fibroblastic proliferation) thus supplying plenty of strong fibre to rebuild the slipped cells in place. Heart muscle cells far away from the infarct that cannot slip out start to hypertrophy to make the heart muscle wall strong (hypertrophy). Thus, thanks to the autonomic nervous system, our saviour in times of crisis, such patients develop a strong rebuilt heart (remodelling), which does not give rise to ventricular aneurysms, ventricular septal defects and/or malignant arrhythmic foci in the ventricle. Auto-healing, akin to quantum healing, brings one back to normalcy. This alone can be called cure.

We might have to elevate our consciousness (mind) to that level where we get an insight to heal ourselves. Recently, in her book *Molecules of Emotion*, Candace Pert, who showed for the first time that opiate receptors are outside the brain also, predicted that the time is not far when we get a headache we will have to sit in a quiet corner to meditate to elevate our consciousness to get total relief from headache instead of consuming the so-called pain-killer pills.

What we know can be held in the palm of one's hand while what we do not know comes to the size of the universe. Western reductionist science admits that only 5 per cent of this world's energy and matter are known to humans. The remaining 95 per cent is occult.

Professor Hegde, a cardiologist and a former Vice-Chancellor of Manipal University, is a Padma Bhushan awardee.

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[drbmhegde@gmail.com](mailto:drbmhegde@gmail.com)

# Viktor Emil Frankl

26 March 1905 – 2 September 1997)

by Bruni Brewin

Viktor Frankl, neurologist and psychiatrist as well as a holocaust survivor in his search for meaning, (who brought out the therapy - Logotherapy - to find meaning and purpose in our life), tells us that there are many people who struggle every day for one reason or another. For some it is from birth, for others it is through some mishap during their life.

Frankl reminds us that it is our 'attitude' that will determine what we do with it.

In the concentration camps, for example, in this living laboratory and on this testing ground, he watched and witnessed some of his comrades behave like swine while others behaved like saints. He says; "Man has both potentialities within himself; which one is actualized depends on decisions but not on conditions."

Giving us a mathematical equation to 'Despair'. Frankl says " $D = S - M$ " [Despair is suffering without meaning] - giving a situation a different meaning, you can change tragedy into triumph.

Frankl's chance to survive the holocaust was 29-1. He says, we cannot prove any philosophy. He could not be 100% certain that he would survive the gas chamber. However, he could choose how to deal with this and in that he found a meaning for himself during those dark days.

Quote "With the increase of the imperative urge of hunger all in-dividual differences will blur, and in their stead will appear the uniform expression of the one unstilled urge. Thank heaven, Sigmund Freud was spared knowing the concentration camps from the inside. His subjects lay on a couch designed in the plush style of Victorian culture, not in the filth of Auschwitz. *There*, the 'individual differences' did *not* blur but, on the contrary, people became more different; people unmasked themselves, both the swine and the saints. And today you need no longer hesitate to use the word 'saints': think of Father Maximilian Kolbe who was starved and finally murdered by an injection of carbolic acid at Auschwitz and who in 1983 was canonized." Unquote.

You may be prone to blame me for invoking examples that are the exceptions to the rule. "*Sed omnia praeclara tarn difficilia quam rara sunt*" (but everything great is just as difficult to realize as it is rare to find) reads the last sentence of the *Ethics* of Spinoza. You may of course ask whether we really need to refer to 'saints'. Wouldn't it suffice just to refer to *decent* people? It is true that they form a minority. More than that, they always will remain a minority. And yet I see therein the very challenge to join the minority. For the world is in a bad state, but everything will become still worse unless each of us does his best. I have shown the link to Man's Search For Meaning outlining the suffering and Logotherapy at the end of this article.

So, let us be alert—alert in a twofold sense: Since Auschwitz we know what man is capable of. And since Hiroshima we know what is at stake. "Unquote <sup>1)</sup>

In his later years Frankl took up flying. Even here he used his experience for teaching. He said; "If we fly directly to our destination, we will end up below where we want to get to.



X

However, if we want to end up where we want to go, if we have a cross wind we have to aim higher, so that we get to where we want to arrive.





Frankl likened this to man himself...

"If we take man as he really is, we make him worse. But if we overestimate him, if we seem to be idealist and are overestimating, over rating man and looking at him that high, [as above] you know what happens we promote him to what he really can be. So we have to be idealist in a way, because then we wind up as the true, the real realist. And you know who has said this 'if we take man as he is we make him worse, but if we take man as he should be we make him capable of becoming what he can be' this was not my flight instructor, this was not me, this was Goethe he said this verbally."

"So if you don't recognize a young man's way to meaning, a man's search for meaning, you make him worse, you make him dull, you make him frustrated, you still add and contribute to his frustration. While if you presuppose in this man, if in this so called criminal, or juvenile delinquent, or drug abuser, and so forth there must be what you call 'spark,' of searching for meaning. Let's recognise this, let's presuppose it, and then you will elicit it from him and you will make him become what he in principle is capable of becoming."

Frankl believed that people are primarily driven by a "striving to find meaning in one's life," and that it is this sense of meaning that enables people to overcome painful experiences.<sup>[2]</sup>

Frankl's story is a great metaphor and motivator to tell our clients who have been through their own traumatic times. They too are able to find meaning in their lives. To explore what they might have done had things been different in their lives. Often they think that they are too old now, that life has left them behind the eight ball. But that is not so when you can tell them the stories of people that became what they really could be, and this can be a reality for them also.

In the words of Dr Lis Kirby who obtained her PhD at the age of 93]: "I believe that people should be judged in old age on their capacity, not on their chronological age. I think it is terribly wrong that as soon as a person reaches a certain age they are automatically written off as too old. It really is infuriating that people assume you can't do something because of your age."<sup>[3]</sup>

Germany's oldest student, 102, gets PhD denied by Nazis.<sup>[4]</sup>

<sup>[1]</sup> Man's Search For Meaning, Viktor E Frankl, <http://streetschool.co.za/wp-content/uploads/2014/07/Viktor-Emil-Frankl-Mans-Search-for-Meaning.pdf>

<sup>[2]</sup> [https://www.ted.com/talks/viktor\\_franks\\_youth\\_in\\_search\\_of\\_meaning#](https://www.ted.com/talks/viktor_franks_youth_in_search_of_meaning#)

<sup>[3]</sup> <http://www.mamamia.com.au/oldest-student/>

<sup>[4]</sup> <http://www.bbc.com/news/world-europe-33048927>



By Bruni Brewin, Dip Hyp. Dip Counselling, Cert Clin Supervisor, Cert TIR, Cert NLP, Mental Health Pract. Course, Cert TA, Cert EFT, LMAHA, NHRA

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## Letter 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 1972, 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, clinical member, AHA**



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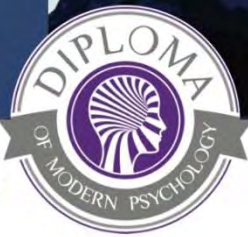
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Part C - goes into the practice of BMP™; the Introductory Remarks on the Practice of BMP™, and the BMP™ Exercises.

Part D - focuses on the Applications of BMP™.

Having been involved in the pre-reading of the manuscript prior to publishing, I can recommend this book as ideal for therapists to teach clients to use their own control. Also for clients to purchase the book to continue their own work.

*Bruni Brewin*

President Emeritus - AHA

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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.

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**Email:** [ichp.aust@gmail.com](mailto: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. MICH, MIAH, CMAHA,CMCASA, PACFA Reg: 21312.



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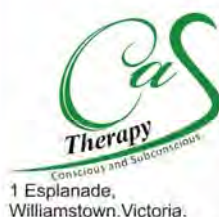
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# AHA information and updates

## Workshops for 2015

<b>NSW</b>	Sunday 2 <sup>th</sup> March 2016	GM & training
	Sunday 19 <sup>th</sup> June 2016	GM & training
	Sunday 4 <sup>th</sup> September 2016	GM & training
	Sunday 27 <sup>th</sup> November 2016	GM & training
<b>QLD</b>	Sunday 7 <sup>th</sup> February 2016	GM & Dr Alan Brast
	Sunday 29 <sup>th</sup> May 2016	AGM & training
	Sunday 28 <sup>th</sup> August 2016	GM & training
	Sunday 27 <sup>th</sup> November 2016	GM & training
<b>Vic</b>	Sunday 6 <sup>th</sup> March 2016	GM & training
	Sunday 5 <sup>th</sup> June 2016	AGM & training
	Sunday 4 <sup>th</sup> September 2016	GM & training
	Sunday 4 <sup>th</sup> December 2016	GM & training
<b>WA</b>	Sunday 7 <sup>th</sup> February 2016	GM & Dr Robert McNeilly, Hypnosis made easy
	Saturday 7 <sup>th</sup> May 2016	AGM & Q&A + Joshua Hawes, Psych critical incident
	Sunday 7 <sup>th</sup> August 2016	GM & TBC Peter Smith
	Sunday 19 <sup>th</sup> November 2016	GM & Dr Michelle Middlemost

## Renewal information (due by 31<sup>st</sup> March, 2016)

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

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# State workshop reports

## QLD – Chereyl Jackman, Secretary, 29<sup>th</sup> November 2015

### Rapid Inductions in Clinical Practice Presented by Antoine Matarasso

There are four types of Induction: Instant, Rapid, Traditional and Expedient. Anything which is expedient and comfortable for the client and performed in under 3-4 minutes is a rapid induction.

**CONFIDENCE** is the hypnotist's greatest asset. Self-doubt (fear) is the hypnotist's greatest enemy. There are a lot of good therapists who are not confident in the way they practice hypnosis. Nobody can be confident in the end result – there are too many variables. You need to be confident in your own ability.

**INSTANT HYPNOSIS:** Ask the client to stand. Instruct them to: "Look into my eyes!" Command "Sleep!" as you click your fingers against their ear. The person may slump forward and need to be supported. Hold the person's shoulder and repeat: "Go deeper, go deeper and deeper and while you're there, I want you to think about everything you need to know about being confident." Count 1, 2, 3 and "Open your eyes."

### DEEPER? WHAT DOES THAT REALLY MEAN?

The client will only willingly go deeper into something they understand. It is necessary to be **CONFIDENT** and **CLEAR** about what you expect your client to do. Be firm and confident in your handshake. A weak handshake like a flopping salmon does not induce confidence.

### RAPID INDUCTIONS ARE GENERALLY BEST DONE STANDING.

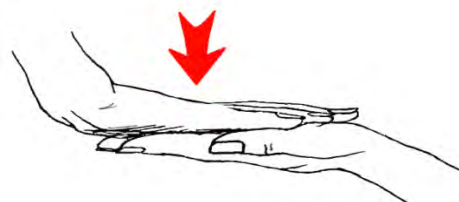
#### HAND SHAKE INDUCTION

Advise your client: "I'm going to shake your hand three times ... the first time your eyes will get tired ... let them feel tired, heavy ... the second time you'll want to close them, they'll just want to close ... let them close ... the third time they'll lock shut ... tightly shut so you won't be able to open them ... glued shut. Want that to happen! Will it to happen! Watch it happen!" "Look into my eyes!"

FIRST HAND SHAKE. "Now ... one... eyes getting tired, heavy."

SECOND HAND SHAKE. "Two ... close your eyes ..."

THIRD HANDSHAKE. "Three ... eyes now locked together ... tighter, locked ... and you'll find that when you try to open them they just won't work ... the harder you try, the more they lock together ... try ... that's good ... stop trying."

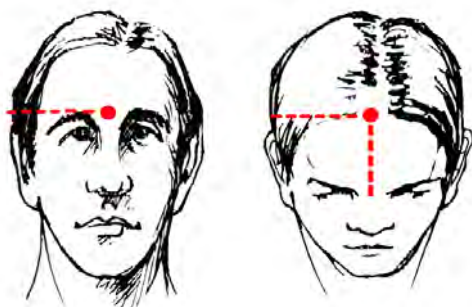


#### ELMAN RAPID INDUCTION

Extend your hand palm up. Tell the client: "Push down on my hand, that's right and look at me as you feel your eyes getting heavier, just like they do when you drift off to sleep ... that's right. And when your hand drops ... your eyes will close if they haven't closed already ... and you'll go into hypnosis ... sleep ... that's right ... and you'll still be in control ... that's right. The harder you push down the heavier your eyes get."

Pull your hand away. Steady the client. Put a hand on their shoulder and hold or tap. "When you're ready you can open your eyes and be back in this room."

MRI scans in "Mapping the Mind" clearly show that a different part of the brain lights up during hypnosis. Most people have incorrect expectations of what hypnosis is or that it's magic. When rapid inductions are used too often, the client believes 'power' is with the hypnotist. Our job as therapists is to empower the client.



#### URBAN SUNDVALL'S RAPID INDUCTION

Urban asks his client to find and fixate on a point deep inside the centre of their head and draw a line in from the point above the ear and from the centre between their eyes to that centre point. This creates an eye roll.

Urban uses the **Rapid Induction** and then a **Progressive** (muscle relaxation) **Induction**.

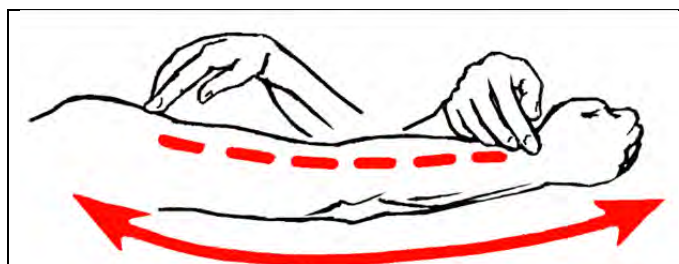


#### GWEN FORD'S RAPID INDUCTION

Gwen uses an eye lock with the handshake. When the client is seated she rubs them gently between the eyes. "... as you sit here becoming more and more relaxed ..."

She combines **Aromatherapy** with her induction. This method calms distressed children and adults.

Ask your client to look up at the ceiling. *"Let your eyelids close while still looking up at the ceiling and relax. Now let your eyes relax. SLEEP!"*



#### IRON BAR INDUCTION

Ask the client to extend their arm and make it stiff. Run your fingers up and down the length of the arm several times stating: *"Your arm is an iron bar. It is so strong you can't bend it."* Ask the client to imagine how strong their arm is now it is an iron bar. *"... and the more you try to bend it the stronger it will get."*

#### HEAD TAP INDUCTION

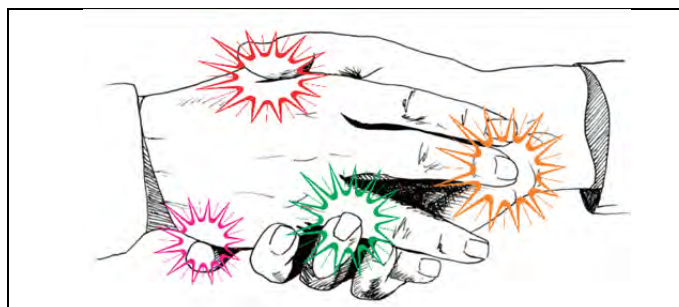
Put your hand around the back of the client's head. A tap is enough to put them into trance. (Touch is important. Get permission to touch, however, if the touch is designed specifically to create the shock, don't tell the client what is going to happen.)



#### MECHANICS OF RAPID INDUCTION.

The mechanics for the type of induction is different. You can't be thinking the same way as with traditional induction.

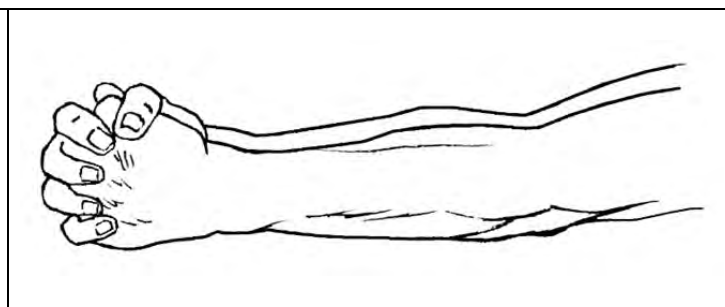
1. **VERBAL COMPLIANCE:** "Are you ready to do hypnosis?"
2. **PHYSICAL COMPLIANCE:** Move their position. "Would you mind standing over to the left a little?" Look into their eyes and elicit a physical phenomenon. This takes them out of their comfort zone and puts them where you want them.
3. **CONFIDENCE – CLARITY:** Don't assume that the subject knows or will be happy with what you are going to do. They need to have confidence in what you are doing. **THIS IS WHAT I WANT YOU TO DO. THIS IS WHAT IS GOING TO HAPPEN. THIS IS THE OUTCOME.** The client needs to know what to expect and you must have agreement.
4. **ENGAGING THE SENSES:** Sight, hearing, touch – eye fixation – reinforces the myth that the client believes something magical is going to happen.
5. **SHOCK!** Rapid / Instant hypnosis is created by shock. Shock puts people into trance. It short circuits the brain and opens a brief window of opportunity for an induction. You must talk immediately or the window will close. Say anything to fill in the gaps.



#### ERICKSON RAPID HAND SHAKE INDUCTION

Erickson's handshake had a lingering quality. He would shake a person's hand and as he slowly withdrew his hand, increase or decrease pressure with this fingers and thumb in various places.

Or, he would go to shake hands and at the last moment put his hand on the person's shoulder and command: "Go into hypnosis now!"



#### COMPLIANCE TEST

Have client extend both their arms, lock their fingers and pretend that their hands are superglued together. Then ask the client to try to pull their hands apart. *"The more you try to pull your hands apart the more they will remain super glued together and they will remain superglued together until you are given permission to pull them apart."* This ratifies trance.

**REVERSE ROLES:** *"Today you can be the hypnotist. Just imagine one part of yourself is the hypnotist and the other part is the client."* Clients spend their lives talking themselves into and out of doing things. Everything is a story - something we tell ourselves. Hypnosis is finding a better story. Hypnotic phenomena is just a story and the client can tell themselves anything.

Clients need to leave knowing they have been hypnotised. Trance needs to be ratified.

**HAND DROP INDUCTION:** Client places their hands on their knees. The hypnotist chooses a hand. *"Is it okay to pick this hand?"* (Agreement) *"I am now counting from 10 to 1. When I get to one you will feel completely relaxed and able to do whatever you need to do today."* Lift the hand and let it drop. *"Your subconscious mind can now do an unconscious search for things that you'd like to change or do differently..."* Deepen and fractionate. *"... to tie up anything it needs to tie up and then you'll be back in this room."*

# 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](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](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](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](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](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](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](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](http://www.ahahypnotherapy.org.au/wa_workshops.htm)

### WA State Report

The AHA (WA Branch) closed 2015 with a tremendous Workshop in November; the presenter was Jan Sky whose topic entitled: 'The Many Parts of You' was eagerly awaited and 47 members attended.

Our first Workshop for 2016 will continue to strengthen the 'upskilling' pathway to success with another eagerly awaited presentation by Rob McNeilly on 7 February who will focus on Ericksonian Hypnotherapy. Dr McNeilly's presentation 'Easy Hypnosis' will include lecture, demonstrations and opportunities to practice, so the learning can be solid. Rob studied with the great Milton Erickson himself and has over 30 years of international teaching of hypnosis to his credit.

Our membership is growing; currently we have 31 Clinical, 19 Professional, 42 students, 4 Affiliate and 1 Associate. It is good to see such interest here in the West in the profession of hypnotherapy.

The TryBooking system has been implemented by our new Workshop Co-ordinator, Jennifer Burke to organise the February Workshop. Jennifer reports being very pleased with the easiness of recording data and is encouraged by the time saving capabilities of TryBooking.

We look forward to welcoming our President, Mailin Colman to our AGM on Saturday, 7<sup>th</sup> May and trust she will enjoy being 'back in the West' for a short time.

Warm regards,  
**Elaine Walker**  
 Acting SEO WA

### Vic AGM State Report

What an encouraging end of year 2015!!! It was so rewarding to welcome 78 members attending our Victorian Christmas Workshop.

Shelley Stockwell-Nicholas, PhD was our guest lecturer direct from the US. And what a day, from beginning



to end, Shelley entertained us, made us laugh, and shared her experiences and her wealth of knowledge. We also practised rapid inductions, all for the purpose of Hypno-Coaching. Thank you Shelley as we had very positive feedback from many attendees the following days. We hope to invite Shelley again in the near future.

2015 has been a year of growth for Victoria and I thank Raeleen Harper and Stella Dichiera for all their hard work and dedication. We had the pleasure to invite Dr Robert McNeilly in March, Prof Antigone Kouris and Maggie Wilde in June, David Donahoo and Peter Smith in September. We engage ourselves to pursue a variety of topics that may contribute to our member's best interest.

Thank you again to all members for your ongoing support.

This year we will introduce mailchimp and trybooking.com to promote our workshops, so be ready to receive information about our March workshop shortly.

We are hoping to see you at our next workshop the 6<sup>th</sup> March 2016.  
 Dates of our future workshops are:  
 6<sup>th</sup> March 2016  
 5<sup>th</sup> June 2016 – **Victorian AGM**  
 4<sup>th</sup> September 2016  
 4<sup>th</sup> December 2016

On behalf of the Victorian Committee, I wish you a safe and



prosperous year 2016 for you and your loved ones.

I am looking forward to seeing you very soon.

Warm regards,  
**Marc Ponzi**  
**SEO Victoria**

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## QLD State Report

First of all, Happy New Year to everyone!

2015 was another successful year for the Qld Branch as a result of both the terrific work done by the committee as well as the constant support of our members at workshops.

### November 2015 Workshop

Our last workshop for 2015, (a half-day session), was held on 29<sup>th</sup> November, with 52 attendees.

Antoine Matarasso presented on Rapid Induction in Clinical Practice. His presentation was followed by a Question and Answer Session after lunch, with a panel made up of Antoine, Bernadette Rizzo, Marie Element and Alex Robey.

This was the first time we've held a Q&A, and although we would only have one from time to time, (certainly not at every workshop), we felt it was well worthwhile, with questions coming from members on a range of topics, from AHA Policies and Procedures through to Hypnotherapeutic Techniques.

Attendees were invited to submit questions ahead of time and questions were also taken from the floor.

Feedback on the day was extremely positive, both on Antoine's entertaining and informative presentation, and on the Q&A.

### 2016 Workshops

The first workshop will be on 7<sup>th</sup> February, and the speaker will be Dr Alan Brast. We are delighted that

this will be the first presentation of Dr Brast's 2016 Australian tour.

Subsequent workshops are scheduled for 29<sup>th</sup> May, 28<sup>th</sup> August and 27<sup>th</sup> November.

### Committee

As always, the Qld committee members have worked extremely hard to make the year a successful one for the Qld Branch. A sincere thank you to Bernadette Rizzo for her continuing presence and support as well as her work as Treasurer, Chereyl Jackman for her hard work and support, and her attention to details as Committee Secretary, Gwen Pasin for the great work she's doing, not just for the Qld but also nationally as Supervision Co-ordinator, and our newest member Deborah Bow is quickly learning the ropes.

Particular thanks to Marilyn Colvin Boon, in her first year as Workshop Coordinator, has done an outstanding job of streamlining the payment process for workshop attendees.

Warm regards,  
**Marie Element**  
**SEO QLD**

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## 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 of 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**

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# AHA State & National Committees

## National Committee



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# The Australian Hypnotherapy Journal

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### Schedule of Issue

**Spring:** Submissions received by 20<sup>th</sup> September for publication beginning October.

**Summer:** Submissions received by 10<sup>th</sup> of January for publication at end of January.

**Autumn:** Submissions received by 20<sup>th</sup> of March for publication early April.

**Winter:** Submissions received by 20<sup>th</sup> June for publication early July.

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  - 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/](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](http://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/documents\\_public.htm](http://www.ahahypnotherapy.org.au/documents_public.htm) and download the prospectus and information booklet.

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