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Feel free to forward this e-journal to your associates and friends interested in hypnosis.



Bruni Brewin

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President's Notes

President's Report March 08

*"We must not allow other people's limited perceptions to define us."
~Virginia Satir, Family Therapist, Lecturer, Trainer and Author*

We had the National AGM on the 9th March 2008. The past year has been a challenging one not only for me, but for all Executives. We had a full-on year with lots of things going on that demanded our attention as stated in my report at the AGM.

At the time of writing this report there were workshops and AGM's in every State. It was great catching up with some of our Members, albeit the visits were too short.

The IBS workshop in Sydney had 58 participants and Professor Peter Gibson and Ms Sue Shepherd did a great job in their presentations. It is a pleasure to have such nice people supporting us. As usual, Lydia Deukmedjian did a great job in organizing the workshop – thanks Lydia.

New Executive positions are shown on the last page. Application forms, the e-journal Hypnopatter, and the AHA Web Site will also be updated as soon as possible. Many thanks go to all those that held Executive positions last year and all those that have taken on this task and volunteered their time for the benefit not only for their States but collectively for all of us for the following year ahead.

The National Executive recently received the exposure draft by Nicola Roxon, Minister for Health and Ageing for the Private Health Insurance (Accreditation) Rules 2008 to make submissions to the Rules. Having attended most of the Forums in various States, we can advise that the rules reflected the expectancy of those forums.

I had a meeting with the Australian Health Insurance Association on the 12th March 2008 and was able to present our views to the Private Health Insurance Commission which had representation by Private Health Insurance Providers. Thanks go to Leon Cowen for providing some of the Research on Hypnotherapy that I was able to present with my research that gave information from the Oxford Health Alliance Summit, The World Health Organisation and many more current research articles from Science Daily, New Scientist, ABC Health and the like. Some of the presentation is shown below.

The National Executive also responded to the Public consultation draft, Public Health (General) Amendment Regulation 2008. This is in reference to the NSW Department of Health on the Health Legislation Amendment (Unregistered Health

Practitioners) Bill 2006, Code of Conduct. The cornerstone of the legislative scheme regarding unregistered health practitioners is the code of conduct.

The Amendments to the Health Care Complaints Act provide that the Health Care Complaints Commission may investigate a complaint that an unregistered health practitioner such as a hypnotherapist, who has breached their code of conduct. If, following an investigation into a complaint that an unregistered practitioner has breached a code of conduct; and the Commission determines that the complaint has been proven it may make a prohibition order against the practitioner. A prohibition order is an order that prohibits the practitioner from providing health services, or specified health services, ie hypnotherapy for the period specified in the order, or permanently, or that places conditions on the provision of health services, or specified health services, by a practitioner.

In relation to an update on the SA Psychologists Bill, the report on any harms associated with hypnosis and the possibility of a Code of Conduct and Practice is near finalisation and will be forwarded by the Policy and Legislation, Dept. of Health to the Minister for his consideration to take to the Parliament (via Cabinet as this approval is required for all Government reports and submissions prior to release). This report will need to be presented to Parliament prior to recommitting the Bill in the House of Assembly. It is believed that the Minister is considering taking the Bill back to Parliament in April but there are some things that require further review (not necessarily hypnosis at this stage) and that might mean that it may go a bit later in the year, i.e. May.

Both Maya Lak and myself attended the PACFA (Psychotherapy & Counselling Federation of Australia) Council Meeting on the 15th & 16th March 2008 and you will find a short update on this below. It is really important that members understand that whilst our standards are acceptable at this date, you should consider working towards higher accreditation so that you can meet future standards.

Thank you to all the members that have been supporting the AHA by attending meetings and workshops. It is your participation that reflects the strength of our Association. There are too many individuals to thank for supporting us all, my special thanks go to all of them.

Sincere regards,

Bruni Brewin



PACFA Delegates' Report – Bruni Brewin and Maya Lak

Bruni and Maya, as the AHA Representatives, attended the PACFA Council meeting on the Saturday, 15th and Sunday 16th March 2008. Many reports and draft items were tabled for discussion and debated.

1. The Joint PACFA and ACA Working Party

The new PACFA CEO, Dr Colin Benjamin, advised that at the last meeting with the Federal Minister for Health and Ageing, the Hon Nicola Roxon MP stated that the Federal Government wants just one National list showing all practicing Counsellors and Psychotherapists. Colin also stated that the Minister was not prepared to negotiate with more than one body and that that one body needed to be representing the whole profession. This has led to PACFA and the ACA agreeing to work together for the good of the profession. Consequently, both PACFA's and the ACA's CEO's and Presidents, plus an independent chair have formed a Working Party to negotiate forming a National Listing of all practicing Counsellors and Psychotherapists (this includes Hypnotherapists) in Australia.

The current PACFA/ACA working party has put forward a draft proposal for this National Listing to consist of a three (3) tier model: Clinician practitioner; Professional practitioner; General practitioner. This would also mean that there would be uniform standards for people applying for membership of either PACFA or ACA. Once uniform standards have been finalised then members from PACFA and the ACA will be able to join the various tiers of the new National Listing.

You are able to find out more about the training standards requirements for listing on the PACFA Register by visiting the PACFA website: www.pacfa.org.au. Please Note: As of 2009 PACFA will no longer be charging individual members to be listed on their PACFA register. PACFA will only be charging the Member Associations one fee that covers membership and the individual listing of members.

2. THE PACFA REGISTER

After listening to Government directions, and in the absence of statutory regulation PACFA has determined that it would be best if all eligible MA members were listed on the PACFA Register prior to steps being taken to establish an Independent National Listing. Any current clinical member of the AHA that meets PACFA Clinical standards and is in good financial standing within the AHA, may apply to be placed on the PACFA Register until 30th June 2008. Please Contact Maya Lak on 1800 067 557 for further details.

The new raised standards for joining PACFA will come into force by 1st July 2008. All AHA members listed on the PACFA register before June 30th, 2008 will be automatically listed, free of charge, on the new National Listing as a Clinical practitioner. However an Application Fee of \$99 will apply thereafter.

3. SUPERVISOR STANDARDS

PACFA is currently researching training standards for Supervisors in various countries around the world. It was gratifying to note that the AHA supervisor training requirements already met all the proposed PACFA requirements for Clinical Supervisors.

4. RESEARCH OFFICER:

Margo Schofield (PACFA Research Officer) advised that a number of interesting journal subscriptions are able to be purchased through the Taylor & Francis Group at the discounted rate of AUS\$70 (a 50% discount): For further information please go to <http://www.tandf.co.uk/journals/journal.asp?issn=1475-3634&linktype=offers>



The Coalition of Australian Governments

The AHA is now entering a new and possibly critical stage in the development of the profession of Hypnotherapy. The summer season has been particularly active with a change of government in Canberra, The AHA is aware of the injustice of the current exclusion of the profession from recognition as an allied health profession for Medicare. The Coalition of Australian Governments (COAG) has set out a major agenda for all national, state and territory governments to make significant improvements in national health services, including giving high priority to primary health care provision and extensions of primary prevention services as part of a wider concern for social inclusion.

The Minister for Health and Ageing, the Hon Nicola Roxon MP has now issued an exposure draft concerning registration of allied health professions and procedures in respect of private health insurance (accreditation) rules that is open for comment until 28/03/08.

Movement towards a uniform, national credentialing system for the profession provides a pathway that may meet the requirements of Section 10 of the Exposure Draft on Private Health Insurance (Accreditation) Rules 2008, namely:

- (a) Be a member of a professional organization which covers health care providers who provide that type of treatment (the *profession*); and which:
 - i) has registration requirements for the profession; and
 - ii) assesses whether the health care provider has the appropriate level of training and education to practice in that profession; and
 - iii) administers a continuing professional development scheme in which the health care provider is required , as a condition of membership, to participate, and
 - iv) maintains a code of conduct by which the health care provider must abide in order to continue to be a member; and
 - v) has a formal disciplinary procedure, including a process to expel (however described) members, and a complaints resolution procedure, or
- (b) Be a member of a professional organization which covers health care providers who provide that type of treatment.



AHIA (Australian Health Insurance Association) Presentation

Presenter: Ms Bruni Brewin , National President
(For full report and sources – see Articles section on the AHA website)

The Global Disease:

An international forum (Oxford Health Alliance Summit) on global disease held in Sydney has been told that world governments are focusing too much on fighting terrorism at the expense of addressing the unfolding epidemic of four major lifestyle diseases.

Heart disease, diabetes, lung disease and cancer account for 60 per cent of the world's deaths but experts gathered at the Oxford Health Alliance Summit say reducing this rate is not a priority

Professor Stig Pramming, executive director of the alliance, said these quiet and rapidly spreading epidemics threatened to "cripple our bodies and our economies".

The WHO Report Warns, Tobacco Could Kill One Billion By 2100

WHO has released new data showing that while progress has been made, not a single country fully implements all key tobacco control measures, and outlined an approach that governments can adopt to prevent tens of millions of premature deaths by the middle of this century.

One of the MPower strategies recommended in the WHO report is to 'Offer help to quit tobacco use.' The Australian Hypnotherapists' Association is listed as a referral service on the Quit Line (and also G-Line) in NSW.

By the time most smokers come to Hypnotherapy, they have tried all other sorts of interventions such as patches and medication.

Marijuana or Pot:

Marijuana Smokers Face Rapid Lung Destruction -- As Much As 20 Years Ahead Of Tobacco Smoker. A new study finds that the development of bullous lung disease occurs in marijuana smokers approximately 20 years earlier than tobacco smokers.

At present, about 10% of young adults and 1% of the adult population smoke marijuana regularly. Researchers find that the mean age of marijuana-smoking patients with lung problems was 41, as opposed to the average age of 65 years for tobacco-smoking patients.

The study "Bullous Lung Disease due to Marijuana" also finds that the bullous lung disease can easily go undetected as patients suffering from the disease may show normal chest X-rays and lung functions. High-resolution CT scans revealed severe asymmetrical, variably sized bullae in the patients studied. However, chest X-rays and lung functions were normal in half of them.

On ABC Health Minutes Dr Norman Swan advised that the review of the medical literature shows cannabis use is linked to psychotic illness and the more cannabis, the higher the risk.

WEIGHT:

The most recent national data based on self-reported height and weight, the 2001 National Health Survey (NHS), showed 2.4 million Australian adults were estimated to be obese. 6% of men and 17% of women aged 18 years and over, had a BMI of 30 or more (Australia's Health 2004).

It is estimated that in Australia, 20-25% of children and adolescents are overweight or obese. That equals a total of one million overweight or obese children and adolescents.

A further 4.9 million Australian adults were estimated to be overweight but not obese (42% of men and 25% of women aged 18 years and over, with a BMI of 25 or more but less than 30) (Australia's Health 2004).

Researchers from the Centres for Disease Control and Prevention in Atlanta analysed data from 217,379 adults who took part in a telephone survey that monitored health and behaviour. The study published in the journal General Hospital Psychiatry showed that adults with depression, or a previous diagnosis of depression, were 60 per cent more likely to be obese compared to their healthy counterparts. (Source: AAP NewsWire, cited - www.medicalsearch.com.au/)

Associations have been observed between obesity and type 2 diabetes, cardiovascular disease, some cancers and arthritis. A Recent study also shows that middle-aged women's waists aren't the only thing that increased in the last decade. So did their chance of stroke. In a new study rising obesity rates have been linked to more strokes among women aged 35 to 54.

"The islet cells in the pancreas can compensate with increased insulin production only for so long when confronted with chronic obesity and inactivity," says Marc Montminy, Ph.D., a professor in the Clayton Foundation Laboratories for Peptide Biology. "As a result glucose levels start to rise causing a host of problems."

Each of these manifested problems has major morbidity, mortality and socio-economic costs.

CANCER:

Reducing fear and pain and teaching relaxation through the use of hypnosis is an adjunct to conventional medical treatment. Research shows that learning self-hypnosis gives a patient greater control over the stress, anxiety and pain of medical operations.

ANXIETY/STRESS/DEPRESSION:

DEPRESSED PEOPLE MORE LIKELY TO LEAD UNHEALTHY LIFESTYLES

People with depression and anxiety are more likely to lead unhealthy lifestyles than those who are not depressed, new research suggests.

The Research from the Centres for Disease Control and Prevention in Atlanta showed that people with depression and anxiety disorders were also more likely to smoke, drink heavily and lead an inactive lifestyle.

"Depression and anxiety are serious mental health conditions and without treatment may assume a chronic course," lead researcher Dr Tara Strine said.

Middle-aged women who suffered physical or sexual abuse as children spend up average in health-care costs, according to a long-term study of more than 3,000 women. Even decades after the abuse ended, these women used health services at significantly higher rates than did non-abused women.

Statistics tell us that one in four girls and one in six boys are exposed to some form Child Sexual Assault – and these are the ones we know about. Many more children are exposed to or suffer from psychological or physical abuse.

Removal of past emotions of these happenings and the teaching of relaxation techniques are fundamental tools for these people to move on to a happier healthier life, thereby eliminating expensive long-term therapy paid for by Health Insurance Providers.

In the face of ambiguous life events, depressed individuals are more likely to make negative and depressing interpretations than non depressed individuals.

Hypnosis is helpful in reducing common symptoms of major depression such as agitation and rumination and thereby may decrease a client's sense of helplessness and hopelessness. Hypnosis is also effective in facilitating the learning of new skills, a core component of empirically supported treatments for major depression. The acquisition of such skills has also been shown to not only reduce depression, but also the likelihood of relapses, thus simultaneously addressing the issues of risk factors and prevention.

Hypnosis has shown itself to be effective in not only reducing symptoms, but in teaching the skills (such as rational thinking, effective problem-solving and coping strategies, and positive relationship skills) that can prevent recurrences.

ACROBAT FILE HINT- (Acrobat is the format that this Hypnopatter document is saved to.)

- * You would have noticed that all the items in Hypnopatter are listed in a '*List of Contents*' box on the first page at the Left Hand side of the document that let you know what page the items are on.
- * Did you know that you can go straight to a special article you would like to see, by pressing down the '*CTRL*' key on your keyboard and while it is pressed down, hitting the letter '*N*'? - a small box will appear showing the *current page number you are on*. ***Replace the number page shown with the page number you want to get to, and click on 'OK' (or just hit 'Enter')***. It will take you straight to the page that you want to see.

Only great minds can read this Provided by Paul Orian

This is weird, but interesting!

fi yuo cna raed tihs, yuo hvae a sgtrane mnid too. Cna yuo raed tihs? Olny 55 plepoe out of 100 can. I cdnuolt blveiee taht I cluod aulacly uesdnatnrd waht I was rdanieg. The phaonmneal pweor of the hmuan mnid, aoccdnrig to a rscheearch at Cmabrigde Uinervtisy, it dseno't mtaetr in what oerdr the ltteres in a wrod are, the olny iproamtnt tihng is taht the frsrt and lsat ltteer be in the rghit pclae. The rset can be a taotl mses and you can still raed it whotuit a pboerlm. Tihs is bcuseae the huamn mnid deos not raed ervey lteer by istlef, but the wrod as a wlohe. Azanmig huh? Yaeh and I awlyas tghuhot spleling was ipmorantt!



Research Article:

Hypnosis could Banish Hay-Fever

BBC News: Tuesday, 26 April, 2005, 23:50 GMT 00:50 UK

Hay fever sufferers could benefit from using self-hypnosis, researchers say. A Swiss team at Basle University taught 66 people with hay-fever the art of self-hypnosis and found it helped them alleviate symptoms such as runny nose. The volunteers also took their regular anti-hay-fever drugs, but the effect of hypnosis appeared to be additive and reduce the doses they needed to take. The findings appear in the medical journal "Psychotherapy and Psychosomatics."

The study took place over two years and included two hay fever seasons. During the first year, some of the volunteers with hay-fever were taught and asked to regularly practise hypnosis as well as take their usual allergy medicine. The hypnosis training consisted of one two-hour session with an experienced trainer. The remaining volunteers had no other treatment apart from their normal allergy medication. After a year, the researchers found the volunteers who had been using self-hypnosis had reported fewer symptoms related to hay-fever than their fellow volunteers.

During the second year, the researchers taught the remaining "untrained" volunteers how to use hypnosis. By the end of this year, these volunteers also reported improvement in their hay-fever symptoms. Although the improvement in symptoms was not statistically significant and, therefore, could have been down to chance alone, the researchers also found that the volunteers had cut down on the amount of hay-fever medication they used after learning self-hypnosis.

Professor Wolf Langewitz and his team also tested the volunteers in the laboratory to see what effect the hypnosis was having on the body. Using a machine that measured how forcefully a person could exhale through their nose, the researchers found that the hypnosis was helping to improve nasal airflow, even when the volunteers were exposed to things that triggered their hay-fever, such as pollen and grass. Professor Langewitz said: "While our findings are not a definite answer, this simple intervention is worth investigating further. "It is cheap and only takes a couple of hours to teach."

Professor Langewitz suspects that hypnosis might work by altering blood flow and helping alleviate congestion in the nose that can occur with hay-fever.

Dr Peter Whorwell from Wythenshawe Hospital in Manchester, who uses hypnotherapy to treat people suffering from irritable bowel syndrome, said some of his own patients who also had hay-fever had commented to him that their noses were less runny after hypnotherapy sessions. He said: "It is known that you can alter blood flow with hypnosis. "Hypnosis has been used for a variety of medical conditions, including asthma, eczema and migraines. It's definitely an area that is worth researching."

A spokeswoman from Allergy UK said they had heard anecdotal reports of hay-fever sufferers using hypnotherapy. However, they said they were unable to recommend any approaches that had not be extensively investigated and backed by strong scientific evidence.

NSW Meetings and Workshops		
2008		
Sun	01.06.2008	Workshop
Mon	14.07.2008	Executive meeting
Sun	20.07.2008	General Meeting
Sat	06.09.2008	Workshop
Mon	24.11.2008	Executive Meeting
Sun	30.11.2008	General Mtg, Free Xmas Lunch & ½ Day Workshop





JOKE CORNER

A woman comes home and tells her husband, "Remember those headaches I've been having all these years? Well, they're gone."

"No more headaches?" the husband asks, "What happened?"

His wife replies, "Margie referred me to a hypnotist. He told me to stand in front of a mirror, stare at myself and repeat ' I do not have a headache; I do not have a headache, I do not have headache.' It worked!"

"The headaches are all gone." The husband replies, "Well, that is wonderful."

His wife then says, "You know, you haven't been exactly a ball of fire in the bedroom these last few years. Why don't you go see the hypnotist and see if he can do anything for that?" The husband agrees to try it.

Following his appointment, the husband comes home, rips off his clothes, picks up his wife and carries her into the bedroom. He puts her on the bed and says, "Don't move, I'll be right back."

He goes into the bathroom and comes back a few minutes later and jumps into bed and makes passionate love to his wife like never before. His wife says, "Boy, that was wonderful!"

The husband says, "Don't move! I will be right back."

He goes back into the bathroom, comes back and round two was even better than the first time. The wife sits up and her head is spinning. Her husband again says, "Don't move, I'll be right back." With that, he goes back in the bathroom.

This time, his wife quietly follows him and there, in the bathroom, she sees him standing at the mirror and saying, "She's not my wife. She's not my wife. She's not my wife!"

His funeral service will be held on Tuesday.

-Advert-

The Andrew Newton Seminar...

\$245.00 (includes GST, Lunch, Morning/Afternoon tea) Early Bird \$215.00 by 12/4/2008

A rare opportunity to learn from one of the world's most experienced hypnotists and trainers.

Sydney: 9am – 5pm, Saturday, 10th May, YHotel, Hyde Park CBD Sydney

Melbourne: 10am – 6pm, Sunday, 11th May, Quest on Doncaster, Doncaster

Andrew Newton is without doubt one of the most successful, and experienced hypnotists in the world today. He has over five thousand public and television appearances under his belt and has hypnotised more than 50,000 people over 27 years, including many famous names in the UK and abroad.



This is a rare opportunity to learn from the experience of the man who originally taught Paul McKenna and inspired a host of others.

PART 1: Andrew Newton's Rapid Induction – Works every time - guaranteed in 60 seconds!!! This Rapid induction really works every time, *even with the most difficult customers!*

PART 2: A New Look at Hypnosis

Andrew will explain the tremendous power of group psychology, its relationship to suggestion and how your treatment success rate for both individual and group sessions can be *dramatically* improved.

PART 3: Running Small and Large Scale Group Sessions

Group sessions are the new growth industry!

This is a fabulous opportunity to learn effective strategies that can **skyrocket your income** & hugely increase the size of your practice.

PART 4: Getting Straight to the Point!

Based on over twenty-seven years of experience and the case histories of some of his more unusual clients, Andrew will talk about some of his novel ways of dealing with both the mundane and the bizarre. **This is a fascinating talk exploring some new and radical ideas.**

The Seminar will end with an 'open forum' of questions from delegates.

You will want to take advantage of this unique opportunity to learn from one of the world's most experienced hypnotists. Seating is limited so be sure to reserve your place now. Contact us for bookings/registration form, further information or questions –

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More about Supervision by Maya Lak

"Supervisory relationships are a complex blend of professional, education and therapeutic aspects". (Geldard, & Geldard, 2001, p.377) It is widely accepted that all therapists and this includes hypnotherapists, whether experienced or just starting out, will benefit from having regular professional supervision. A supervisor acts in a mentoring role, providing emotional support as well as information and guidance. Peer group supervision once trust has been developed can supply this as well. Unfortunately some beginning hypnotherapists may feel threatened by the idea of someone "judging" their effectiveness and avoid seeking supervision.

Geldard and Geldard (2001) state that all therapists need supervision to help them resolve their own issues and to avoid burnout in what is an emotionally draining occupation. As well as providing a sounding board for the therapist's professional concerns, a supervisor is in a good position to spot the onset of any symptoms of burnout and to assist the therapist in dealing with them. Supervision is perhaps the most important component in the development of a competent practitioner. It is within the context of supervision that practitioners develop their sense of professional identity and to examine their own beliefs and attitude regarding clients and therapy. (Corey, Corey, & Callanan, 2007, p.360)

A good hypnotherapist will be fully aware of his or her own values, beliefs, attitudes and biases; being aware of them lessens the danger of them impacting negatively on the therapy relationship. We all operate within a personal belief system, but hypnotherapists need to remember always to work with their values, not their own. As in all professions the hypnotherapist needs to be constantly upgrading their knowledge and skills and it is incumbent upon us to keep up to date. If we neglect to pursue this continuing learning process we are short changing our clients. "As practitioners, we can never know all that we might like to know, nor can we attain all the skills required to effectively intervene with all client populations or all types of problems". (Corey, Corey, & Callanan, 2007, p.360)

Discussing therapy sessions with a supervisor or during peer group supervision and getting feedback enables hypnotherapists to gain an objective insight into their own performance and skills. It provides an opportunity to learn and practise new skills and to find better ways to help clients. Debriefing is also an important element of the supervisory or peer group relationship, enabling the hypnotherapist to look objectively at the issues raised in the therapy session and their response to them. Due to the sensitive content of many client issues it is easy for a hypnotherapist to become over-involved and for professional boundaries to become blurred; a supervisor or peer supervision group will quickly spot this tendency and can intercede to stop it becoming problematic.

Hypnotherapists will be challenged by many ethical dilemmas along the way and the correct path is not always clearly marked; discussing these issues with a supervisor or our colleagues in a peer supervision group will ensure that professional ethical standards are maintained. "...professional competence is not attained once and for all. Being a competent professional demands not only continuing education but also a willingness to obtain periodic supervision when faced with ethical or clinical dilemmas". (Corey, Corey, & Callanan, 2007, p.360)

Therapy can be a very stressful occupation. A supervisor may notice symptoms of undue stress which could lead to burnout. Burnout is an ever present danger, particularly for beginning hypnotherapists and those working with large caseloads. A supervisor can help the hypnotherapist put prevention strategies in place. There are several different models of supervision: 1. the session is recorded; and the hypnotherapist reports on the session. (It is important to note that this model requires client consent) While the recording the session is much less intrusive than having the supervisor physically in the room, it may still change the nature of the session. Both hypnotherapist and client may be nervous when being recorded, also the client may choose to withhold some information or details which otherwise may have been presented. These variables will impact on the effectiveness of the therapy relationship to a greater or lesser extent.

Session recording may be video or audio, but the participants normally find it easier to forget they are being recorded if the equipment is not visible. If using video or audio taped sessions for supervision it is recommended that the supervisor make the time to study them prior to the supervisory session in order to maximise their usefulness. An alternative approach would be for the hypnotherapist to present specific parts of the recording which they want to deal with but this does introduce an element of subjectivity. Video recordings obviously provide more information as the non-verbal cues are clear, but they also are likely to make the participants more nervous than an audio recording which is less intrusive.

Self reporting by the hypnotherapist is a much-used method, due to its convenience; it does suffer, however, from subjectivity which may lead to inaccuracies: the hypnotherapist's perception and/or memory of the session after the event may be unreliable or biased in some way. On the other hand the resulting dialogue between supervisor or the peer supervisory group and hypnotherapist may bring about greater awareness and understanding for both parties. Process notes, which relate to case notes

taken during the session, may be useful; these do allow the supervisor or the peer supervisory group to gain an insight into how the hypnotherapist was feeling during the session but are still subject to the hypnotherapist's own interpretation of the events.

One aspect of the supervisory relationship which is extremely important and sometimes difficult to deal with is the issue of client confidentiality and informed consent. As already stated, only the self-reporting model of supervision can operate without client consent, and then only if the hypnotherapist carefully maintains the client's anonymity which may be difficult in a small community, for instance.

Peer group supervision can provide a range of learning opportunities and perspectives but, like any group activity, needs to be carefully facilitated. Peer group supervision is particularly relevant to more experienced and competent hypnotherapist who have established a good support network. Most supervisory relationships will be a blend of professional, education and therapeutic aspects, but it is of prime importance that the supervisor or the peer supervisory group relate the supervision

sessions to the hypnotherapist (supervisee) and not to the issues presented by the clients. "Supervisors or the peer supervisory groups play multiple roles in the supervision process, and the boundaries between therapy and supervision are not always clear. In the literature on supervision, there seems to be basic agreement that the supervision process should concentrate on the supervisee's professional development rather than on personal concerns ". (Corey, Corey & Callanan, 2007, p.377)

Good professional supervision is a necessity for all hypnotherapists, for learning, for debriefing, and for self-development. Our clients have a right to expect that their practitioners do undertake ongoing professional development at all levels, remaining up to date and aware of new trends. It is also vital that all hypnotherapists develop an ability to 'supervise' themselves: to constantly observe, assess and evaluate their work with their clients objectively and truthfully. Perhaps the last word should go to Hawkins and Shohet (2000, p.23) "There are many reasons to be proactive in getting supervision for ourselves. First, supervision is a central form of support, where we can focus on our own difficulties as a worker as well as have our supervisor share some of the responsibility for our work with the clients. Second, supervision forms part of our continual learning and development as workers. A good supervisor can also help us to use our own resources better, manage our work load and challenge our inappropriately patterned ways of coping. If we are helping clients to make changes in their lives, it is essential that we are doing the same. Finally, there is research to show that good supervision correlates with job satisfaction".

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Computer Tip by Robyn Pearce

Time-Saving Ideas For Your Emails And Computer Technology

Control impulses and surf strategically.

Create a folder in your In-box called "Web sites to check out." Whenever you read an email from any source that refers to an interesting Web site, move that email to this folder instead of taking the time (and getting distracted) to access the Web site immediately. Then, when you have some time and/or craving for Web surfing, use the messages in this folder for places to go.'

I've done this now, and find it a really useful strategy to keep your Inbox manageable, and yet not loose sight of stuff you want to research.

ASSOCIATE MEMBERS

How long have you been An Associate member?

Is it time to upgrade to "Clinical"?

If "Yes" In **ACT; NSW; QLD; SA; & TAS** contact Beryl Bachell (02) 9484 1461

Email: bbachell@bigpond.net.au

In **Victoria** contact Diana Oakley-Solla 0413 803 834

Email: dosolla@tpg.com

In **Western Australia** contact Linda Taylor (08) 9474 2077

Email: linda@mindovermatter.com.au

For your AHA booklet outlining the requirements and process of application

From the Membership Registrar

Another busy February has pasted with most members sending in their renewal forms. Thank you.

Those of you who still need to send in your membership renewals please do so soon. February also saw the finalising of applications for 4 new associate members and 4 new clinical members plus Ria Manolias (NSW) who has now upgraded from associate member to clinical member. Well done Ria! We also received 4 applications for recognition as AHA supervisors 2 in Victoria and 2 in NSW.

I also want to remind members that it is very important that you include your professional development form with your renewal notice along with photocopies of your insurance policy and your first aid certificate. Please do not expect members of the Executive to look up your 2007 policies. Remember there are now over 300 members and the Executive are volunteers, who like you have very limited spare time etc.

Business for some hypnotherapists has slowed down after last years changes to the Medicare Act and I am aware that this has made the issue of paid supervision a problem for some of you, especially the associate members. However to continue your practice and to remain on the data base and to help you move as quickly as possible to clinical membership please continue your supervision. Any member, associate or clinical, that anticipates that they will not meet the 12 hours one to one supervision or the 24 hours group supervision annual requirement should contact me immediately.

I would like to also remind members that supervision needs to be attended on a regular monthly basis. This helps with the continuity, confidentiality and trust of the group or the relationship with your supervisor. Please note that in the ACT, Queensland, South Australia, and Tasmania associate members can join the peer group supervision sessions if there is not a recognised supervisor in your area.

In Western Australia, where some associate members are still classified as student members because of your desire for extra training, please feel free to join your local peer group as we are very aware that currently there are very few recognised supervisors in Perth.

On the other hand New South Wales and Victoria Chapters now have a list of recognised supervisors from various backgrounds and I encourage all associate members to take advantage of these skilled members' experiences.

Compared to the cost of supervision in other modalities you will find the above supervision options are very cost effective. Your state executive members will be very happy to advise you as to which supervisor or peer group is nearest you. I am aware that for some members the times of their closest peer group sessions may not fit in with their schedules and they may need to travel further a field. This may not be as convenient but I can only suggest that you weigh up your options and priorities as your commitment to maintaining supervision as part of your membership is vital. Some of you may prefer phone supervision in which case please contact Bruni on (02) 9755 5512.

If all else fails and if you are a clinical member you may like to consider starting up a new peer group in your area. Peer groups need to consist of 3 to 5 members of about the same level of experience. It is also good practice for members of a peer group to move on every 2 to 3 years. This allows for the better sharing of knowledge and prevents the group going stale.

It is also a fact that compulsory professional supervision is one of the best selling points the AHA has when promoting hypnotherapy to governments and the health funds.

Members may also be interested to note that the AHA currently has the cheapest insurance policies available for our members in comparison to any other hypnotherapy body. (see Insurance House forms on the AHA website)

The AHA was only able to negotiate being recognised by the health funds on the basis that all our members have to meet a documented annual mandatory supervision requirement, hold a first aid certificate and are covered by Professional indemnity insurance.

The AHA as a National professional body can assure the various government departments and Health Funds that we have strict quality control strategies included in our membership requirements. This reflects the professionalism of our members and the association as a whole. In discussions last year with representatives of the Department of Health and Ageing in regard to formal recognition of hypnotherapy as a separate profession, clinical supervision was seen as the crucial ingredient in relation to professional standards.

AHA Internet Bulletin Board

The AHA Bulletin Board is for the benefit of all members to share ideas or just to simply get to know or keep in touch with other members. All AHA Members are encouraged to use this Internet Group to enter into discussions and debates, and/or to just simply make new friends with others from the Association.

All you need to do is point your web browser to: <http://ahatalk.forumcircle.com/>
and click on registration to fill in your details.

If you have any queries please contact Jeremy Barbouttis on: Jeremy@exemail.com.au
for your AHA member password or phone Jeremy on (02) 9518 9912

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**For Further Details Contact the Head Office 1st Floor / 302 Pacific Highway; Lindfield NSW
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Members remember this is your newsletter:

The more members that contribute, the more important Hypnopatter will become.

The more interesting articles that appear in Hypnopatter the more important the AHA website will become to Search Engines such as Google. The more important the AHA website becomes the more people will visit and this should have a flow on effect to you, your website and your business.

Case Study – Questions To Help Understand The Reasons For the Cancer By Beryl Bachell

When Beth (not her real name) came to me, her liver area was very painful. She had, had bowel cancer that had been surgically removed and doctors wanted her to go through nine months of chemotherapy. She refused chemotherapy. A scan before the surgery showed spots on her liver and she had been told that if it was cancer she had only 50% chance of surviving more than 12 months. If it is not, then it is all good - particularly if she takes chemotherapy as an option. Beth chose not to have the chemotherapy and decided to try hypnotherapy instead. The very first thing I always do with clients with a chronic condition is to find out their level of belief that they will be healed. Many core issues usually come out of that question.

I was very surprised when Beth told me that her belief is 10 out of 10 that she will overcome her cancer challenge. I was sure that the doctor's predictions would leave big scars on her belief that she would survive this. It was not possible in my mind that she had a belief level of 10 out of 10. I started questioning her motivation to overcome cancer and to live. Beth is a divorcee and a single mum and has 3 little children, the youngest only 5 years old. She surely wanted to live and stay around for them. Only after identifying motivation to live, was I able to access her real belief level.

I asked her to imagine that she did not have children and then to tell me how much she believed she can overcome this cancer challenge. Surprisingly even to her, it was only 2. Apart from what doctors had told her, she had many other issues – such as I'm not important... I am not worthy ... and a number of core childhood issues that needed to be cleared. This gave me a big lesson to pay attention with every client and not to trust his or her belief level without checking motivation first.

Another difference with Beth showed me that a client does not necessarily need to have one big emotional issue that causes the cancer. My experience in the past had always shown me that there was one and it was relatively easy to find it. However I was not able to find any one major event in Beth's life that happened in the 18 months to 2 years prior to her cancer. So I tried asking all kinds of questions. When I asked what might be worse than cancer, she said. "To work as hard as I was before I got the cancer." Cancer was not only the secondary gain that came out and would keep her there, but I also believe that the exhaustion could have been the cause of her condition.

So I questioned her a bit more and to me it looked like the scene with the genie in the movie, "The Secret" and the words "Your wish is my command." Beth told me that she clearly remembers how she was sitting on the house veranda, exhausted after the day's work and coping with the kids, and wishing for all this to stop no matter how, just to stop, all hard work, all exhaustion. Only few weeks later she was diagnosed with bowel cancer which was obviously the reason for her feelings of exhaustion. However it really sounded like, "Your wish is my command."

I am not including my step by step session notes here, as it would be pages long. We did need to work on her self image and reframe her secondary gain. We also spent some time working on her allowing others to help her. So that she was not always the giver in her relationships with friends and family. We also found different solutions for her to feel safe being healthy, and to know that she can organize her life differently and live it much more enjoyably.

Conclusion: When I asked Beth for permission to tell her story she said that the sessions helped her a lot with coping with the pain. Even after the first session, her pain in the liver area had lessened quite a bit. She also said she experienced huge changes in her attitude to life – she mentioned that she was much happier and freer. That she now allow others to assist her. She could now even ask for help, something she had never been able to do before. The biggest thing for her was that she was able to liberate herself from past events, issues and beliefs that were affecting her. Some of these events she had not even been aware that they still effected her decision making. For the first time in her life she felt free to be herself. She stopped being fearful.

Our sessions started one month after the bowel surgery and instruction to have chemotherapy. She had refused chemotherapy yet in a very short period of time scans showed she liver clear of any spots. I can not tell how much our sessions contributed to that, but I do feel that they have played an important role in her life.

KNOW ANYONE WHO WOULD LIKE TO BE A MEMBER

If "Yes" ask them to contact the Free Advisory Line on 1800 067 557

OR

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DVD Review – Lyn Macintosh

“Hypnosis with kids” Dr Robert McNeilly DVD Crown House Publishing Limited, UK. ISBN 184590005-7

Dr McNeilly has prepared a series of DVD’s and with his experience in family medical practice and his interest in Ericksonian hypnosis he presents an interesting solution oriented approach.

There is a lengthy introduction of approximately 20 minutes where Dr McNeilly talks about having the children to “imagine as if” – drawing on the child’s ability to play in order to bring about change and learning.

In a conversational style he helps 9 year old twin boys who fight to identify their individual and joint resources.

“What were you expecting to happen here today? Do you have any idea?” “Do you play computer games?” “Can we imagine that we are playing computer games?” and he uses future pacing to age 14, having the boys play an imaginary soccer game.

A young girl with a Dog Phobia, Soiling and Asperger Syndrome, in a very laidback session, lost her fear of dogs and asked for a puppy and had stopped soiling completely after the one session.

A Bedwetting 8 year old was encouraged to focus on ‘dry beds’ and as Dr McNeilly explained, he was unsure if the session was successful but he knows it set up a firm foundation for any future work.

His style in no way resembles traditional directive or analytical hypnosis and lengthy as this DVD is, it is a most interesting and non threatening approach. Something here for everyone.

“Hypnosis doesn’t make miracles, it just provides opportunities.”



“The Case of Carol”: Possibilities and Probabilities in Hypnosis: A Clinical Demonstration of Hypnosis in Empowering Decision-Making. Michael D. Yapko, Ph.D. DVD 2005 Zeig, Tucker & Theisen, Inc. Phoenix, AZ, USA. ISBN 1-932462-40-6

Michael Yapko uses a permissive induction sequence. His voice is of low modulation and his pace is slow and measured, giving the client time to hear, absorb and process what is said. He talks to his client about what is possible and explores the resources held by the client, thereby connecting to the inherent strengths of the client.

A non-confrontational style is demonstrated that is most effective for the client as evidenced by the three feedback responses to the enquiries made by Dr Yapko over a period of time. What I really like about Dr Yapko’s DVDs is the subtitles. They highlight specific points of interest – a great way of drawing one’s attention to what is going on throughout the session.

Books reviewed are available through the post from: Footprint Books 1/6a Prosperity Parade, Warriewood NSW 2102. Ph: (02) 9997 3973 Fax: (02) 9997 3185 or Email: info@footprint.com.au Please note that Footprint Books offers 15% discount to members of the AHA on all books ordered. Do ask for a catalogue.

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Contributions welcomed, desired and hoped for. Send all contributions by e-mail to:

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A note from the President...

Would State Executive Members please put the 20th of the month for the months; Jan., March, May, July, Sept. Nov., as cut-off dates into your diary for Ann Sheridan to receive any State Report and Workshop submission that you wish to include into Hypnopatter: Anything received after these dates will unfortunately have to miss that bi-monthly issue.

Thank you for your consideration.



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Further Information 02-9361 0433 www.positive-ageing.com

Research on Post Traumatic Stress Disorder:

Science Daily (Jan. 3, 2007) — Patients with post-traumatic stress disorder show reduced pain sensitivity, a pattern that may be related to altered pain processing in the brain, according to a report in the January issue of the Archives of General Psychiatry, one of the JAMA/Archives journals.

Post-traumatic stress disorder (PTSD) is an anxiety disorder that may occur in individuals exposed to a traumatic event. It is characterised by chronic arousal, re-experience of the event, and avoidance of stimuli related to the event, according to background information in the article. To the authors' knowledge, no functional imaging study has explored whether patients with PTSD experience and process pain in a different way than control subjects.

Elbert Geuze, Ph.D., of Central Military Hospital and the Rudolph Magnus Institute of Neuroscience, Utrecht, the Netherlands, and colleagues conducted a study to examine neural correlates of pain processing in patients with PTSD. Twelve male Dutch veterans with PTSD and 12 male veterans without PTSD were recruited and matched for age, region of deployment and year of deployment. The experimental procedure consisted of psychophysical assessment and neuroimaging with functional magnetic resonance imaging (fMRI)—the use of magnetic resonance imaging to learn which regions of the brain are active in a specific function. During fMRI, the patients rated the pain they experienced from fixed and variable temperatures applied to their hands.

"Patients with PTSD rated temperatures in the fixed-temperature assessment as less painful compared with controls," the authors report.

"Before fMRI, patients with PTSD already showed a significant reduction in pain sensitivity," the authors write. "During imaging, patients with PTSD rated a fixed temperature as significantly less painful than control veterans." Patients with PTSD showed altered pain processing in brain areas associated with mood and cognitive pain processing.

"These data provide evidence for reduced pain sensitivity in PTSD. The witnessed neural activation pattern is proposed to be related to altered pain processing in patients with PTSD," the authors conclude. *Adapted from materials provided by JAMA and Archives Journals, via EurekAlert!, a service of AAAS.*



The Web Is Changing By Mia. Lack

It's no longer enough to build a web site and just put it on the Web and hope people will come by. This doesn't work any more. This is because there are now so many websites that it means you now have to give people a reason to go to your website. How do you do that? You do that by participating in other websites, so that people start to recognise your name and start to see you as the "Expert."

You do that by finding some relevant on-line communities and start taking part in on-line conversations. Not to sell, promote or advertise your services but to be an active (expert) member of an on-line community; such as on bulletin boards, or on chat rooms or on discussion boards or by blogging and participating in forums. Or by updating pages on Wikipedia; or by putting little video clips on YouTube. Or even commenting on other people's videos on YouTube. And writing an e-book that you freely pass on to others. And writing articles and submitting them to article directories, etc etc...

I know that this takes time and effort but isn't that better than spending your time and money on things that don't work as well any more. After all isn't the aim to get your name known by the public as the hypnotherapy expert.

The Power of an Effective Website

1 - Not Your Home Page - Many websites try to do too much on their only information page – their home page. This can lead to confusion or a diffused message.

2 - Your single Outcome - One information page equals one outcome. If you have multiple messages simply add another information page or create another website.

3 - Focus on your Visitor - A grandfather, his daughter and his grandson focus on different things when they visit your information page. Segment your message to your visitor's profile with different information pages.

4 - De-Clutter - Your message should be supported by key components of the offer and supporting marketing strategies but should always avoid clutter and confusion.

5 - Calls to Action - Always have at least a few options including a secondary offer (such as CDs or DVDs) that catch those who are unwilling to commit to an appointment at this time.

References

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Matarosso A. (2007) www.trancesolutions.com

Perera G. (2008) www.gihanperera.com

X2 Digital Team (2008) www.xmail.x2world.com



IMPORTANT - MEMBERS PLEASE NOTE

- Insurance companies insist that they will only cover Hypnotherapists who are financial members of an approved Association; insurance may be null and void if you become unfinancial.
- For inclusion on the Health Funds Rebates Lists you must be a financial clinical member, have a current First Aid Certificate and Professional Indemnity Insurance
Meaning your fees should be forwarded to the Treasurer by 1st March 2008.
- Unfortunately unfinancial members as at the 31 March 2008 will have to be removed from the Health Funds Rebate List; the AHA FREE website listing and the AHA database referral lists.
- All Members are reminded to include the "2007 Record of Ongoing Professional Development and Supervision" along with copies of their First Aid Certificate and Insurance Policy, with their 2008 renewal form.

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Hypnosis helps surgical wounds to mend faster:

Summary of an article by William J. Cromie of the Gazette

Women undergoing breast surgery were invited to test whether or not hypnosis would help heal the scars from their breast surgery. 18 women underwent surgery to reduce their breast size. It's a common operation for women whose breasts are large enough to cause back and shoulder strain, interfere with routine tasks, or cause social and psychological problems.

The pain and course of healing from such surgery is well-known, and a team of researchers headed by Carol Ginandes of Harvard Medical School and Patricia Brooks of the Union Institute in Cincinnati wanted to determine if hypnosis could speed wound healing and recovery. While hypnosis has been used in Western medicine for more than 150 years to treat everything from anxiety to pain, from easing the nausea of cancer chemotherapy to enhancing sports performance to helping people with phobias, panic attacks, low self-esteem, insomnia, sexual dysfunction, stress, smoking, colitis, warts, headaches, and high blood pressure Ginandes was interested in using hypnosis to help people get better physically. That means using the mind to make structural changes in the body, to accelerate healing at the tissue level.

Not everyone is convinced by the results of past hypnotherapy trials. Some experts claimed that the differences could easily be explained by the extra attention - the increased psychological support - given to the hypnotized patients. So when Ginandes was ready to try hypnosis on the 18 breast surgery patients, she randomly separated them into three groups. All got the same surgical care by the same doctors. Six received standard care only, six also received attention and support from a psychologist, and six underwent hypnosis before and after their surgery. Hypnosis sessions occurred once a week for eight weeks. Psychological soothing took place on the same schedule.

In the hypnotherapy sessions, Ginandes offered suggestions that were custom-tailored to different stages of surgery and healing. Before surgery, the suggestions emphasized lessening pain and anxiety. While the suggestions after surgery focused on things such as expectation of

comfort, decreased inflammation, diminished scar tissue, accelerated wound healing, return to normal activities, and adjustments to self-image. The women also received audio tapes of these sessions so they could practice at home.

At one week and seven weeks after surgery, nurses and doctors participating in the study visibly assessed and measured the wounds of all three groups without knowing which group the women were in. They took digital photographs for three physicians to review. Each woman also rated her own healing progress and how much pain she felt on scales of zero to 10. The result was clear. The women who had undergone hypnosis healed significantly faster than the others. Those who received supportive attention came in second. Those that just received standard care came in third.

Ginandes and Brooks reported these results in the April issue of the American Journal of Clinical Hypnosis. This report, of course, doesn't prove conclusively that hypnosis will accelerate the healing of wounds. The biggest limitation of the study involves the small number of patients, which makes it difficult to generalize the results to other types of wounds. Then there is the possible effect of expectation, the belief of some patients that hypnotherapy will work. It's the same effect seen when people who take a sugar pill for a backache do as well as people who take medicine. It's going to require more studies involving many more people to get the majority of doctors to accept hypnotherapy treatment for healing surgical wounds.

Nevertheless, Ginandes believes that her study of healing after breast surgery "breaks the ground for studying a broad and exciting range of new adjunctive treatments. Since clinical hypnosis is a non invasive, non drug treatment, finding that it can speed healing of wounds and other conditions could lead to fewer visits to doctors' offices and faster return to normal activities. Also, further investigation might confirm our supposition that the mind can influence healing of the body."



Look & Learn

Links to interesting Articles by Bruni Brewin

TEACHING YOUR BRAIN TO BE HAPPY (All In The Mind: 16/06/2007) Happiness is paradoxical. What we think will give it to us - invariably doesn't. When we think we've got it - we invariably haven't. We're not even good at predicting what will make us happy. From languishing to flourishing - can even the most troubled mind be primed for happiness? A panel of international trailblazers in the study of emotion, positive psychology and Buddhism get earnest about pleasure. <http://www.abc.net.au/rn/allinthemind/stories/2007/1948531.htm>

Research On Secondhand Smoke Discovers Nonsmoking Workers Immediately Absorb Potent Carcinogen (June 29, 2007) -- Offering alarming new evidence on the dangers of permitting smoking in the workplace, scientists have found that nonsmoking restaurant and bar employees absorb a potent carcinogen -- not considered safe at any level -- while working in places where they had to breathe tobacco smoke from customers and co-workers. The carcinogen, NNK, is found in the body only as a result of using tobacco or breathing secondhand smoke. ... > [full story](http://www.sciencedaily.com/releases/2007/06/070628192510.htm)

HOW SMOKING AGES YOU (Health Minutes: 21/06/2007) Telomeres are like shoe lace ends on our chromosomes and are thought to protect them. Smoking damages them - and the effect is to accelerate ageing. <http://www.abc.net.au/health/minutes/stories/s1955071.htm>

Study Will Test Antidepressant Patch That May Help Smokers Kick The Habit (January 8, 2007) -- Smokers trying to kick the habit face odds that only a bookie could love--just one in five succeeds in quitting. Stanford University School of Medicine researchers will test whether a new type of medication could help smokers quit and bolster their chances of staying smoke-free for good. ... > [full story](#)

American Psychiatric Association Considers 'Video Game Addiction' (June 26, 2007) -- Several media outlets have reported on an upcoming vote of the American Medical Association (AMA), which could recommend that the American Psychiatric Association (APA) consider including "video game addiction" as a formal diagnosis in the next edition of the Diagnostic and Statistic Manual of Mental Disorders (DSM). ... > [full story](http://www.sciencedaily.com/releases/2007/06/070625133354.htm)



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The ACT STATE REPORT

The ACT Branch is up and running. We are holding peer support/supervision meetings monthly. Having such regular support and input is a huge benefit both professionally and personally. Our ACT members have a good diversity of backgrounds, skills and interests and sharing our knowledge has been very enriching. Dates for our monthly meetings are on the AHA website and we would very much welcome attendance from ACT and Region hypnotherapists who would like to participate.

The NSW STATE REPORT

The NSW Branch would like to congratulate Fiona O'Brien on the arrival of her healthy baby boy on February 8th. Mother and son are believed to be doing well. We would also wish John Paul Granata the best of luck with his upcoming operation. We say a sad farewell to Brooke Copley as she leaves us to move to Malvern in Victoria. However our loss is Victoria's gain. Also Congratulations to Ria Manolias and Skye Flowstreyne for upgrading to Clinical Membership.

The QUEENSLAND STATE REPORT

The Qld branch AGM is set down for March 2nd to coincide with the workshop planned for that day. We have received several excellent nominations and are confident of going forward with a strong committee. Workshop speakers will address focused topics including Hypnotherapy and Chronic Disease Prevention, Hypnosis for Weight Loss and Hypnotherapy For Helping People with Depression, as well as introducing attendees to Family Constellations Coming Into The Mainstream, which introduces a potential adjunct therapy.

LATE NEWS -HOT OF THE PRESS - New Office Bearers as of AGM 2nd March 08:

Executive Officer: Geoffrey Sly; Secretary: Marie Element; Treasurer: Bernadette Rizzo; Directors: Anthony Thorne and Harry Miller.

The SOUTH AUSTRALIA STATE REPORT

No report received at time of printing

The TASMANIA STATE REPORT

No report received at time of printing

The VICTORIAN STATE REPORT

The Executive has been effective in increasing the number of supervisors, Six Clinical members are now qualified as Supervisors, which has provided better options for members in their supervision requirements. The Committee also worked to promote peer support and peer supervision groups developing a more effective model in line with the National requirements. The Committee has also been busy providing ongoing professional development for members and managing activities on behalf of the members.

We have also continued to manage an Information line that provides a basis of referral for enquirers to qualified AHA Victorian members and provides a wide range of information in relation to the theory and practice of hypnotherapy.

New Office Bearers as of AGM 16th February 08: Executive Officer: Tony Gilmore; Secretary: Julie Madden (with assistance from Anne Wilson); Treasurer: Tony Gilmore; Membership Secretary: Sandra Williams (with assistance from Lea Kewish, Chris Taplin, Kaye Griffin and Julie Madden)

The WESTERN AUSTRALIA STATE REPORT

Well it has been pretty quiet here. No new members this month Greg Smith has kindly taken on the role of Membership Secretary so hopefully that will help. We had a workshop on the 9th of Feb which was more successful in numbers than the last one. 34 which include the speakers who were Bruni Bruin presented a very interesting talk re weight loss Maya Lak introduced us to Genogram which we all thought how amazingly accurate it was when related to ones own family. David Taylor talked about addictions and last but not least Sonia Czernik informed us how to super charge our sessions thru the mind body connections. We had our AGM on the 25th of February the following people nominated
Cheers

Linda Milburn.

New Office Bearers as of AGM 25th February 08:

Executive Officer: Linda Milburn; Secretary: Jan Duncan; Treasurer: Kristina Alderson;

Membership Secretary: Greg Smith; Workshop Coordinator: Sonia Czernik; Training Assistant: Kathryn Sturtridge
Peer Group Coordinator: Peter Smith; General Support: Beverley Arnold.

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