



NATIONAL
COUNCIL FOR
HYPNOTHERAPY

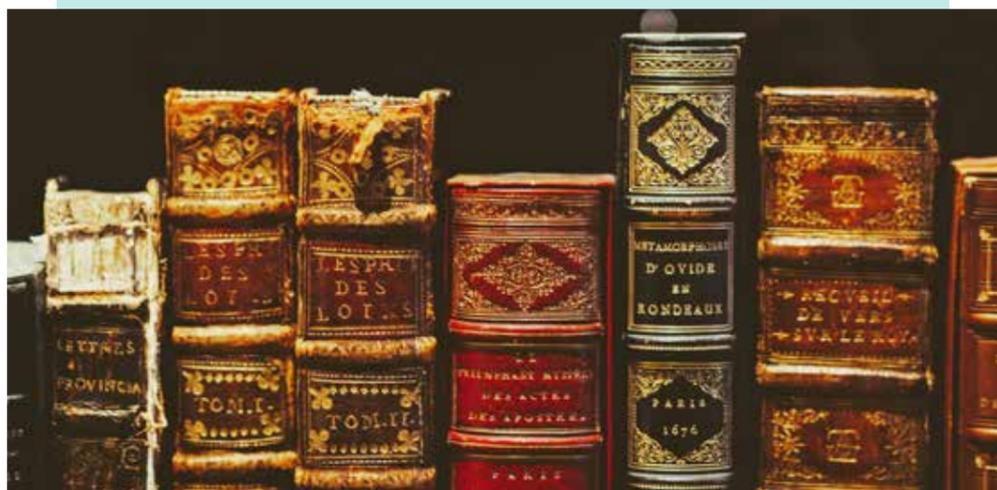
A SUMMER (HOLIDAY) EDITION

Graham Wilson talks
about word-of-mouth
advertising

Nick Davies explores
how break-ups can
cause PTSD

Steven Harold on
exposing the shame
that hides you

Dr Kate Beaven-Marks
explains the reasons
behind research



IT'S YOUR NCH, AND YOU MAKE THE JOURNAL WHAT IT IS

Hello to all our members!

Our journal is going from strength to strength and we've been getting some wonderful feedback from you. But we want it to support our members' views, knowledge and aspirations, so don't be shy – send us your thoughts and articles.

It doesn't matter if you have never had anything published before or you are an experienced writer. We like to have a variety of voices in every issue, and to achieve this we need your help.

Can you send us any of the following?

- Articles about working with specific techniques or client groups
- Reviews of books or training courses you've attended
- News from your training school or peer support group
- Questions for our 'business of therapy' column
- Poems or fictional stories with a therapy theme

We are happy to consider blogs or articles which have been published elsewhere in the past, as long as they are aimed at hypnotherapists and hypnotherapy students, rather than clients.

We are also happy to look at any topic of interest to our readers, as long as we haven't covered it recently. If you have an article, or even just an idea for one, please get in touch. You can email us via journal@hypnotherapists.org.uk.

The NCH Committee

Chair: Tracey Grist
0800 980 4419 / 07804 539950
chairman@hypnotherapists.org.uk

Ethics: Sarah Whittaker
0800 980 4419 / 07804 539950
ethics@hypnotherapists.org.uk

Public Relations: Vacant
0800 980 4419 / 07804 539950
marketing@hypnotherapists.org.uk

Membership Relations: Mark Price
0800 980 4419 / 07804 539950
mr@hypnotherapists.org.uk

Supervision: Donna Green
0800 980 4419 / 07804 539950
supervision@hypnotherapists.org.uk

Research: Jo Hand
0800 980 4419 / 07804 539950
research@hypnotherapists.org.uk

Finance: Nick Wright
0800 980 4419 / 07804 539950
finance@hypnotherapists.org.uk

Development: Lorraine McReight
0800 980 4419 / 07804 539950
development@hypnotherapists.org.uk

Ex Officio Roles

Administrators: Karen Eeles & Yvette Lowery
0800 980 4419 / 07804 539950
admin@hypnotherapists.org.uk
coordinator@hypnotherapists.org.uk

Finance: Exceed Chartered Accountants
finance@hypnotherapists.org.uk

Training & Accreditation Officer: Karen Eeles
0800 980 4419 / 07804 539950
training@hypnotherapists.org.uk

Standards Officer: Sue Pitman
0800 980 4419 / 07804 539950
standards@hypnotherapists.org.uk

Editorial: Debbie Waller
0800 980 4419 / 07804 539950
journal@hypnotherapists.org.uk

04

Editorial



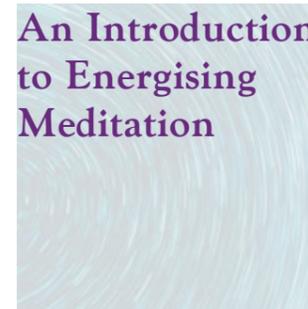
05

View from the
Chair



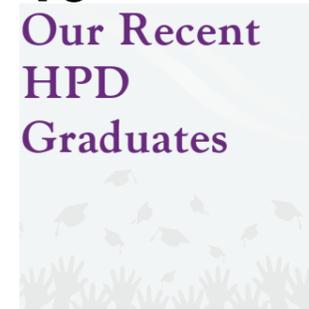
07

An Introduction
to Energising
Meditation



10

Our Recent
HPD
Graduates



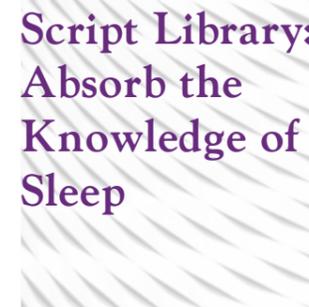
11

The Business
of Therapy



14

Script Library:
Absorb the
Knowledge of
Sleep



16

Is Your
Confidence
Working
for You or
Against You?



22

NCH 2019
Conference
Photos



26

We Know Words
Are Powerful,
So How Do
You Use Them
to Market
Yourself?



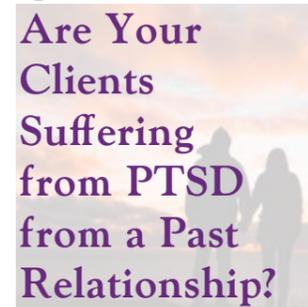
29

Our First
CPD Day for
Supervisors



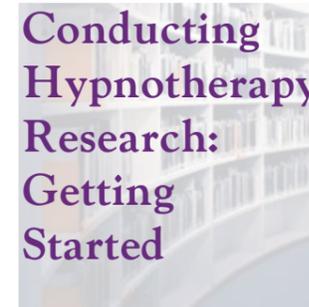
31

Are Your
Clients
Suffering
from PTSD
from a Past
Relationship?



33

Conducting
Hypnotherapy
Research:
Getting
Started



36

Exposing the
Shame that
Hides You



39

NCH
Supervisors



40

Coffee Break
Fiction:
'The Last
Therapy
Session'



43

Meet Our
NCH
Finance
Director



The National Council for Hypnotherapy, established in 1973 under its former title "The Hypnotherapy Register", represents the practice of Clinical Hypnotherapy as a discrete profession in its own right. Membership is open to those practitioners able to demonstrate appropriate knowledge, evidence of training and clinical experience relevant to the field. NCH is a member of the UK Confederation of Hypnotherapy Organisations.





Editor
Debbie Waller, MNCH (Reg.)

Hello and welcome to the latest edition of the *Hypnotherapy Journal*.

As I sit here writing this, I am looking out of my office window at my bird table. (Bear with me, we'll get to hypnotherapy sooner or later.) Despite the fact that we live in the country, with fields all around, the bird table is new. At first, we got just the opportunists, starlings and pigeons mostly, but now we are getting some regular visitors and a lot more variety.



It's a bit like watching a soap opera. The blackbird grabs a beak full of food and takes it over by the hedge to eat at his leisure and without competition. The smaller birds seem happy to share, although some go for the flat, open tray and others prefer the hanging feeder, even though the seeds inside are exactly the same.

The starlings fight with each other and try to chase everyone else away. Their saving grace, as my daughter points out, is that they are 'messy eaters' – crumbs fly everywhere as they argue, and the smaller birds simply ignore the battle and head for those.

Every so often I hang out a coconut shell full of fat and seeds. This is easy to get to for the smaller birds who simply hang on it and peck away. For the bigger ones, it's a matter of balancing right on the edge of the tray and precariously stretching down to the coconut swinging underneath. This works but requires significant acrobatic skills, so one of them has recently developed a new strategy. When the coconut is half empty, and therefore lighter, it lifts it off the hook

and drags it onto the tray where it is easily accessed.

It fascinates me how, although each bird has the same goal – breakfast – faced with the same opportunities and challenges, they find different answers.

As I'm not especially subtle with metaphors you have probably seen where this is going long before now. They remind me of my clients. I can work with three clients in a day who all want to stop smoking, but they will all need a different approach and different solutions. It's one of the joys of this job we share, that it never grows stale or old.

But just as there is no point telling the sparrows that they have to stand up for themselves more, or the starlings that they should be more cooperative, we have to help our clients find the approach that's right for them.

In looking for these solutions, remember the bird who thought 'outside the box' and learned to lift the hanging feeder up onto the table to get at it more easily.

Our clients, too, often have unsuspected talents and resources, and the best part of our job is helping them find them.

Well, I am writing this in the shadow of a fantastic 2019 conference.

There was a great turn out and thank you to everyone for coming and sharing your voice at the AGM, this year in London. Next year, 2020, look out Manchester! Here we come! Mark Price will be taking over organising the conference for 2020, and we hope to match the spectacular venue with spectacular speakers and fun, lots of educated fun; celebrating the year 2020!



Chair
Tracey Grist, MNCH (Acc.)

This week I have had, strangely (as I am sure you know how it goes), a cluster of clients with similar presenting issues: existential angst, a topic I find fascinating. And, as much as it spikes temporary abject terror in me, it also brings me exuberant liberation ... I am doing what I feel passionate about – because that is what is the key to living isn't it? Doing what we feel passionate about, and looking after our fellow creatures and peers?

I love that in the NCH we are a band of caring mavericks – the self-employed helpers. We escaped the grind and found our passion: a fine living worth (eventually) dying for. Charlie Brooker wrote an article called 'Sometimes I feel giddy at the thought of being alive. Does this mean I'm on autopilot the rest of the time?' (you can find it at <https://www.theguardian.com/commentisfree/2008/may/05/healthandwellbeing>). I love this, not just because of the topic, but

because there are so many parallels with hypnotherapy and 'self-awareness'.

If we do feel that existential itch, we need to scratch it, because it is only then that we know that we are ready for change, and that it is time to embrace our next passion. Of course, I am now going to get in a plug... So if you feel passionate about the NCH and what we are doing, and want to be more involved – get in touch!

Talking of the NCH, (I probably say this no end, and I am going to say it again) we have a pretty awesome team at the moment, and stuff is happening!

Last year, we addressed the Articles; this year we have tackled the NCH Code, to be renamed the Code of Ethical Conduct and Performance (CECP). It seemed important to have Ethical in our title since ethics is a cornerstone of the NCH, and something that NCH members can be proud of.

The final tweaks in the Code (and its accompanying guide) were put in place after consulting our supervisors at

a one-day workshop, thanks to Donna and the team. After all, thirty heads of experienced practitioners in the field are better than a couple! Thank you to all who attended, and we hope to have more of these pioneering groups to come. Not just for supervisors, but for all NCH members.

In addition to the new CECP, Sarah Whittaker, our new Ethics Director, and Sue Pitman, our Standards Officer, have taken the lead and created a members' guide, clarifying aspects of the Code so as to make an intense body of work more manageable and easier to 'translate'. I know when I first began in practice the whole Code seemed daunting so, hopefully, what has been created will help give insight and understanding to even the novice practitioner, and a safe, strong structure to all of you.

The great thing about the Articles and the Code being reviewed is that the really essential foundations are safely restructured and in place. This leads us on to addressing some of our

other interesting and obvious areas: supervision and training. We are looking at revamping the supervision course NCH(SPD), and addressing areas around training and learning with the NCH. Exciting times!

Meanwhile, the complicated website is being reconstructed to be much more user-friendly and search engine optimised to give you more clients.

Jo Hand is doing great stuff with her

position in research: investigating what outcomes we use for measurement, what the NCH can do to support members in their practice, and how we can work together to promote hypnotherapy research.

I am continually amazed at what everyone on the team achieves; it is incredible! I won't rave about the journal – it's in your hands, you know – and you can feel the quality.

What makes it all the more wonderful is being supported by NCH members. And, in addition, it's super-fantastic to see our numbers on the increase, making the NCH every day a step closer to being the home for hypnotherapy.

An Introduction to Energising Meditation

Secular meditation is making a growing contribution to countering the stress epidemic. Whereas mindfulness-based meditation helps to clear the mind, Energising Meditation (EM) has the potential to create helpful thoughts which not only facilitate relaxation but also energise. Perhaps your practice should be providing EM guidance and support?

Self-hypnosis tends to be used reactively to address a particular issue such as a phobia or habit, but why not use it proactively to enhance everyday wellbeing? Hypnotism is widely used to help relaxation, but very little has been published on proven self-hypnosis techniques to increase energy, positivity and motivation.¹

The aim of most secular meditation practices is to clear the mind of thoughts, to become calm and relaxed.² Once calm, EM then creates thoughts to help conserve and boost energy. It is completely secular, there are no beliefs nor rituals involved, and should be adapted to whatever works for the individual client.

'The brain is like Velcro for negative experiences, but Teflon for positive ones', according to psychologist Rick Hanson.³ This is explained by the phenomenon of risk aversion, a cognitive bias which plays down potential benefits and exaggerates potential losses.⁴ EM aims to give

positive thoughts and experiences the opportunity to take 'centre stage'.

In EM, once a deeply relaxed state is achieved, the meditator then progresses to contemplate energising thoughts or affirmations which they would like to absorb and use in future.

Guiding Energising Meditation

I have developed a guide to EM which includes useful preparation for meditation, time needed, good conditions for meditation (sitting position, environment etc.), an example script, suggested further reading and information sources.

For EM to be effective, it needs to be highly personalised and, prior to the first meditation, a little preparation is necessary by thinking about various issues, including identifying the most relaxing place and time possible.

Meditators are encouraged to be highly imaginative: rather than just thinking about an idyllic beach or forest, they might choose another historical period or even an imaginary planet where they have superpowers such as breathing underwater, technology has advanced by a thousand years, and there are even different laws of physics! Some people will find such creativity challenging, others will see it as amusing and liberating. To help keep the meditation stimulating, the visualisation for relaxation should be varied after about five uses.



Image: Javier Allegue Barros on Unsplash



Image: Derek Thomson on Unsplash

Preparation also includes thinking about 'what gives you energy and joy?' and 'how do you feel physically when you're motivated?'. During EM, it is helpful to harvest such memories and feelings. Up to thirty minutes should be allowed for preparation before the first meditation, but no more as it is fruitful to let ideas develop during each meditation. The preparation undertaken allows the best use of the meditation time available. The generic script poses questions to ponder rather than using detailed prompts. Pauses of up to ninety seconds are included, to allow time for thinking and creativity.

Relevant motivational thoughts vary for different people and circumstances, but some types of energising thinking have general appeal, e.g. affirmations around increasing mindfulness and gratitude. There is also consistency in what makes most of us happy - in *The Happy Brain*⁵, neuroscientist Dean Burnett identifies typical happiness factors such as having a secure home in a stimulating environment, enjoyable physical activity, positive social interactions and productive work. During meditation, positive thoughts on such topics are likely to be energising.

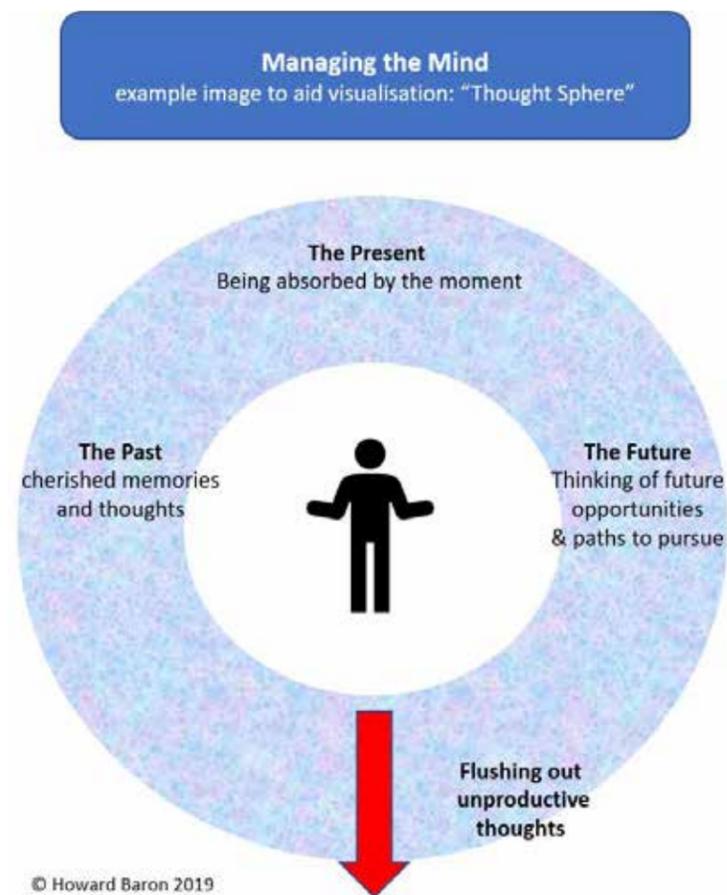
So, it is not too difficult to identify factors which help to make us energised, but how can self-hypnotism bring about changes in thinking and behaviour? One approach is to use a

series of affirmations (e.g. 'each day I am more and more motivated') but I suggest that visualisation of positive past and future scenes, which illustrate affirmations, is likely to have more impact. For those who find creativity uncomfortable or difficult, such a level of visualisation will be more challenging.

Taking a broader perspective, wouldn't it be nice if, at the flick of a switch, we could change the direction of

our thinking: to minimise unproductive thoughts and maximise constructive thinking? EM sets out to do this by helping meditators to picture a model for managing thoughts; continuously improving this model in subsequent meditations; and regularly 'referring' to the model outside of meditation.

For example, one might picture being nourished by a 'thought sphere' (see illustration) which has the ability to:



- immediately overwhelm and repel unproductive thoughts;
- absorb and magnify cherished thoughts and memories of joy, high energy, gratitude, pride, curiosity and understanding;
- stimulate mindfulness;
- simulate scenes of new opportunities and the paths to reaching these.

Some of these elements can be 'brought to life' in visualised scenes of past or future events. Instead of using a sphere metaphor for managing thoughts, alternatives include a 'thought suit' or perhaps a steering wheel for choosing the direction of thinking.

Whilst in trance, thinking about a mental model may seem unrealistic but the aim is to progress this a little at a time over many meditations. Each meditation can generate new ideas and perspectives - rather like going to sleep with a worry then waking up with a solution. There is only one pressure - meditation must be interesting and/or

pleasurable... visiting strange, wonderful places in which to relax; reminiscing treasured times and places; picturing achievement of realistic goals.

There are three sections to the generic script: relaxation, energising and exit. The relaxation section has a duration of about fifteen minutes but for those new to meditation this could be extended to up to half an hour - it is suggested new meditators should use this several times a week for a few weeks before progressing to the energising part. The energising section lasts for ten to fifteen minutes and the exit about three, therefore a total duration of less than thirty minutes for meditators with some experience. Post-meditation, it is suggested that users 'visit' their chosen energising thoughts throughout the day - perhaps hourly to ensure a rapid exit from any unproductive thinking. A five minute 'top-up' meditation is also outlined in the guidance note.

After becoming familiar with the concept of EM, meditators are

encouraged to develop their own scripts and recordings to make their meditations even more personalised and empowering, so the guidance note includes some pointers on developing DIY scripts and recordings. Use of recordings is not essential but they are very helpful in pacing and structuring a meditation.

Professional and business opportunities

Potential opportunities from EM for hypnotherapists include providing guidance or training (face-to-face or phone) on self-hypnosis to clients and their networks; delivering training and support and to counsellors and coaches who do not have hypnotherapy skills; facilitating group meditation sessions for organisations, or even open public sessions. Such activities could also help increase public and business understanding of both self-hypnosis and therapist-led hypnosis.

Hypnotism is widely used to help relaxation, but very little has been published on proven self-hypnosis techniques to increase energy, positivity and motivation.



Much of Howard Baron's career has been as a management consultant for private and public sector organisations. He is now retired apart from occasional input into projects. Howard is fascinated by personal resilience and regards one of the keys to resilience as the ability to relax quickly during periods of great uncertainty, then finding the energy reserves necessary to seize opportunities.

Partners requested

If this topic is of interest, and you would like to discuss working together, please email hbaronem@gmail.com. Possibilities for collaboration include further development of the guidance notes and generic script; recording the script; arranging for relevant contacts to test EM and provide feedback; developing joint articles for publication; and potentially joint business opportunities, e.g. mutual support for running workshops. The aim is to set up a small working group comprising up to four professionals.

References

1. One of the few relevant texts is a collection of articles edited by Raz, A & Lifshitz, M. (2016), 'Hypnosis & Meditation'.
2. Heller, R. (2015) 'Secular Meditation: 32 Practices for Cultivating Inner Peace, Compassion, and Joy'
3. Hanson, R 'Do Positive Experiences Stick to Your Ribs?', <https://www.rickhanson.net/take-in-the-good/>
4. Burnett, D. (2018) 'The Happy Brain', Chapter 2.
5. Burnett, D. (2018) 'The Happy Brain'.

Acknowledgments: Many thanks to Brian Turner, Debbie Waller and Phil Wheeliker for their input and encouragement.

Congratulations to Our Latest HPD Qualifiers!

The HPD – Hypnotherapy Practitioner Diploma – has been accredited by NCFE as having measurable learning outcomes that have been benchmarked at Level 4 (using Ofqual’s Qualification and Credit Framework (QCF) level descriptors). This gives you the assurance that the content of a training course is of a high standard as well as establishing formal recognition for our courses. There are two ways of gaining the HPD – via an NCH-accredited school if you are new to hypnotherapy, or via an individual portfolio route for those who are already qualified and practising.

February 2019

Farah Adaci	Elizabeth Cornwallis	Victoria Moir	Gavin Rubinstein
Ibolya Adam	Dr Lorraine Davenport	Amy Monk	Jayne Shaw
Alexandra Ashida	Katherine Gardner	Kara Newsome	Caroline Simmons
Mary Barclay	Sharon Giraud	Andrew Newton	Bernie Smith
Asha Berzon	Shirley Hutton	Debra Nicholls	Helen Smith
Cathie Booth	Hollie Jordan	Sian Noon	Sethuraman Srinivasan
Caroline Branson	Stephanka Kuralova	Anita Rampal	Dave Sturt
Rowan Burdett	Iain Lawrence	Georgia Louise Riley	Philipa Thomas
Jason Burt	Amanda Leaden	Abbey Robb	Lucy Thompson
Muge Collier	Nicola Lemon	Tracy Rose	Nicole Woodcock

April 2019

Tasneem Amiji	Neil Gurman	Susie Michelson	Sarah McGovern
Felicity Ashford	Jasmine Hartley	Joanne Morgan	Lisa Mercer-Leach
Paul Aspden	Carol Heppenstall	Jane Pendry	Michelle Walkes
Katy Bath	Mandy Holmes	Hafiz Rahman	Sarah Watford
Martin Bickel	Leonie Jones	Clare Richardson	Guinevere Webster
Anthony Cartmel	Marc Malecki	Tanya Sarantitis	Donna Wells
Dominic Cooney	Steve Mason	Yvonne Smith	Aidan White
Paul Dawe	Mariann Matai	Jason Speake	Jeremy Whyton
Phillippa Emmington	Peter McCreanor	Gemma Thomlinson	

June 2019

Janet Adams	Mark de Freitas	Debbie McKenna	Holly Robbins
Oonagh Armstrong	Julie Downie	Dr Fiona Megahy	Emma Rose
Caroline Bainbridge	Jennifer Dunseath	Suzanne Noel	Gillian Sloss
Catrina Bell	Lesley Edwards	Katherine Pearce	Sonia Thom
Lynne Bell	Ruth Habberfield	Susan A Pond	Myrcene Tsakopoulou
Josephine Blackburn	Katie Halliday	Stephen Queen	Jessica Wallace
Gavin Bowtell	Jennifer Helie	Cathryn Remington	Catherine Wright
Kim Clayden	Andrea Heyhoe	Catherine Rice	
Hannah Crockard	Sharon McFarlane	Gail Richardson	

The Business of Therapy

Additional Income Streams

by Cathy Simmons



One of the challenges therapists face is that there are only so many hours in a day to see clients, and because you are effectively swapping your time for money, your potential income is limited, even if you package up your services well.

So how can we better leverage our time and expertise? Let’s look at some of the options for bringing in income outside of our one-to-one work with clients.

Working with groups

Perhaps the most obvious way of leveraging your expertise is to offer your services to groups. There are many forms of group work to choose from.

In-person workshops

You could hold a one-off workshop for a particular issue; weight loss, for example, is a very common issue to address in a group. Other great subjects could be confidence in public speaking, dealing with stress, mindfulness training, or teaching a specific technique, such as EFT. Group hypnosis can be a wonderful experience for clients, and there is a community feel when they have the support of other group members, especially when they are learning something new together.

A workshop could be run intensively over an entire day or number of days. If the approach requires practice and tasks in-between classes, consider a series of weekly, shorter classes.

Online workshops

With the multitude of fantastic technologies available to us, running online group workshops has never been easier and is a real and practical possibility. Your participants can attend from the comfort of their own homes,

but that convenience comes with some considerations.

Would you feel comfortable doing group hypnosis online? Are your participants safe? What could you do to avoid interruptions? Are they missing out on the community feel and support?

Having said that, with online meeting technology like Zoom, you can now even run breakout rooms online, which is very cool. (I’m easily pleased when it comes to technology!).

Group hypnosis can be a wonderful experience for clients ... especially when they are learning something new together.

Group considerations

It is worth noting that the marketing involved in getting bums on seats for groups is somewhat different from reaching one-to-one clients, so be sure to research this in advance. Leave plenty of time to fill the event (normally more time than you expect).

Also, ask yourself if clients would be willing to work in a group for this particular issue, or if it is too sensitive; and, of course, if you are working in an organisation, how comfortable will people feel opening up in front of colleagues?

We always need to be mindful of the individual nature of therapy and think through whether a group is a realistic way for your clients to get the results they are looking for. So, be sure to offer an option for them to take working with you to the next level.

Online products

Audios

Hypnotherapists have been providing guided meditation and hypnosis in audio form for years, and with the vast availability of free audios nowadays, it's worth thinking carefully about what may be in demand enough for people to pay for. What do you have to offer that's different to the free audios already out there in abundance? Would anyone really pay for a 'relaxation audio'?

Videos

Video is a fantastic format for online products. You could even use video for guided meditations, with some great artwork or graphic images to accompany the audio.

Where it really comes into its own, though, is in teaching and training; demonstrating techniques that your

clients or buyers can use for themselves. You could sell these as stand-alone products, or as additional purchases for your one-to-one clients, to supplement their work with you.

Online trainings

Online trainings take all of this to the next level, where you may be combining different types of media; videos, maybe with slides, techniques and worksheets that they can work through in their own time, and maybe with accompanying audios.

If you are not sure what you can teach, have a think about what it is you find that you spend a lot of time explaining, either to clients or others. Are you getting fed up of explaining how something works? Great – then make a training and charge for it! Have you already been running in-person workshops? Then offer the same content as an online course.

Memberships

Memberships are an exciting option that can potentially become very lucrative, if you get it right. This is where your clients pay you on a regular basis, normally monthly, so you could be earning a regular, consistent and predictable income by offering services in this way.

Just think of the difference between Blockbuster Videos and Netflix. You would be providing value month on month to your clients. You could offer monthly videos, audios, live trainings, Q&A sessions and maybe a membership forum. Just think of all the resources you could provide, and drip-feed to your clients on a monthly basis.

If you had just a hundred people paying you £27 per month, that's £2,700. And, according to how much value you are offering, you could have a low-priced

membership at, say, £9 per month, right through to a higher priced option at hundreds of pounds.

It is a commitment, though. You will need to show up and consistently give value. There are maintenance and admin overheads and, from a marketing perspective, it means designing a strategy that brings in new members on an ongoing basis, as previous members move on. If you are an introvert, you may find the membership option might be too draining of your energy, but if you are an extrovert it could be a great option for you.

Hybrid

Now *this* is where the fun starts...

How could you combine the options above into an offering that truly serves your audience at a deep level, and leverages your time and expertise?

One combination I personally love is to run a live, online group training over a period of weeks (typically six or seven). Get together live once a week, and provide supporting resources; videos, audios and worksheets, with a community forum and additional Q&A sessions.

Of course, that's just me, so have fun with this one and play with all combinations to come up with something that suits you and gives fantastic value.

Considerations

Safety at all times: for example, would you need to send out pre-group questionnaires to assess possible contraindications? What else would you need to do to ensure that the consumer of your product is safe?

Legals: thoroughly research the legal

Running a pilot allows you to tweak content and format, and to get some great testimonials while you are at it.

requirements for what you are offering and how you are selling it. For example, if you are taking payment online there are many things to take into account, such as the need for formal T&Cs, Privacy Policy, GDPR, EU VAT, statutory refund rights etc. This is not an exhaustive list and I am not an expert so do your research.

Efficacy: it goes without saying that, due to the individual nature of most of the issues we deal with as hypnotherapists, there may be times when one-to-one work would be in the best interest of the client.

Confidentiality: if you are working in a group, or online with a community, it's worth going out of your way to ensure confidentiality at all times for your buyers.

Insurance: before offering your services in new ways, check with your insurance

company to see if any additional cover is required.

Principles

Run a pilot: this is a brilliant way to check that there is demand for what you are offering, that the format works and that your buyers are getting the results. Running a pilot allows you to tweak content and format, and to get some great testimonials while you are at it.

Keep it simple: with so much technology at our fingertips it is very tempting to start to look around for the perfect technology to deliver our new products and services and buy something with lots of 'bells and whistles'. My advice would be to start as simply as you can: the simplest payment option and the simplest way of making your products

available. I'm speaking as someone who has, in the past, spent shedloads on technology that wasn't fit for my purpose, so trust me on this one!

After a while, you'll get a much better idea of the functionality you need and will be in a better position to choose the technology that supports you best.

Stay in flow: if you absolutely love speaking in public, then workshops may be right up your street, but if you hate it, look at another option. This may seem obvious, but how often do we end up doing something because we think we 'ought to' rather than something we love? Step into your flow and you will love producing your new offerings and delivering them.

Above all – have fun!

Online trainings take all of this to the next level ... combining different types of media.



From a background in investment banking technology, Cathy specialised in helping City professionals get free from drug use and addiction, after qualifying as a cognitive hypnotherapist with the Quest Institute. Over the years, Cathy has worked with and learned from some of the best heart-centred marketing and business experts and loves to support fellow therapists by sharing her knowledge of both marketing and technology. It is now her passion to show inspiring therapists who have something amazing to give, how to find their uniqueness and get their talents out to more of the people they love to help, whilst building and keeping a full and flourishing practice doing what they love.

Script Library

Absorb the knowledge of sleep

Drift down to that place in you where you can expand the horizons of your mind ... and just have a look at the horizon now ... and notice the gentle fading light there as the sun is going down ... this gentle fading light contains the secrets of sleep ... every night the sun goes down and signals the beginnings of sleep ... people all around respond to the signal of fading light ... and ... as you see that light over there, you are beginning to feel drawn towards it ... floating over to it ... somehow knowing that it holds everything you need to know ... of quiet and calm ... everything you need to feel of calm and comfort ... and of course you don't need to know this consciously ... simply allow your unconscious to have that experience of sleep so that it can experience ... and re-experience time after time ... these wonderful feelings every time you choose to sleep ... so you can now gently step into that dim light ... or float into it ... or dream your way into it ... that's it ... feeling it ... gently touching your skin ... with sleep ... understanding at last at a deep inner level the full knowledge of sleep ... absorbing the skills of sleep and welcoming in the wonderful habit of rest and sleep for the rest of your life so that your unconscious allows your body and your mind to respond spontaneously to signals for sleep whenever and wherever it's safe for you to do so ... without any conscious effort at all ... so that ... from now on ... when it's the right time and right place for you to sleep ... you will find that you can sleep anywhere, sleep any place you want when it's safe for you to do so ... your mind will relax spontaneously ... your body will relax spontaneously when it's the right time ... so you are in time ... to let every single muscle and nerve of your body relax and let go of any stored tension or stress of the day ... you can't actually avoid it ... when it's your chosen time to sleep ... it just happens ... your mind and body respond automatically ... the harder you were even to try to resist ... the more that sense of drift, dreamy, drowsy sleepiness will come upon you ... and you will just give in to the pleasant feeling and drift off to sleep quietly and calmly ... sleep quietly and calmly all night through ... stay quietly calm ... and if you should rouse for a moment you will hear my voice reminding you that you can sleep anywhere ... sleep any place ... sleep any time you like ... so you do ... turn over and drift back down again to enjoy a wonderful deep sleep.

And as you are sleeping easily and comfortably each night ... it's good to know that your unconscious mind is exploring every aspect of sleep ...

Presupposition that the
'place in you where you can
expand the horizons of your mind
exists

Sleep anywhere they want

The law of reversed effect

'give in' suggests that sleep is
difficult to resist

**Avoids suggestions too
specifically linked to the client's
own bedroom**

Presupposition of sleep

discovering new ways for you to relax even deeper and let go of unwanted tensions ... let go of unwanted thoughts in the evening ... deal with any concerns in the daytime so you can rest comfortably, calmly and tranquilly all night through.

I invite you now to create ... consciously ... some kind of sense or picture of yourself, lying there ... at bedtime ... enjoying the comfort ... some people can see themselves, just loving the calm, inner tranquillity ... other people just feel it on the inside ... other people seem to hear a whisper of inner calm ... whatever you experience ... it seems so good to be in this place ... luxuriating in the feelings of rest and calm ... any thoughts seeming to drift off with your breathing ... more and more pleasantly aware of how comfortable ... how comforting it is to be here ... drifting up ... drifting down ... drifting back up again ... drifting away ... drifting off ... until the next thing you are aware of is that it's morning and you wake feeling refreshed and revitalised after a good night's sleep ... full of energy, feeling full of calm confidence ... ready to enjoy your day ... knowing that you've had a wonderful night's rest ... and each day you become more and more calm and confident ... that each night ... you become more and more able to drift off ... into a wonderful, quietly calm sleep.

Now, of course, I don't know ... and I don't need to know exactly at which point you will realise that all those old bedtime concerns are a thing of the past ... whether it was immediately or after a few days or weeks that you were able to just forget all about them/that period in your life in the delight of feeling so comfortable now ... so confident ... so calm and at ease ... day ... evening ... night ... now you have absorbed the full knowledge of sleep at the unconscious level ... you will feel pleasantly comfortable ... confident ... calm and at ease ... a little more each day ... a little more each night ... not only at a deep inner level but at the outer level too.

Go to a suitable trance reorientation

This script is from *More Scripts & Strategies in Hypnotherapy* by Lynda Hudson, ISBN 9781845903916 and is included here with the kind permission of Crown House publishing.

If you would like a copy of this, or any of their other books, go to www.crownhouse.co.uk. If you use the special NCH promotional code, NCH20 you will receive a 20% discount on your purchases, and UK orders are postage free. (The code is case sensitive.)

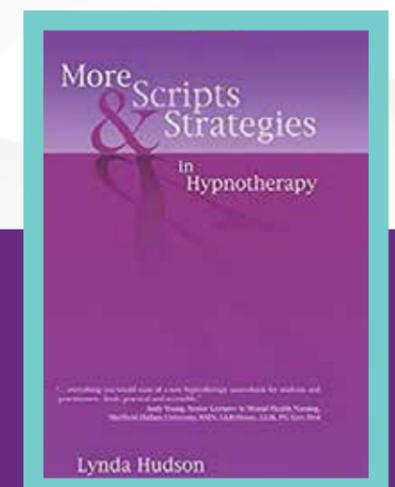
**The unconscious mind is
continuing to find ways for
deeper relaxation and release of
tension**

Future pacing

VAK enriches the experience

**Encourages the natural process
of the mind drifting as sleep
approaches**

'a little more each day ... a little
more each night' **takes away the
pressure to see immediate results**



Is Your Confidence Working for You or Against You?

Having genuine confidence is an art form. And like any skill, it takes lots of hard work, determination and practice to master and bring to fruition. But, once mastered, it can be built upon, expanded and taken to greater heights than you ever thought possible. Especially when it comes to showcasing your skills, knowledge and experience in order to secure your ideal, dream job or lifestyle.

So, having the utmost confidence in yourself and your abilities is a distinct advantage. And being confident is one of the best assets you could ever have or possess.

Why? Because, ultimately, confidence is built upon a realistic acceptance that life is uncontrollable, unpredictable and sometimes unkind or unfair, and there are always going to be times or situations that are both in and out of your control. We make mistakes and assumptions, misconstrue events, and have nasty and unpleasant things happen to us.

Confidence is facing up to all this, dealing with it in that present moment, and not dwelling on what has happened or could have been. It's when you know you can deal with anything, regardless of the outcome, and bounce back from adversity. Then you will have

the confidence to look at things from another perspective and make a choice or decision based on what is facing you at that present time. You will have nothing to fear. Ultimately, that is self-confidence in a nutshell!

One major area where people struggle with confidence is around their careers. Over the years, therapists across the globe (including myself) have worked with all aspects of career confidence. This includes people lacking confidence in searching for their first or next job; applying for the job when they have found it; going for an interview; giving a presentation or showcasing their work; accepting the job offered and what it entails; and then starting the job, with being the 'newbie' in mind. And anything else in-between!

So, let us look at the different stages of a person's career path and the various challenges they will have to face.

At the very beginning, we have a young person starting out after leaving school. All they want to do is go out into the world and start to earn some money, or carve out a career that doesn't entail going into further education such as college, an apprenticeship or university. Their lack of confidence could be around knowing how to actually apply for jobs, how to write a CV, or covering letter and

... being confident is one of the best assets you could ever have or possess.



If you think about it, no one is ever going to get every job they apply for every single time. So, why should you as a therapist be 100 per cent successful with every single client you work with?

what to put in it, especially if they have never worked before, or have only done low-level or casual work previously. Then there is the actual attending of an interview to consider. And if they are offered the job, their not knowing what to expect of the job and of themselves - the lack of experience of being in the workplace with adults and adult rules and behaviours, and this can be very anxiety-provoking. They may have to learn a trade or new skills, and that too can undermine their confidence and abilities.

Next, you have the graduate, who has left university and is looking to utilise their degree or Masters after graduating. The graduate will have the pressure of looking for a job in their chosen or associated field and knowing that they are not just competing with others from their own class but from other universities, for the same or similar jobs. They may have had part-time or summer jobs during their university time, but these tend to be more informal or casual types of work. Their lack of confidence could be around applying for highly paid, sought-after professional jobs. Attending

a formal, competency or skilled-based interview, presentation or showcase can be quite daunting. And knowing that you are competing against others that may be more or equally qualified is an added pressure.

Then you have the career climbers. These are the ones looking for the next step up the career ladder who want to progress in their careers. They are looking for more money, benefits or status in their next career move. Firstly, they are going to have much stiffer competition from their colleagues or external candidates who are also going to apply for the same job than before. Why? Because the higher you go up the job ladder, the fewer jobs or opportunities are available. Research has shown that, on average, there are two hundred and fifty applicants for one executive job advertised. That is a lot of competition. So, their lack of confidence could be in applying for jobs, knowing how much competition there is, and in competing against others that may be more or equally qualified, knowledgeable or experienced, especially if it's an external company

that they are applying to, where they don't know anything about the company culture or fit.

Attending an interview at this level could be formal, such as sitting in front of a panel, or a competency-based type interview, or even interviewing in a group setting. These types of interviews demand higher and much more stringent interview techniques and presentation skills. Then there is working at a higher level, such as management or director level, and the expectations that will bring.

And, finally, you have the ones who are winding down, downgrading or working towards retirement. They can suffer from a lack of confidence if they feel they are being pushed out, are not up to the mark or are no longer good enough. They could feel they are struggling with new technology or are not as physically fit or able as they once were. This can bring lots of apprehensions and maybe even a loss of identity or of face, especially if the person's job role was part of their identity or gave them a sense of purpose in life, status or financial security.

As you can see, most problems around career confidence include accepting that there are going to be things that you can control, such as your own preparation, research and how you present yourself and manage your thoughts, feelings and emotions. And factors that you can't control, for example, the competition, the questions asked in the interview, where the interview is and the environment.

If you think about it logically, you are never going to get the perfect job or client. There is always going to be something that you haven't got, haven't experienced or simply don't know about. And, equally, no interviewer is going to get the perfect candidate or therapist. But, if you focus on the skills, knowledge, experience and qualities you do have, and go in with an open mind and an acceptance of what you need to work on, learn or gain experience in, to be the very best that you can be, then your self-confidence and self-belief will be high. You will present yourself well and give yourself, the interviewer or client the very best you possibly can give.

This is equally important with

therapists. Sometimes we have clients we just don't 'get' or understand, or simply can't work with. Then, there are the ones who are not making the progress we expected or are resisting all along the way.

But, as we said, career confidence is all about facing your fear, accepting that sometimes things are out of your control and simply going with the flow, deciding your plan of action based on the situation at the time, and making a decision. If you think about it, no one is ever going to get every job they apply for every single time. So, why should you as a therapist be 100 per cent successful with every single client you work with?

I shall finish off with one of my favourite quotes from Eleanor Roosevelt, as I believe it encapsulates everything I wrote about today in a couple of sentences.

You gain strength, courage, and confidence by every experience in which you really stop to look fear in the face. You are able to say to yourself, 'I lived through this horror. I can take the next thing that comes along.'

Julie Leatherland is a UK-based hypnotherapist and counselling psychotherapist in private practice. Julie works worldwide with both men and women over 18 years old online by video Skype, Messenger or Zoom. With the knowledge and experience gained from working with career confidence for over twelve years, in 2017 Julie made the decision to write professionally, and published her own best-selling workbook based in positive psychology, neuroscience and psychotherapy - The 9 C's to Career Confidence. Since its publication, therapists worldwide have been successfully using the workbook with their clients as a confidence-building programme. Also, therapists have been using the workbook for themselves, as a form of self-development and CPD. You can find out more about Julie's work by contacting her on julieleatherland@gmail.com

The 9 C's to Career Confidence workbook is available from Amazon at: <https://amzn.to/2Wi9Djv>

Meet Our Development Director...

Lorraine McReight explains her role at the NCH



It seems a very long time ago now that I put myself up for election to the NCH board. That was in March 2015 and I have been the NCH Development Director ever since.

A lot has changed since my early days on the board and I'm pleased to say that things are running more effectively and harmoniously now than at any other time I can remember. We have a great team of people working tirelessly for the NCH, with all directors fitting their voluntary roles on the board around their therapy practices and other commitments. I'm very excited about the new projects coming up and I'm especially looking forward to seeing the new website that reflects our updated branding.

Within the NCH, my role involves supporting members in their career development through CPD and peer groups. Continuous professional development is important for experienced and newly qualified practitioners alike and I truly believe that no matter how long we've been practising or how many clients we've seen, we all benefit from refreshing and upgrading our skills. These are exciting times for therapists with new research

and science delivering evidence on the efficacy of different techniques and approaches.

Reading, research and participation in CPD courses are just some of the ways that therapists can expand their knowledge. Attendance at our wonderful annual conference is also an excellent way to contribute to the fifteen hours of CPD that the NCH requires of its members. The conference (and AGM) is also a brilliant opportunity for networking and having your say. The next conference will be held in Manchester on 20 June 2020 and we have secured an amazing venue and incredible speakers.

In my board role I'm also pleased to support NCH peer groups and I have visited most active groups at least once (and often more frequently) during the four years I have been in post. This has taken me to Falkirk, Birmingham, Yorkshire, Surrey, Hampshire and London. I look forward to visiting our newest group in Cardiff soon. Bizarrely, when I took on this role there was no London peer group, so setting one up was one of my first projects.

Peer groups are a great resource for members and offer a safe place where ideas can be shared and support offered.

Of course, peer groups do not replace formal supervision, but they play an important part in reducing isolation for therapists, which can be a problem for many therapists who work from home and have limited opportunities for meeting like-minded people. To quote Zoe Thompson from the Brighouse (West Yorkshire) group, 'Together we're stronger, and together we can make a bigger difference'. I couldn't have put it better myself!

If you'd like to join a peer group, please visit the NCH website to see if there is an existing group in your area: https://www.hypnotherapists.org.uk/wiki/doku.php/members:peer_groups.

If there isn't and you'd consider setting one up I can send you an info pack with some tips on how to get started. If you live in a rural community or don't want to set up a face-to-face, physical group, you could set up a 'virtual' group which could be conducted over Skype or Zoom. If you'd like to talk through the options, just get in touch with me at development@hypnotherapists.org.uk and we can arrange to have chat.

The good life is a process, not a state of being. It is a direction, not a destination.

Carl Rogers



NCH Conference 2019 photos

Thank you to all those who attended!

Review of the NCH Conference – June 22nd 2019 by Rachel Broomfield

This was only my second time attending the conference (this year held at The Royal Society of Medicine, London) and I wondered what to expect after the success of Birmingham in 2018. I was not going to be disappointed!

Obviously, in London, access was very straight-forward and once there I was greeted warmly by the Royal Society staff, our own NCH directors, and their support team handing out goody bags.

The venue itself lived up to all my expectations, the Guy Whittle Theatre proving ideal for this event. And so it was time to kick off proceedings and Nick Cooke, in his own laid-back, inimitable style introduced us to the day.

First up was James Tripp – ‘Hypnosis without Trance.’ James was a fascinating speaker, outlining his work with military veterans experiencing PTSD and introducing the idea of ‘hypnosis without trance’... or perhaps ‘hypnosis with many trances: individual minds creating individual moments in individual ways.’ In the NCH journal, James had said ‘when you understand the mechanics... rather than just following prescribed processes... you’re able to troubleshoot ‘in the moment’ if things are not headed in a useful direction.’ I think he demonstrated this beautifully in his demo with Maria! It was a great presentation to get things started.

Next up was Dr Neil Stanley – ‘Sleep and Effective Treatment of Sleep Disorders.’ All I really need to say is that this guy knows his stuff and is absolutely hilarious in delivering it to an audience! He gave us numerous examples of how to get a better night’s sleep – much of it common sense, but information I bet few of us, or our clients, actually take heed of. And all backed up by statistics, research and hard evidence. It’s a rare thing to be educated and entertained at the same time, and Dr Stanley did both brilliantly. I’m sure all those in the audience would agree.

After lunch (which was included in the price of the ticket), it was time to hear from the keynote speaker, Melissa Tiers on ‘Self-Directed Neuroplasticity’. Flying in specially from New York, Melissa started by saying she liked to share tips and practical ideas so we’d feel armed to help others ‘change their brain’, and she didn’t disappoint. She demonstrated a number of simple techniques based on bi-lateral stimulation, opening up peripheral awareness, breathing around the body, and focused awareness. Simple techniques that help to change those neural pathways so effectively.

And, last but not least, an interesting and thought-provoking presentation from Adam Eason; ‘Embracing your inner hypnosis geek.’ Controversial? Maybe. But he made it quite clear that we all ought to challenge ‘accepted’ ideas as well as be challenged ourselves; to scrutinise the evidence, and challenge ‘received wisdom’ - ideas such as the unconscious mind, fast-cure hypnotherapy, and hypnosis as an altered state of awareness. Agree with him or not, I bet it got people thinking! Aim achieved.

All in all, a great day and if you’re wondering whether to attend the Manchester 2020 Conference, based on the evidence that London provided I would certainly recommend it.

Want to find out more about Rachel? Visit her website at www.rmbhypnotherapy.com

Could you write for *The Hypnotherapy Journal*?

Submission FAQs

The real answer is yes, of course. If you can write scripts for your clients, web pages, leaflets / fact sheets, or even essays for your tutor, then you can write for the journal. Still not sure? Here are some answers to the most common questions we’re asked.

What should I write?

Anything that’s of interest to hypnotherapists – whether still in training, recently qualified or long-term practitioners.

Are there topics you are looking for?

Yes. Here are a few to get you thinking, but other topics are welcome as well.

- Book reviews – what are you reading that others would enjoy?
- We’d like questions for the new business building advice column
- News from supervision or peer support group leaders: how did your group start? What do you do at meetings? What’s the secret of your success? Have you got tips for anyone thinking of starting up a group? Take the opportunity to encourage local therapists to come to your meetings.
- Discussions or tips on using specific therapeutic techniques, client groups, or presenting issues.

How much should I write?

Ideally around 1000–1500 words.

Reports from supervision groups or local activities and book reviews are shorter, usually around 500 words. Letters to the Editor or Business Advice column can be just a few lines.

What if I’m not a specialist?

You don’t have to be! However new you are to therapy, you can write about your own experiences, and the things that interest you.

Do I have to write regularly?

No. In fact, we are happy to accept one-off articles because it keeps the journal fresh and interesting to have a variety of topics and writers in each edition.

Do you print everything you receive?

Sadly, we can’t promise to do this. But we read everything, and will include it if we can.

What decides if I get into print?

Often the space available makes the decision. But if we receive two excellent articles on the same subject, we can’t print them both in the same journal. We may hold one back and print it in a later edition.

When do you need my submission?

We plan to produce a journal about every four months, please contact the editor for details of the next submission deadlines.

How do I submit an article?

Contact the editor by emailing journal@hypnotherapists.org.uk

You can also contact us if you have any questions that are not answered here.

We Know Words Are Powerful, so How Do You Use Them to Market Yourself?

by Graham Wilson



Image: Jason Rosewell on Unsplash

Word of mouth accounts for 80 per cent of all new business. So, let me ask, why isn't 80 per cent of your marketing spend and effort also on word of mouth?

In my time training as a hypnotherapist, the one thing that hit me was how the people I met were driven, had purpose and good intent, yet most didn't really understand marketing. The result is a lot of frustrated people, with capacity to spare, clients to fix and income to generate.

Yet word of mouth is misunderstood. People think it's simply about referrals, but that's only a part of it. Word of mouth is really about creating movements. Here's a simple way to think about it: if you were going to run your business like a club, how would you do it?

Coming as I do from a commercial background this issue continues to play on my mind. It seems that most therapists I meet, like the rest of the world, mistakenly believe that digital and social media are the solution and will drive floods of people to your door. Sorry, but unless you are prepared to spend around £1000+ a month on a serious campaign the evidence doesn't support this. Yet many people feel bullied and coerced into these solutions, and FOMO (fear of missing out) kicks in.

It's not easy to go against the flood – yet you became a therapist.

Recent research shows that trust in digital media is on a serious decline, we found trust in seven of the top ten digital platforms at less than 5 per cent and Facebook was down by 75 per cent.

This is particularly relevant for hypnotherapists who are, like it or not, seen by many people as perhaps a little 'off the wall'; they are not quite sure about us. Trust is critical, and so less trust in 'online' is not helpful.

As for testimonials, it's suggested that many sites, for example, Amazon and Trip Advisor are full of fake reviews. Estimates of how full vary from 35 per cent to as high as 70 per cent. So not looking good then. Yet testimonials are very powerful, especially when they are video and clearly authentic. All you need is a phone and willing client, it's not difficult.

It might seem that the word digital now always precedes marketing. Not so. Marketing hasn't become 'digital marketing'. Digital is simply one aspect of marketing and we need to redress the balance so we get the best ROI (return on investment).

As a small business that is essential, and we shouldn't get confused between clicks, views and real business. Digital and social media are here to stay, yet they alone are not the best solutions.

It has been suggested that, to compete in the digital world, a business needs to be competent in around fifteen platforms and stay up to date (bear in mind that Google changes daily). So how can we possibly do this when there are individual, full time, experts for nearly every platform?

Do you even have the skills to select a good specialist? It's easy to get distracted by playing at these ourselves when it diverts us from that which can really grow our business.

Which brings us back to word-of-mouth. Too many of us believe that it is just about referrals. Yes, that's an important part of the process, but it isn't word of mouth and there's a formula for that.

We need to think about advocates. It is well documented that advocates are the most powerful sales-people you can have, and they do it for free.

You will see many clients whose results are such that they will tell others of their experience (of course, not everyone can do this). The fact is that most businesses don't know who their advocates are and, worse still, they don't tell them what to say and so the risk is that they make up a referral for you. That could work against you: 'it was expensive', 'it took ages to make the changes', 'it was hard to find the time' and so on. These seemingly innocuous

Too many of us believe that word of mouth is just about referrals.

Stories are critical and are fundamental for therapists, yet how much time have you spent on your story and what formula do you use to win business?

negatives may get remembered ahead of the positives, so you need to know how to control the referral message and build a following.

Plus, after a course of treatments, that client may go away because you did a great job for them. So how do you retain a justified and professional relationship through long-term connection with that person?

We know advocates have specific behaviour patterns; we know they have topics that bind them and that they talk in common places, i.e. online, at meetings, or in groups (that's where social media really fits the mix). Likewise, there are champions you need to understand too. They don't do a lot with you, but believe in what you offer

and talk to others a lot. Do you know who these people are or how to find them? You will be surprised at how many people will support you, if you ask.

The good news is there is a formula to word of mouth, well explained by Jonah Berger in his book *Contagious*. The most successful users of word of mouth develop movements that engage and connect advocates and grow. It could be local groups around anxiety, psoriasis or weight management, whatever you are passionate about and know others share. This gets people talking about you.

Of over 300 case studies, many are of small businesses, started in a garage, that become huge through using friends and contacts. Importantly, word of mouth works for a start-up as well as

an established business, so if you are just getting started word of mouth can really accelerate your business. Stories are critical and are fundamental for therapists, yet how much time have you spent on your story and what formula do you use to win business?

We all have the power to do so much more to let people know the huge benefits we can offer, and so we need to rethink and refocus on what has worked for centuries and what we now really understand. After eighteen years researching and delivering workshops on the subject you can learn about word of mouth online, and as you might guess it's not just a couple of hours, it's a programme.

As a part of his commitment to helping hypnotherapy practitioners grow their business Graham has agreed to offer the WoMTwo programme to NCH members at a significantly reduced price of £350 (usually £750). Contact Graham with the code HYPNOGW at graham@womttwo.com for more information.

Our First CPD Day for Supervisors



Donna Green
supervision@hypnotherapists.org.uk

Our first CPD day for supervisors in May of this year was an opportunity to discuss our draft updated Code of Ethical Conduct and Performance (CECP) with the fifteen supervisors who attended, and they provided valuable feedback into how this could be clarified and improved.

We also discussed supervision itself, and the expectations of both supervisors and supervisees. We will be clarifying our ideas in writing so that we can provide support to all parties in a more effective way and with more consistency across the NCH, and we are also planning more supervisors' CPD days in the future.

I'm also pleased to let you know that we will be running the NCH Accredited Supervisor course again later this year. This is open to all NCH Accredited Members who have more than three years or 300 hours of experience. Just

as a reminder: when you join the NCH you do so as a Registered Member. Accreditation is achieved via an upgrade report from your supervisor which confirms that you have met the required standard of experience and skill. This is sent to the Director of Supervision, and you will receive a notification once the process is complete. There is a £5.00 administrative fee. If anyone has any questions regarding this please do contact me.

Finally, I shall be stepping down from the role of Supervision Director after this

year's conference. Allowing time for a handover with my successor, that will bring me to the end of my three years in the role. I'd like to thank the rest of the board who work so hard and have supported me in this role so brilliantly, and also to say thank you to all of you. I've enjoyed being able to connect with so many committed and enthusiastic NCH members in this role and I wish everyone continued success.

Countdown to Supervision Training 2019

Supervision is such an important part of the hypnotherapist's toolbox, enabling your practice to reach its full potential.

Some hypnotherapists may wish to enhance their skill set and become a supervisor, whilst others may wish to run an NCH-accredited school (schools are required to have an NCH accredited supervisor among the tutors).

The latest NCH supervision course was created by Trevor Silvester with course material from the Clifton Practice and is based on a Solution Focused approach.

The course is available to **Accredited Members** of the NCH. Once completed, this training will allow you to supervise other NCH members.

There are a limited number of places on this course, and they are allocated on a strictly first come, first served basis. Please email any enquires you may have to supervision@hypnotherapists.org.uk.

Module One

5 & 6 October 2019

Module Two

29 November 2019

Venue

Regent's University,
London, NW1 4NS

Cost

£600 early bird price
(until 31 August), £700
thereafter



Image: Jason Rosewell on Unsplash

Are Your Clients Suffering from PTSD from a Past Relationship?

Did you know that a relationship breakup can be the cause of serious mental trauma and even PTSD?

I've become known as the 'PTSD Whisperer', due to my work with the hundreds of clients I have helped recover from PTSD and trauma caused by rape, child abuse, assault, acts of terrorism, being diagnosed with life-threatening illnesses, loss of a loved one and road traffic accidents for the last thirteen plus years. And I've noticed that people can suffer trauma and even PTSD from a relationship breakup.

Almost all of us have experienced a relationship breakup but, for some, it can be a truly traumatic life event which has a huge impact on the mind and can lead to PTSD. People often don't associate mental health issues with relationship breakups, as it's often assumed that we'll feel sad for a while until it goes, and then we're okay again.

What not everyone recognises are the levels of pain and addiction withdrawal we can be subjected to that can make us feel life is hopeless. It was alleged in certain media outlets that charismatic US TV's celebrity chef Anthony Bourdain took his own life after some he'd seen news pictures of Asia Argento, who he was alleged to be 'crazy' in love with, hugging someone else.

A study by cognitive neuroscientists in Columbia discovered that emotional pain can be as bad as physical pain, after comparing responses in fMRI scans from physical pain (being exposed to a hot probe on their arm) and seeing pictures of exes after unwanted breakups versus control pictures of their friends. Another study, by Helen Fisher and Lucy Brown, which included fifteen people who

To really tackle the problem you need to work with the unconscious mind...

had experienced unwanted breakups, found that, when shown pictures of their exes, the motivation and reward system in subjects' brains, including the ventral tegmental area (VTA), the ventral striatum, and the nucleus accumbens that are responsible for producing dopamine, lit up, showing it's highly likely we can develop an addiction to people as well as other things.

I've found that some breakups are so bad they can actually create a trauma akin to PTSD, which rarely lessens without treatment. Part of the problem is that the thalamus becomes highly sensitised, and affects the right lateral amygdala creating a feeling of panic. The good news is that there are treatments which reduce this by stimulating both hemispheres of the brain to speed up the processing.

To establish if a client's break up has caused PTSD or trauma look for the following signs:

- Are they having flashbacks? Flashbacks can take the form of visualisations, physical sensations or reoccurring nightmares.
- Have they been experiencing any physical pain since the breakup? This could be anything from aches and cramping to unexplained muscle pain.
- Do they have moments of unexplained sweating and changes in body temperature?
- Have they been feeling fearful or experiencing a state of hyperarousal where they are often on edge?
- Are they still suffering from any of these emotions in regard to the relationship eighteen months after it has ended?

- Are they distracting themselves with addictions to food, alcohol, gambling, drugs, sex, pornography or social media?
- Do they have difficulty concentrating and sleeping, alongside increased irritability?

Talking to you - a mental health professional - may be the first step your client takes to deal with this. Reaching out won't resolve the trauma, but it will get them on the right path. To really tackle the problem you need to work with the unconscious mind, in particular the limbic system, and process the trauma from the root.

In my work with these issues, I wanted a faster solution than the conventional approaches, and developed a unique approach known as The BLAST Technique®, (Bi Lateral Analysis Stimulation Treatment). It works on an unconscious level to create a rapidly effective treatment for trauma and PTSD and has been described by hypnotherapists, psychotherapists, senior nurses and counsellors as probably the fastest and most effective treatment available. To show you how this works, I'll finish with a couple of letters from people I have worked with:

Case study 1: The real me

I have been carrying around issues for years that have impacted on my life & relationships. I have had four sessions with Nick & my life has changed for the good. For the first time in my life I feel in control, happy and excited about facing the fears that I used to carry around & burden me. Nick never judged me, made me feel comfortable and used an approach (BLAST Technique®) with me that worked wonders. Thank you for making me realise my potential and become the 'REAL me'!

Case study 2: Unresolved grief and psychogenic amnesia

I can honestly say Nick has changed my life. After losing both parents close together, I was tangled in grief, loneliness and suffering from post-traumatic amnesia. In just one session Nick eradicated these feelings from certain episodes in my life and made me feel free; to the point where I was actually laughing at one point during the session. Now three weeks on I feel like a different person. Free from the shackles of grief and pain. And to top it off I have fond memories coming back of my lovely mum which I couldn't remember since her passing. My husband is a typical sceptic and even he can't believe the change in me.

Nick is a well-respected psychotherapist, hypnotherapist, sports performance mind coach, trainer and speaker in the UK and Europe and director of the Warwickshire School of Hypnotherapy. He has been published in Men's Health, Glamour, New, Good Housekeeping, Small Business, Feel Good You, Thread, Health & Wellbeing and Cosmopolitan and was also selected as a 'Page One Person' for My Entrepreneur magazine. You can find out more about Nick's work over at www.blast-technique.com and <http://wsoh.co.uk>



Conducting Hypnotherapy Research: Getting started

You might be surprised by how much you are already 'doing research'. Say you wanted to buy a new television.

Perhaps you conducted 'primary research' (gathering new data) and looked at ('surveyed') what was on offer, considered a range of defined factors, such as price and features ('quantitative research', using numbers and statistics), or asked friends for their views and compiled a general consensus ('qualitative research', interpreting words and themes). Or, you might have looked at a buying report ('secondary research') where the analysis has already been done for you (e.g. a *Which* report).

Why research? It helps you better understand 'how' and 'why' what you do works (or doesn't), increasing your effectiveness. Where you then share positive outcomes, you are adding to the body of knowledge about hypnosis and hypnotherapy, so helping to grow the profession.

Perhaps there is something you have always wanted to know (e.g. would X work?). Any aspect of your therapy practice could be explored. Examples include:

Client perceptions: Whether or not a client expects to be hypnotised on their first visit.

Comparison between two approaches: Whether your single-session smoking-cessation programme or your phased reduction programme has better outcomes after three months.

Measurement of a unique application:

Comparing your adaptation or a new method to a well-established approach (sometimes called 'standard care').

Exploration of a specific condition or symptom: Focusing on pain and which approaches are most effective.

Non-standard applications: Taking a well-known technique (e.g. indirect ego strengthening or metaphor) and use it for a different purpose (e.g. sole therapy approach).

Susceptibility: Assess response to treatment according to susceptibility e.g. is there any difference between high susceptibility or low susceptibility clients in how they respond to your smoking cessation programme.

Replication: Replicate a published or known research study to explore whether you get similar findings in the 'real-world' of your therapy practice.

Understanding research

It is good to be able to assess research relevance to your practice, e.g. a published group study carried out in a laboratory with psychology students may have less relevance to the practitioner who sees three menopause issue clients a week than the published case report research of a therapist who has analysed the effectiveness of their treatment programme over the past year of working with menopausal clients.

A great way of understanding research is to look at published studies. Possibly the most accessible internet resource is 'Google Scholar', although there are many other databases and

resources including PubMed, Medline, Cochrane Library, the APA (American Psychological Association), EBSCO, Biomed Central, WHO (the World Health Organisation), NICE (National Institute for Health and Care Excellence), the NHS (National Health Service) and NIH (National Institutes for Health). Here you will find many different styles of research, including:

Meta-analysis: a thorough examination of the most relevant studies.

Systematic review: a focus on a specific topic and question.

Randomised controlled trial (RCT): random allocation to either an intervention or control group.

Cohort study: a group with a specific condition is studied over time.

Case control: study of those with a condition, compared to those without.

Case series/reports: one or more reports on the treatment provided.

There are also many great books on how to conduct research, and discussion forums too.

Undertaking research

Start with a simple project to develop key skills you can then use for more complex studies. Particularly if inexperienced in research, you might benefit from engaging in some hypnotherapy research supervision for support and to address any challenges.

There are generally five key stages of a research project:

Stage one: the concept

This considers the initial idea of what you want to find out; the broad area. To help define the focus of your research it can be good to conduct a 'literature review'. This helps you to find out what others have said about your chosen topic and any existing research outcomes. By understanding the field, you are then more able to develop your research question or hypothesis. A 'research question' will specify what the issue is and what you want to know, phrased as a question e.g. 'Are men more compliant with self-care than women?' Alternatively, you could phrase the enquiry as a 'hypothesis' which is a prediction statement that you either confirm or not, e.g. 'Men are more compliant with self-care than women'. You can also phrase this as a 'null hypothesis', which is a statement predicting there will be no effect observed e.g. 'There is no difference in compliance with self-care between men and women'.

Stage two: the design

Designing your study 'methodology', starts with your approach. For example, do you want to use an intervention, seek answers or views, or simply observe outcomes?

Then, consider the specific area of focus and who is in that group (called 'the population') e.g. 'All women, aged 20-30, wishing to lose 5+kg'. This is followed by how many people ('the sample') you wish to use in your study and where/how you will connect with them (e.g. a poster at a gym asking for volunteers).

Are you a numbers or a words person? 'Quantitative' approaches (using numbers) enable you to take a factual and statistical approach, with the potential to 'generalise' the outcomes from the sample to the population. For example, in your sample group of 100 adults (n=100), 62 per cent of men in the group complied with self-care instructions (n=50) and 78 per cent of women (n=50). It then could be said that, in similar situations, the same result is likely to occur. This approach is useful if you wish to take a more scientific,

Ultimately, the best way to become familiar with research is to engage in it ... Read different types of published research and find a book that you can relate to.

experimental approach using an intervention to find cause and effect.

In contrast, qualitative approaches use words to describe an event or experience, and then these words are analysed to look for patterns and themes. These are less generalisable as they are groups of individual perceptions, rather than observable results. For example, looking at men and women's perceptions about engaging in self-care to support their therapy. This approach is ideal when you wish to observe and interpret what is done, said and experienced, and can help discover relationships and themes.

You could design your own data-gathering instrument, or use one of many well-established tools available on the internet. For example, MYCAW evaluation tool (Measure Yourself Concerns and Wellbeing) is a questionnaire that can be used by complementary therapists to evaluate a client's experiences of any changes to their concerns/problems (rather than symptoms). It is an adaptation of the MYMOP evaluation tool (Measure Yourself Medical Outcome Profile) which is more symptom (physical, emotional or social) focused.

Research ethics and safety are important! The British Psychological Society (BPS) suggest considerations of respect, competence, responsibility and integrity. You will certainly need to consider participant safety (prevent any risk of mental, physical, emotional harm

to participants), address any vulnerability (e.g. age, mental capacity) and observe confidentiality. Participation MUST be voluntary, with free choice to participate ('informed consent') and a right to withdraw (Declaration of Helsinki 1964).

Stage three: test the investigation

Test your research intervention and data-gathering instruments first on a small number of people ('pilot study'). You can then review the process and outcomes and consider whether it worked the way you expected it to, then amend if necessary.

Stage four: active research

Thorough preparation at concept, design and test stages is really helpful in achieving relevant active research and data collection. This may be conducting an intervention ('experimental research') and measuring/assessing the outcome with scales or factual questionnaires. Or seeking opinions/experiences ('non-experimental research') using interviews, observations or questionnaires. You could be looking at other studies ('conducting a meta-analysis') rather than working directly with participants, even looking at literature and other resources ('conducting a systematic review').

Stage five: report

When you have conducted your active research and gathered your information

('raw data') it is time to analyse it. Quantitative (numbers) and qualitative (words) data have different analytical approaches.

With numerical data, you can employ statistical analysis. This can be using 'descriptive statistics' to describe the data e.g. 'mean' (average), 'median' (midpoint) and 'mode' (most occurring), and, if there is a sufficient quantity of data, you can employ 'inferential statistics', including:

- *T-test*: compares the average between two groups.
- *Anova*: compares the average between 3+ groups.
- *Chi-square*: explores whether there is any difference between expected numbers and collected numbers.

With qualitative (words) data, you will consider what has been said, and often other factors such as what was meant by what was said, how it was said and any non-verbal information (e.g. a frown). Two of the most common approaches are:

- *Interpretative phenomenological analysis (IPA)*: analyses the lived experience.
- *Thematic analysis*: looks at patterns and themes of what was said.

When your data is analysed, you can now start to 'write up' that data and report your findings. This tends to be an analysis of the data, together with a discussion of the outcomes or findings, often relating these to your literature

review and other findings in the field, together with your conclusions and recommendations.

Once written up, you may choose to share your findings and recommendations with others ('dissemination'). This may simply be a blog or article on your webpage, circulation within a group (e.g. peer supervision group) or your professional association, or presenting a summary at a conference. You may even choose to submit it for publication in a journal (perhaps even this one).

Although each journal has different styles, generally the preferred format will include:

- *Abstract*: give a concise summary of the project.
- *Introduction (or literature review)*: introduce the topic, explore what others have said about the topic, and give the aims of the research and why (rationale).
- *Methods*: indicate how you did what you did (e.g. what protocol), with what data collection tools (e.g. questionnaire/interview) and with which people, together with exploring any ethical implications or issues.
- *Results*: present a summary and analysis of the data.
- *Discussion*: consider the outcomes in relation to the research aim/question, literature and the theme of research, and then reach a conclusion and make recommendations.
- *References*: provide a full list of the sources and papers you referred to

('cited') in your article.

• *Appendices*: you may choose to include a copy of your research tools (e.g. protocol script or questionnaire).

Ultimately, the best way to become familiar with research is to engage in it. If you can, participate in another researcher's study, to get a feel for how they conduct research. Read different types of published research and find a book that you can relate to. Then, create a simple project to start and develop your skills and, just like with clinical supervision, if you have any questions, ask a research supervisor. Finally, do share your findings. If every hypnotherapist conducted even one small study each year, the body of evidence for hypnotherapy would grow immensely with highly relevant, 'real-world' research evidence.



Dr Kate Beaven-Marks has extensive research knowledge and experience at MSc and doctoral levels. This includes potential influences of state and trait anxiety and mindfulness on hypnotic susceptibility, using the Stanford Hypnotic Susceptibility Scale, experimental quantitative research into the retention of information during training, and hypnosis teaching and learning from a professionalism perspective.

In addition to teaching research skills and presenting on research and related topics at UK and international conferences, Kate is a coach and mentor for independent researchers during their research projects, from exploring the initial concept through to publication and dissemination. She is also the primary supervisor and marker for MSc Clinical Hypnotherapy projects at the University of West London.

Kate is a founding director of HypnoTC: The Hypnotherapy Training Company, one of the UK's top hypnotherapy training schools and has written widely on wellbeing and hypnotherapy. She has been published and featured in a number of leading magazines, journals and newspapers, including Men's Health, the Daily Mail and the Sunday Times.

Exposing the Shame that Hides You

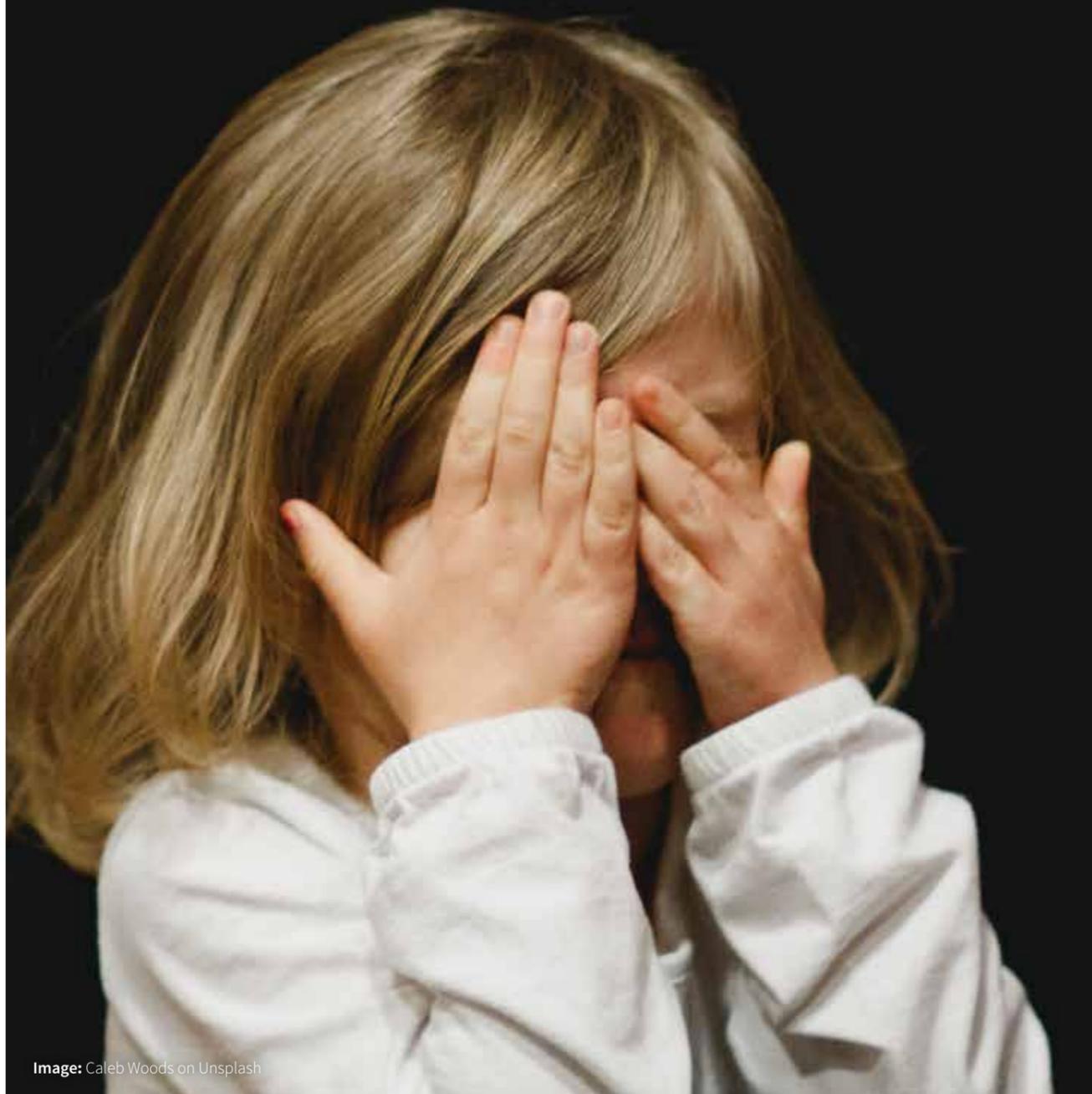


Image: Caleb Woods on Unsplash

We are born helpless and have two basic survival needs: to be fed and to be kept from danger.

We are dependent on our parents to provide these needs, and we are reactive rather than conscious thinkers.

To survive, babies need to be able to assess whether an adult will be helpful or not. So do toddlers, for whom being able to read feelings is essential.¹

As babies, we need to communicate our needs without the power of speech. We may become restless, cry, or make other noises to attract attention. Our parents, in noticing these signs, will go through logical steps to see if we are hungry, uncomfortable, need a nappy change, are too hot or cold, or maybe just need a cuddle.

If our needs are met reasonably consistently, we develop an internal working model (IWM)² that we matter and have some value. If not, we learn something different. We develop an IWM that we are of lesser importance. Our needs are not a priority for our carers, and other messages come with our care such as anger.

With no ability to apply logic to this experience of inconsistent care, we can develop a negative sense of ourselves and an accompanying negative belief. And because babies and children learn very quickly about the nuances of how the world works, repeated experiences have a profound impact.

Yet the survival instincts are strong. We discover that if we scream and cry, eventually Mum or Dad try to calm us (and their nerves) by attending to our needs. We learn that being quiet means we don't get looked after as well as if we make a noise ('The squeaky wheel always gets the grease').³

Alternatively, a baby may discover that gurgling and laughter gets the

attention they need, and screaming is ignored. This baby learns a different way to survive. Yet another may learn that if they are quiet and smile a lot they are praised and rewarded.

As toddlers, we notice how our parents and other people react to us. Non-approval by adults could mean, at a deep level, a threat to our survival. We learn to hide what is rejected and project what has been accepted. In effect, we develop a mask of acceptability. But this mask takes a lot of energy to keep in place; and there is always a fear of being exposed or that friends, family or colleagues will find out who we really are. This has been termed 'imposter syndrome' and we therapists are not immune to it, right?

The mask of acceptability might mean we become the person who continually puts themselves out for others, the worker who starts early, stays late and always meets their deadlines. The screaming baby might become the bully whose only form of defence is attack, to protect how they truly feel on the inside.

All these descriptions are generalisations, but most people will project a mask of acceptability and fear never being good enough.

Sometimes the mask slips off when we have had a bit too much alcohol. The next day a colleague says, 'I have never seen that side of you before' and the

standard defence is, 'Ah, that wasn't me, it was the drink!'

Only when someone goes through a what is called a mid-life crisis will they accept that happiness comes through dropping their mask and being their natural self. That's why you hear of people who gave up the large banker's salary to become an artist. They only became a banker because they wanted Dad's approval – which they never got anyway. I refer to this as an awakening rather than a crisis.

At the heart of awakening is the release of a deep, seemingly negative core belief, which started from those very early months of life. It is something they would never want anyone else to know about, a belief that brings shame.

If you have ever read John Bradshaw's work on the family and shame, you will recognise that the title of this article is a play on one his book title⁴ which I have used to emphasise something about shame. Shame needs secrecy to survive. If your client has shame about themselves, they will hide their nature from others and who they truly are.

Abnormal family relationships can in some cases result in the development in the child of 'ontological insecurity,' a schizoid personality, and, eventually, frank psychosis, usually in adolescence or later.⁵

Rejection from a caregiver wounds the young child deeply. Shame is often

... children learn very quickly about the nuances of how the world works, repeated experiences have a profound impact.

the result. The child learns to hide rejected traits and increase their display of acceptable ones. Hiding behind a mask of acceptability takes energy and brings the stress of potential exposure. Some people turn to alcohol or drugs to ease this stress, others may have extra-marital affairs. It is highly likely that depression will result from this inability to be themselves ... naturally.

Fear of rejection and shame can have a restrictive influence and limit our life choices. The fear of rejection can spread from that 'sales call' to colour relationships with friends and loved ones. It can infect anyone's life from the initial career choice to making an important contribution to business meetings, from marrying because you felt you couldn't do better, or staying in an abusive relationship.

*The toxic behaviours were there before you decided to enter into relationships with them ... You may have chosen to look the other way, but the signs were there.*⁶

Toxic shame is a result of a negative core belief leading to paralysing feelings of worthlessness. It can be all pervasive and, in trying to numb it, lead to alcohol and drug addictions. In the young, self-

loathing and self-harming may result. The use of social media can exacerbate toxic shame. Some teenagers feel rejection if their Facebook posts aren't liked by enough people. One minor criticism or difference of opinion on such a public forum can bring profound anxiety. For someone who becomes isolated, suicide is a higher risk. Even in healthy and attentive parenting, shame can manifest itself.

To address this shame, I use a therapy framework called 'EMSRP': Expressive Meta-Schematic Re-Patterning.

The first step uses a challenging process aimed at releasing the client's deepest held core negative belief. Exposing and owning it begins the healing of their shame, and provides a client with insight, increasing their self-understanding. They often exclaim. 'Ah, so that's why I do what I do!'. For clients, it's quite an eye-opener to see how much this core belief has impacted on their life choices (e.g. career, marriage, friendships). They begin to see how much of a prisoner they have been to this belief and attached shame and start to take control of their lives. For many clients, this is like a reboot to their life.

The next step of EMSRP identifies the client's needs in order to have healthy and thriving relationships that enable them to be themselves, and not what they think others want them to be.

My relationships are so much more real and richer for it, and I am building my life with a man who has also experienced the benefits of EMSRP.

At the core of many client issues is a negative core belief of unworthiness, and the need to wear a mask to hide the shame of it. Helping these clients to expose their shaming belief will provide a stronger foundation for the resolution of their other issues such as weight, confidence, relationships and addictions.

At the heart of EMSRP is the maxim that therapy is only ever any good if the insights achieved in the therapy room are taken out and applied in the client's world. Using a combination of Gestalt therapy, coaching, hypnotherapy and psychotherapy, clients are encouraged through easy progressive steps to make changes that transform their sense of self and their relationships.



Steven Harold has been in full-time practice since 1996. He is a supervisor and mentor to hypnotherapists and authored the book *Marketing for Complementary Therapists*. Steven lectures on the importance of shame, self-acceptance and responsibility, particularly to therapists. He uses a therapeutic framework called EMSRP – Expressive Meta-Schematic Re-Patterning – to help therapists and their clients grow in confidence.

Steven moved his London hypnotherapy practice of almost twenty years to Derbyshire in 2016. He can be contacted for supervision, mentoring or therapy via his website www.hypno-therapist.com

References:

1. Rowe, Dorothy. (2007). 'Babies are born with one thing: an instinct to survive'. Daily Telegraph, 23 November 2007.
2. Ding, Sharon and Littleton, Karen. (2005), *Children's Personal and Social Development*. Blackwell Publishing, Open University.
3. Billings, Josh (c 1870) 'The Kicker' (Poem)
4. Bradshaw, John. (2005) *Healing the Shame that Binds You*. Health Communications Inc.
5. Laing, R. D. (1960) *The Divided Self: An Existential Study in Sanity and Madness*. Harmondsworth: Penguin.
6. Speers, P.A. (2015) *Type 1 Sociopath - When Difficult People Are More Than Just Difficult People*. CreateSpace Independent Publishing Platform.

NCH Supervisors

Below are a list of members who have successfully completed the NCH Accredited Supervisors course or have been granted the designation AcHypSup through accredited prior learning.

Caroline Huish	caroline@carolinehuish.co.uk	07920 908311	Iron Acton, S. Glos
Brenda Cox	admin@brendacox.co.uk	07895 290528	Colchester, Essex
Polly Hawkins	polly@pollyhawkinshypnotherapy.co.uk	07530 560319	Hucclecote, Glos
Shaun Brookhouse	enquiries@hypnomanchester.co.uk	01618 811677	Whalley Range, Manchester
Bill Kerins	info@masteryourworld.co.uk	07443 495050	Nairn, Inverness-shire
Dawn Biggs	dawnbiggs@ukcounsellingsservice.com	07912 877401	Bexhill on Sea, E.Sussex
Lauren Kolb	lauren@fyldehypnotherapy.co.uk	01772 977899	Wrea Green, Lancs
Diane Laird	diane@dianelaird.co.uk	07871 505382	Wimborne, Dorset
Anita Mitchell	anita@anitamitchell.co.uk	07813 126048	Northwold, Norfolk
Gillian Wood	gill-wood@hotmail.com	020 8946 2474	Wimbledon, Greater London
Tracey Grist	hypkids@gmail.com	07976 629098	Streatham, Greater London
Donna Green	donna@odyssey-partnership.co.uk	07947 129068	Epsom, Surrey
Jessica Driscoll	jess.hypnotherapy@gmail.com	07880 553421	Roath, Cardiff
Merion Ellis	info@nlp-hypno.com	01691 333321	Oswestry, Shropshire
Deborah Pearce	dpearcehypno@gmail.com	07939 840788	Ottery St Mary, Devon
Colin Hudson	info@apollo-hypnotherapy.co.uk	01903 331507	Worthing, W Sussex
Carole Samuda	carole@carolesamuda.co.uk	07847 187046	Alton, Hants
Dani Dennington	dani@thecroftpractice.co.uk	07932 793135	Thame, Oxon
Melanie Phillips	info@lothiantherapy.com	07956 269461	Dunbar, E Lothian
Gloria May	gloria.may@chilternstreet.co.uk	020 7486 4553	Marylebone WIU
Steven Harold	steve@hypno-therapist.com	01773 436 796	Heanor, Derbyshire
Alex Brounger	alex@brounger.co.uk	07917 415926	Stroud, Glos
Veronika Gleeson	veronikag@sky.com	07825 761 873	Sevenoaks, Kent
Donna Green	donna.green860@ntlworld.com	07947 129068	Epsom, Surrey
Christine Key	christinekey@mac.com	01932 560725	Egham, Surrey
Susan Ritson	susan@cognitivesolutions-southwest.co.uk	07837 562602	Cheddar, Bristol
Lynn Martin	info@lynnmartinpsychotherapy.co.uk	01404 41690	Honiton, Exeter
Penny Ling	solutionshypno@yahoo.com	07508 658934	Longcot, Swindon
Alan Van Loen	awareconsultancy@lineone.net	01206 835333	Colchester, Essex
Heidi Woodgate	heidi@heidewoodgate.mac.com	07970 561154	Northfleet, Kent
Chloe Cook	chloe@openmindhypnotherapy.co.uk	07794 595783	Stafford, Staffordshire
Marion Robb	marion.robb@btinternet.com	07909 961646	Edinburgh
Kim Wilson	kim@sunrayhypnotherapy.com	07590 664669	Westerham ,Kent
Suzanne Thomas	suzannethomas@suzannethomas.co.uk	07770 378791	London SW11
Hilary Norris	info@getmindfit.co.uk	07887 714892	Cirencester, Glos
Steve Wichett	nch@nlpchangeworks.com	07835 118044	Winchester, Hampshire
Nikki Parsons	nikkiparsons54@gmail.com	07859 922044	Bognor Regis, West Sussex
Sharon Dyke	sdhypnotherapy@yahoo.co.uk	07766 250113	Taunton, Somerset
Jose Penrose	jpenrosemtc@gmail.com	01483 769058	Woking, Surrey
Matt Krouwel	mattkrouwel@gmail.com	07789 097741	Northfield, Birmingham
Mike Holland	mike01holland@gmail.com	07446 005472	Congleton Cheshire
Gill Ruffles	gill@hypnotherapy-bath.co.uk	01225 462030	Bath, Somerset
Joanne Ritchie	joanneritchie1@btinternet.com	07711 704585	Halifax, W Yorks
Lisa Williams	enquiries@lisawilliamstherapy.co.uk	07920 147101	Wrington, North Somerset
Annie Winfield-Shearer	aw_s.supervision@icloud.com	01256 320538	Hampshire, Surrey, Berk
Sacha Taylor	taylor.sacha@gmail.com	07957 397291	Bath, Somerset
Vanessa Turner	vanessa@changes4life.co.uk	07909 888953	Reading, Berks
Nick Mawer	nick.mawer@live.com	07954 425548	Keynsham, Bristol
Sandra Churchill	sandrachurchill@virginmedia.com	07515 441825	Warminster, Wiltshire
Jane Fox	Janefox2012@sky.com	07870 882234	Stockport, Greater Manchester
Ian Pitchford	ian@amind4adventure.com	07976 281927	Buckfastleigh, Devon
Ian Fielder	ian.r.fielder@gmail.com	07795 181009	
Tiffany Armitage	tiff@tiffanyarmitage.co.uk	01752 710 277	Ivybridge & Totnes Devon

Coffee Break Fiction: 'The Last Therapy Session'



About this story: The best fiction often takes its inspiration from real-life events. I did attend that conference near Henley and the storm was incredible. I did feel something malevolent chasing me away. The roads were closed, and I lost my way, only forty miles from home. Luckily, I found a petrol station and bought a map, getting home safely later that night. The feeling of being pursued stayed with me for weeks.

Profile: Deborah Bromley has been a hypnotherapist for nearly twenty years, specialising in women's issues. Following the success of her track for Hemi-Sync® (The Monroe Institute) called 'Creating a Positive Future', she is now working on a series of guided meditations for weight loss, and an accompanying book, due out late 2019.

It felt as if I had been waiting forever, but perhaps it was only a few minutes. When you are anxious, time seems to expand and stretch out. I didn't feel like sitting. I paced, as quietly as possible. Then a warm, friendly voice asked me to step into the consulting-room.

'Come in and make yourself comfortable. I'm sorry you had to wait.'

'It was good of you to see me at such short notice.'

'I knew it was important. From what I recall, something traumatic has happened?'

'Yes, and I'm struggling to get my life back on track.'

'Can you tell me about it?'

Her soft voice and soothing manner put me at my ease. I relaxed into the reclining chair and allowed myself a small measure of hope. I'd been over and over the story in my head, but this was the first time I'd opened my heart to a stranger. Somehow, I knew I had nothing to lose and everything to gain.

'Just start at the beginning and let it flow in your own words,' she said.

'I'll try. It's hard to explain but ... something has changed. My life is not the same. Nothing is the same. And it all began in October. Do you remember we had that stormy weather?'

'I do.' She nodded in my direction.

'I had always loved storms, until ...'

'Go on.'

'I had to attend a conference in Henley. I was looking forward to it, time away from work. I enjoyed myself but decided it would be sensible to leave

early. The weather was filthy, and I wanted to avoid the Friday rush hour. After lunch, I set off towards Marlow. It was already pelting down. The sky was black as night.'

As I retold the story, the same feeling of foreboding weighed heavy in my chest.

'It was chaos. Shoppers running for cover. Flash flooding. Terrible visibility. I took the main road towards the M40 but it's an awful road. No white lines, no catseyes, just black tarmac and twists and turns. Other motorists were flashing their lights and driving too fast. It was hard to concentrate. I came to a village called Bolters End. That's when I felt it. It may not make sense, but I felt like an unseen force was behind me. Nipping at my heels. I felt compelled to go faster. I didn't dare stop, I thought it might catch me. Whatever it was.'

'Sounds like you felt spooked, understandable in those circumstances.'

'You've got it. I did feel spooked. And I had an overwhelming desire to get home as quickly as possible. The feeling stayed with me even when I got onto the motorway. I put it down to the weather. It was so bad the roads were awash with water.'

'Sudden flash storms, I know what you mean.'

'Soon I saw the signs for my exit, and I relaxed knowing I could be home in forty minutes. But then I saw the 'Road Closed' signs. Major resurfacing works. The diversion would take me back in the opposite direction, towards Oxford. I was really annoyed I hadn't checked before I set out. I stopped to find a new route and guess what? My phone was dead. Just my

luck. But I trusted my local knowledge and cut back through the countryside, making for home.'

I paused. I had to get the next part right.

'I slowed right down because the road was narrow with hedges on either side, though this compulsion to get away was still driving me on. I studied the signposts for a place name I recognised. I was annoyed with myself for getting lost but then, suddenly, the road widened.'

'A main road?'

'It wasn't what I thought it was. The road was flooded. I was driving in deep water. The hedges had gone and all I could see was blackness. The car shifted and lost its grip. It was horrible, terrifying. Unseen currents in the deep, sliding and shifting towards ... I really don't know.'

'Do you remember what happened next?'

'Barely. The engine failed and the lights went out, all I could sense was the drifting of my car on the water and the helplessness of it all. The aloneness. At that moment, I tell you, I knew despair. There was nothing to do but accept my fate. But it wasn't a peaceful acceptance. I fought with everything I had. That memory will stay with me forever.'

'I understand. Let's ... move forward in time and you can tell me what happened afterwards.'

'I was walking across a field, drenched, weak and alone, nothing with me except my clothes. No phone, no briefcase, no identification. Then I saw some lights ahead. One of the tiny villages in that part of Oxfordshire. I thought I'd find some help. I thought I

could phone home and get my wife to come and pick me up.'

'What a relief.'

'Exactly. I know I was in shock. I must have looked a sight; probably had pondweed dripping from my hair. I found a house with lights on. I could see a man inside, eating his tea. I banged on the window. I shouted for help. He hardly stirred. He was so wrapped up in himself, he couldn't be bothered to get up. I was so angry! I tried to break in through the back door. I had a good go at it, but I couldn't find the strength.'

'And then ...?'

'I found a village shop with newspapers and food and drink and it looked so welcoming. The lights were on, but nobody was about. I suppose they had closed early. The door handle wouldn't turn but I knocked and shouted as loud as I could. Maybe the rain drowned me out. I felt despondent, but I didn't give up. I found a barn to sleep in and wait out the weather. At least I had shelter. But I have never, ever, felt so alone. It brings it home to you, something like that. You understand how small you are, how without your family and friends, you really are nobody.'

'What happened in the morning? They say everything looks better by the cold light of day. I assume you made it safely home?'

'I did get back home, yes. My house, my wife, my friends and family.'

'And once you were home safely, did you get the experience into perspective?'

'That's why I'm here, why I need your help. The events of that night have changed something inside me. I'm not

sure I can explain it.'

'Like you don't fit anymore?'

'Exactly. Whether it was that desolate feeling of aloneness that changed me or the fear and panic, I don't know.'

'And your wife, your family?'

'It's not the same. I feel they don't know me anymore.'

'And your business? Work can be a great healer.'

'I haven't been able to work.'

She looked me right in the eyes and said, 'Yes, I know what is wrong.'

'And you can help me?'

'All I need to understand is that you are ready.'

'I am ready. Now I've told my story, a great weight has lifted. I'll have whatever treatment you recommend.'

'Good. Now just close your eyes and let me take over.'

I did as she asked and lay back, feeling like I was floating. Soon I was listening entranced to her soft voice guiding me deeper. I let go of my worries. I'd been too stressed about everything. Then she asked me to open my eyes and look towards her.

'Look into the space behind my head,' she said.

Her eyes were glowing. The room seemed to crackle with energy.

'Very soon you'll notice a bright tunnel of light appear behind me. The most comforting sight you have seen in many months. This light is made of healing energy, designed to make you whole again. You can forget all the fear and pain.'

It made so much sense. I felt better already.

'Continue to concentrate on the light.

And when you are ready, rise up off the recliner and move towards it. Soon you will see loved ones, family members who have already passed over. They will come to meet you and take your hand. It is time for you to go.'

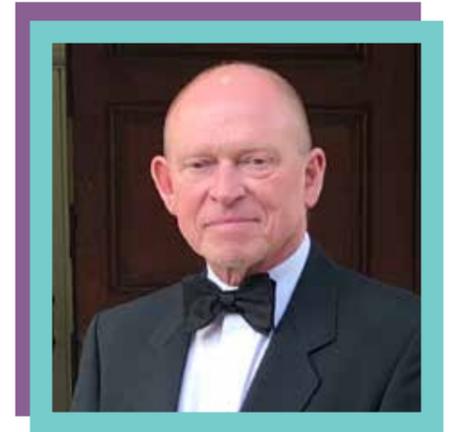
She was right. There in the light, I felt love and acceptance. And a feeling of freedom like nothing I had ever experienced. I was going home, after all.

The good life is a process, not a state of being. It is a direction, not a destination.

Carl Rogers

Meet Our NCH Finance Director...

Nick Wright describes his role at the NCH



I am Nick Wright, the Finance Director of the NCH. I have been a practitioner for almost twenty-five years in a number of therapeutic disciplines.

I am a Doctor of Osteomyology, Fellow of the Association of Osteomyologists, clinical hypnotherapy practitioner and trainer, practitioner of NLP (Neuro-Linguistic Programming), Certified Havening Techniques™ practitioner, advanced practitioner of TFT (Thought Field Therapy), advanced practitioner of IEMT (Integral Eye Movement Therapy), a specialist in psychosensory therapies.

I live and work in Clifton upon Dunsmore, a village just outside Rugby, helping people with physical, psychological and emotional issues. I specialise in working with children, especially those with behavioural issues, and also with children and adults who have experienced adverse childhood experiences.

Before becoming a therapist I worked in corporate business and so honed skills that have served me well in my current NCH role; I believe I do add value to the organisation, and look forward to continuing to do so.

I have been in my position at the NCH for two and a half years and in that time have worked to streamline the financial operation in terms of cost savings. Today we have what I believe is an extremely cost-effective financial operation, allowing the maximum of members' funds to be used for their benefit. My time is spent overseeing, reviewing, and adhering to the budgets for each business department. Assisting in organisational budgetary planning and ensuring that all of the association's financial practices are in line with statutory regulations and legislation. There is also time spent in assisting the board in creating strategic plans for the future. I keep a very watchful eye on our cash flow, accounts, and other financial transactions, and work closely in the facilitation of day-to-day operations, including tracking financial data, invoicing, etc. and, for our board meetings, there is the preparation of official reports. The ever-watchful eye is always looking to seek out methods and practices to minimise financial risk as well as creating and maintaining relationships with service providers and contractors, including banking

institutions and accountants. And, of course, updating and implementing financial policies and procedures.

So there you have it, an insight into what goes on behind the scenes to ensure that our members receive the best service and support we are able to offer, now and into the future to ensure that we keep our operating costs to a minimum and provide ongoing and increasing services.

Finance is not merely about managing money. It's about achieving our deep goals and protecting the fruits of our labour. It's about stewardship and, therefore, about achieving the good society.

Would you like to know more about our Executive Committee and what they do to represent your interests? Watch this space, we'll be exploring all elected directors and appointed officers in upcoming journal issues!

Therapy with Heart and Mind



COSTA LAMBRIAS, ROB MCNEILLY, ALI KNOWLES AND CATHY SIMMONS!



EARLY BIRD OFFER COMING SOON

Keep an eye on our website and be sure to look in our journal for an amazing special early bird ticket price for NCH members.

Tickets will go on sale Monday 7 October at 10am (to be confirmed).

The NCH Conference and AGM is scheduled to be held at Mercure Hotel, Manchester on Saturday 20 June 2020. We've got a great lineup and can't wait to see you there!