

hypnoversity

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In this issue

How Hypnotherapy can help Clients with Depression

What's your tribe? - Warriors, Settlers, Nomads and Personality Profiling

Havening – the new breakthrough psychosensory therapy

Good Practice – managing professional risks

Could you be an Award Winning Practitioner?

Havening

CONTENTS:

How Hypnotherapy can help Clients with Depression

What's your tribe? - Warriors, Settlers, Nomads and Personality Profiling

From the desk of the Principal
Havening – the new breakthrough psychosensory therapy

Good Practice – managing professional risks

Book Review
Motivational Hypnotism

Could you be an Award Winning Practitioner?

Continuing Professional Development (CPD) 2013/2014

LINKS

Editor:
Lorraine McReight (LM)
editor@hypnoversity.org
Twitter: @hypnoversity_ed

Publisher
Nick Cooke (NC)
publisher@hypnoversity.org



How Hypnotherapy can help with Depression

Dr David Kato

Depression is a broad spectrum disorder and there is no one specific problem in life that causes it, although many people get to a stage where something goes wrong, which tips them over the edge, leading them to believe that this is what has caused their depression. Depression is often a learned response from a parent, or someone they were raised by. The young person then takes on board the carer's negative attributes. These negativities can often lie dormant in a young person, until something happens later in their life or doesn't go well, and it is at this time they may utilise these negativities, bit by bit until they become depressed. This is a learned response and becomes a habit.

Because humans are creatures of habit, the more the client thinks and feels in a positive way and obtains better coping skills and strategies, the more this becomes apparent. Therapists need to be aware that just using positive suggestive therapy, could bring about an increase in depression, but some depressives will experience the opposite effect. They may feel better for a few days, then find it more difficult, then become unable to cope, leading to the depression becoming more pronounced.

So who gets depressed, and why?

Any person young or old, male or female can become depressed. Depression is increasing in all age groups, but particularly in the younger teenage group.

There have been many misconceptions about depressed people; that they are weak, or just feel sorry for themselves. They are told to 'snap out of it' or that 'there are other people worse off than you'. This is certainly not an answer and often makes the depressed person feel more guilty about their condition.

Mild, moderate and suicidal, depressed clients can find themselves in situations that are extremely distressing and will need help to find a way out. Depression can affect them physically, causing problems such as eating too much or not at all, sleep disturbance; inability in getting to sleep or sleeping too much, a reduced sex drive, or a decrease of pleasure or interest, and fatigue and anxiety. It can cause problems with their ability to think clearly, making it difficult for them to concentrate, manifesting in poor memory, errors in judgement and decision making. There are other co-morbid mental health conditions that are intermeshed with depression. 70% of depressed patients will have an anxiety state or GAD. The therapist will often need to decipher which is the primary and which the secondary, for instance a patient with OCD as a primary, may complain of depression as a secondary. The therapist also needs to be aware that there could be many underlying medical disorders which can create depression, and here, a full medical investigation is required.

Day to day living has become more stressful. Changes in society, a higher divorce or separation rate, the breaking up of families and job insecurity, add to stress. Those who do not perceive themselves as successful; not having a nice car, house, or family, contribute too. Pressures on children at school can lead to despair or frustration, which may cause anxiety, helplessness or

hopelessness. There are many depressed people who go untreated (thought to be 50%), either because they don't know they are depressed, or a consultation with a doctor fails to diagnose depression.

Biochemistry can play an important part, however the lack of genetic make-up in identifying biochemical imbalance that creates depression, has not been fully established. We are biological and sensitive to the environment, family and cultural influences. (There has been no specific depression gene found, with the exception of Bi-polar disorder). Chemical imbalances such as serotonin, noradrenaline and dopamine usually return to normal levels when there is an interaction with cognitive behavioural approaches for depression. There is no further need to take any medication to correct the imbalance. This suggests that the imbalance is the body's physical response to psychological depression, rather than the other way around.

Sociology. Life is now faster and more complex, with higher demands placed on the individual. Most jobs are less secure than they were, and there's an increased use of information technology. In addition, many people spend more time watching TV or on the Internet and this can lead to poor socialisation.

Anti-Depressant Agents.

Drugs can often suppress underlying problems, so that when the patient stops taking the anti-depressant drug, they become depressed. There is a higher relapse rate from medication than therapy. Anti-depressant medication cannot teach coping skills, problem solving skills, resolve interpersonal issues, or protect against reoccurrence of depressive episodes.

It would be unfair however to say that nobody gets relief through medication, and in some instances it is definitely required. Older medications such as tricyclics (TCA's) monoamine oxidase inhibitors (MAOI's) and selective serotonin reuptake inhibitors (SSRI's) such as Prozac, Paroxetine and Seroxat can have many side effects. As everyone is an individual, one drug may not work well, where another might.

Whether it is clinical depression, ante or post natal depression, mild, severe, with or without suicidal ideation, an individual has the ability to break up their habit of depression. It is a very important step to recognise depression and then to obtain help. Cognitive behavioural approaches, which incorporate bonding and other different strategies, significantly reduce the possibility of post natal depression occurring.

With information obtained in a one hour initial consultation, the therapist is able to draw up a plan of action, and work together to build better coping skills for life. The hypnotherapist needs to assist with breaking up their old outdated negative attributes, and replace with better coping

skills and ways of thinking and feeling. Self-help assignments are an important way to encourage the client to participate in their therapy. Often a depressed patient will have ambiguity problems, jumping to a negative conclusion, guilt thoughts and feelings, taking on board other's guilt complexes, intimidation, perfectionism. They may have a lack of understanding about what they are in control of and what they are not, have no self control, dichotomous cognitions, and global construct.

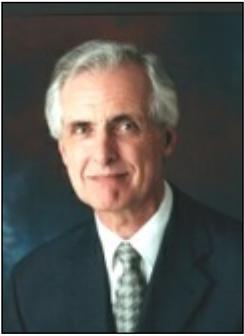
There are many other different distortions and dysfunctional belief patterns which will require addressing too. It is the Hypnotherapist's responsibility to find the individual's dysfunctional belief patterns. Everyone is an individual, therefore therapy is individualised to be pertinent to that client. Interpersonal relationship skills are often incorporated into the therapy, because verbal communication is often difficult with family, friends and work colleagues. The hypnotherapist needs to be perceptive and not go too far or fast for the client's abilities, as this can cause further depression and lead a client to say, "I told you, I will never get out of depression". The clinician needs to match their client's individual abilities and capabilities.

A depressive, does the same old things, day in and day out and will tend to ruminate over the same old negative thoughts and problems, often a distortion of reality. When they do something differently, they will obtain a different and much better result. It is knowing what to do differently that counts, providing the client with a better future. Depression is controllable and the outcome is excellent, when approached correctly by a skilled hypnotherapist, preferably one who specialises, or has attended a specialist course in depression. The therapist's skills provide different ways of thinking and ultimately feeling, in regard to depressogenic negative and maladaptive cognitions, not only for today but in the future.

I use cognitive behavioural approaches within hypnotherapy for assisting with depression, clinical depression, major depressive disorder, (uni-polar), ante and post natal depression. Specialising in depression for 19 years, I was probably one of the first therapists to use CBT with hypnosis in the UK with depressives. NICE (National Institute For Clinical Excellence) recommends cognitive behavioural approaches.

LM

David Kato is a Clinical Hypnotherapist / Psychoanalyst / Behavioural Therapist with a clinical and teaching practice in Bristol, UK. On Friday 20th September 2013 at Central England College David is presenting his fully certificated CPD course, 'The psychology of depression & therapeutic modalities'. See CPD information on the back cover.



What's your tribe? Warriors, Settlers, Nomads and Personality Profiling Terence Watts

Various methods have been used by different therapeutic 'schools' to group people into characteristic 'types'. In the book 'Rapid Cognitive Therapy' (Terence Watts and Georges Phillips published by Crown House in 1999) Watts, who is chairman of the APHP, introduces the classification of Warriors, Settlers & Nomads. He later goes on to describe his hypothesis more thoroughly in his book, 'Warriors, Settlers and Nomads' (Crown House 2000). For those who prefer to use a professionally recognised description of personality types, or who wish to discuss the traits of specific groups with clients, 'Warriors' equate to the Resolute Organisational personality, 'Settlers' to Intuitive Adaptable and 'Nomads' to Charismatic Evidential.

So how could therapists benefit from deciding which category or personality type a client falls into before working with them? Well, according to Watts, it can help therapists to decide the best way of helping the client, including which induction to use and even what response might be expected. 'Warriors' who are ambitious and goal directed will respond to a different approach to their 'Settler' counterparts, who are by nature more easy-going and less driven, and 'Nomads' who are larger than life extroverts who love attention and delight in change.

Having witnessed Terence doing 'instant' identification of various Warriors, Settlers and Nomads within a training group at Central England College several years ago, and heard how spookily accurate he'd been (according to those he'd described) I was fascinated by this method of working. Of course few people are 'pure' types, but if you were to consider your personality traits, which personality type would you be?

Just to get an idea of how this works, why not start with these first three questions?

1. If you had to choose, would you rather be rich or popular?
2. And if you were rich, would you rather be quietly so, or evidently so?
3. And where do you actually 'live' in your body?

This short test helps you to unobtrusively assess the basic personality group of a client and the questions can be incorporated into conversation. If a client doesn't know they are being 'tested' the answers are likely to be more honest. The answers to these three questions, according to Watts, can reveal an astonishing amount about an individual, although

a more thorough questionnaire would of course be necessary to make an accurate assessment.

Someone who chooses 'Popular' he says, will usually say they live in their heart, thorax, or stomach. This is the Intuitive Adaptable (IA) personality, the responsive 'people person', governed by feelings, in touch with their emotions and easy to deal with in therapy, since they are usually quite suggestible and compliant. They tend to suffer emotional problems – low confidence, depressions, low self-esteem, etc.

Someone who chooses 'Rich, Quietly' is likely to say they live in their head, he continues. This is the Resolute Organisational (RO) personality, the intellectually orientated, logical and analytical individual, governed by their thoughts rather than their feelings. They tend to question everything. Interestingly, they are often fear-based and tend to suffer guilt complexes and phobic-type conditions, and anxiety over control issues.

And finally, someone who would be 'Rich, Evidently' will tend to live in his/her whole body, or maybe not know what on earth you mean. This is the Charismatic Evidential (CE) type; they tend to be lively and noisy, though are sometimes determinedly 'slob-like' and they love attention. They are very likely to abreact in hypnosis and can be sobbing with evident anguish and then laughing 'like a drain' in the very next second.

One of the 'cornerstones' of this approach says Watts, is the ability to quickly and accurately obtain a detailed analysis of a client's personality type or percentages of each personality group within the psyche. This is done through the evaluation of a simple but effective questionnaire with 12 further questions. Each set of four questions pertains to each personality type and the results Watts says have been shown over and over again to be astonishingly accurate.

For more information visit http://www.hypnosense.com/index.php?main_page=product_info&products_id=23

LM

From the desk of the Principal



Havening – the new breakthrough psychosensory therapy

How can a non-talking mind-body therapy have such profoundly successful results?

A client with a severe claustrophobia, which had been on-going for many years, sat in front of me for a first therapy session. She had previously had a number of talking therapies including CBT and nothing seemed to have any positive effect. We spent a short while in which

I demonstrated and taught her how to use a new and powerful mind-body therapy.

The results were, to say the least, brilliant, with the client scaling her fears, now only a 2 on the SUD scale where they had minutes before been a 10! Although this was great news for her it was not a terrific surprise for me because in my own training I had experienced a similar rapid transformation.

Havening (meaning to put in a safe haven) is, what appears to be, a ground-breaking new therapy developed by USA medical doctor, and clinical research scientist Dr Ronald Ruden. You will pick up a little caution from me here since, even though there have been some wonderful results with Havening, much more research is needed.

Dr Ruden, author of 'When the past is always present – Emotional traumatising, causes and cures', describes havening as being a 'psychosensory' (mind/body) therapy, where a significant part of the therapeutic effect is achieved through a gentle healing (self-administered) touch. Indeed what I like very much about Havening and that it fits in well with my own philosophy of therapy which is that, wherever possible, the client should be taught the interventions so that they can self-apply them.

Dr Ruden talks about the 'three pillars' of therapeutic process – the first being the psychotherapies, or talking therapies – the second pillar being the psychopharmacologies, or psychomedication, including pain killers, antidepressants and mood stabilisers, and the third pillar being psychosensory therapies. Apart from havening, this third group includes EMDR and physical therapies including massage and yoga.

Havening appears to have a sound neurobiological basis, that sensory input can alter the brain. When we think about the pleasant sensation of say, stroking a family pet or receiving an aromatherapy massage or walking in beautiful countryside, our senses may evoke responses beyond those of simple sensory input. When we integrate this with other hypno-psychotherapeutic techniques, as I do, then I'm convinced that Havening will be here to stay and will become an increasingly important therapy.

Emotions signal desires and intentions to us. When they over-signal it feels very uncomfortable and we can't enjoy ourselves as much as we should. Havening can reduce that over-signalling and can, in the way that I use it, have the potential to become a most useful addition to the wonderful array of tools that a well-trained therapist has at their disposal and although I'm still cautious, I feel confident in teaching it to other professional therapists as part of a range of emotional trauma therapies. For further information on Havening, just Google it. You'll find various articles and websites on this topic.

Lastly I couldn't resist an old joke quoted by the Havening originator, Ronald Ruden. "Sadie who is 85 years old, calls her friend and screams to her 'I'm dead, I'm dead!' Her friend alarmed by the statement asks, 'How do you know?' Sadie answers 'Nothing hurts!'

Nick Cooke is presenting a one-day CPD certificated practical training workshop at CEC on Sunday 24th November 2013, entitled 'Emotional Trauma Therapies – including Havening, the new breakthrough Psychosensory therapy'. A full training manual is provided. The attendance fee is £90. See CPD section on the back cover.



Good Practice

– managing professional risks

In conversation with Steve Johnson

I met Steve Johnson of Oxygen Insurance at an APHP conference some years ago. Steve has been providing professional liability insurance for Hypnotherapists, Psychotherapists, Counsellors and other psychological professionals for more than 25 years and, for most of that time has been in the front line helping and supporting those faced with a potential claim or complaint. We chatted about working as a therapist and have recreated extracts from our conversation below.

Lorraine, I believe you have your own commercial premises, but do you ever see clients in your own home?

No I don't Steve. Very occasionally in the past I have seen clients at home if they have been local to me or couldn't get to one of my therapy rooms, but now I have my own therapy centre I only practise from there. I prefer to go out to work and having a practice on a busy road means I don't need to consider personal safety issues in the same way. I'm aware too that there are implications for home insurance cover if therapists practise from home full time.

That's right Lorraine. Under most specialist policies professional and public liability is covered, but you should also notify your home insurers when you are seeing clients there. Not because they need be concerned about the liability risk, but because they may be concerned that

bringing clients into your home could be relevant to the risks that they are covering particularly those of theft and malicious damage. In other words, they will often be worried that your clients might steal things or run amok causing damage. They might want to exclude those risks from your home insurance.

So what advice would you give a therapist who does have home-based practice? Do all insurers take that approach?

No, not all, so it's definitely worth starting with your existing insurers. If you have difficulties, in this area, talk to your liability insurers, they might have special facilities for home insurance too. Remember also that your residential lease or rental agreement, or sometimes your property deeds may have conditions about running a business from home.

Thanks Steve, I know lots of my colleagues do work from home, so that's very helpful.

Do you ever supply clients with recordings for relaxation or work remotely with them perhaps by phone or Skype?

I've considered Skype, possibly for initial free consultations, but haven't implemented it yet. I sometimes give clients relaxation CDs or they might buy one of my generic CDs recorded in a studio. My centre is in a busy street in SW London, so recording their hypnosis session isn't ideal. Do many of your therapist clients use Skype? I'm guessing our professional insurance covers us for Skype?

It depends! Yes it should do. Again, check if in doubt. One thing to think about with Skype work is that, in theory, your client could be anywhere in the world – are your insurers comfortable with that?

I'm actually more concerned Steve about clients covertly recording sessions without my knowledge or consent. I've had one or two clients recently asking if I mind them recording our session on their phone so that they can play it later. In these cases I've suggested that they record the actual hypnosis session only, so that they can use it for self-hypnosis practise, which is fine. It's so easy to record or film things now and I feel a little uncomfortable about the idea of being recorded unwittingly. Such recordings could be edited or used out of context.

Yes, I can understand your concerns. I guess there's not much you can do to prevent it. Is it something that you might want to introduce into your client contract perhaps? Something like 'You (the client) agrees not to record sessions without the knowledge or consent of the therapist' I'm not sure it would stop them doing it or prevent them from using the material if they did, but it would at least demonstrate to (perhaps) a court, that the client had deliberately breached the terms of the contract. It wouldn't necessarily help your case, but evidence gained in an underhand way can sometimes have less weight than 'ordinary' evidence.

Yes, I could certainly include something on the consultation sheet to that effect, just as they often do at training events. I'm aware that some therapist colleagues record all their sessions to protect themselves from false claims.

Some therapists do record sessions and either make them available to clients or keep them as part of their own records. I'm not suggesting that that is the solution but at least there would be something to compare and contrast with the client's recording or maybe the client wouldn't bother with their own recording then anyway. Obviously you would need the clients consent.

What about record keeping? I understand clients have rights under the Data Protection Act to see their records if I hold them on computer. I'm considering introducing new technology which means that not only their contact details, but also their notes will be on my pc and/or in the cloud.

Ah the Data Protection Act! Yes, that's right they do have the right to see their records, but did you know that the Act also applies now to most hand written notes and records as well? The Act was modified some time ago to bring hand written records within its scope or, at least, those kept in a 'structured filing system' (which, I guess, would apply to the notes and records of most therapists). We could devote a whole session to the DPA you might want to follow this link to the Information Commissioner's Office web site: <http://ico.org.uk/fororganisations/dataprotection>

So, Lorraine, tell me, as a hypnotherapist, apart from a Data Subject Access request, what is your worst professional nightmare?

I suppose it would be someone making some sort of allegation against me of professional misconduct. Of course, like most therapists I believe that I work in a safe and structured way and know that my work is designed and delivered to help rather than cause harm, so it's not something that I regularly lose sleep over, but the thought of having to justify my work and defend myself against allegations real or spurious is not nice. Unfortunately, as a society we seem to be more litigious than we once were, and as most hypnotherapists are in private practise, rather than employment, this is something they would have to cope with alone. How supportive are insurers in this respect?

Many therapists would feel they are on their own, but this is why you should always have good, specialist, liability insurance to help you should this ever happen. At Oxygen, we encourage our customers to contact us as early as possible in the process, so even before the stage where you have received a formal complaint. Often, if we can become involved early enough, we can help to prevent matters escalating into a formal complaint or a claim for damages.

So it's best not to wait for a solicitors letter?

No, far from it! Contact us as soon as you have the slightest hint that things are not as they should be. We would rather have several conversations of that kind that go nowhere rather than one where it has been left too late and we are already into the formal process. Of course we can still help with those, but it is better for all

concerned if we can prevent it going that far. We will help and support you throughout the whole process, so you will not be on your own. We always give out of hours contact details for any of our customers who are going through this as they will often want support outside of normal office hours.

Thanks Steve, it's been really interesting talking to you and I'm sure Hypnoversity readers will find your guidance useful.

LM

Steve Johnson will feature in future issues of Hypnoversity where he will answer one reader question per publication. If you have a question on insurance or risk please send your question to editor@hypnoversity.org. Only one question will be answered per publication and you won't be contacted directly. If you are concerned about a claim or possible claim against you, please contact your insurer and professional association.

If you'd like to contact Steve for a quote for professional insurance only, please call Oxygen Insurance on 01274 760460 or email: steve.johnson@oxygeninsurance.com

Book Review

Motivational Hypnotism

by Fiona Biddle & Shaun Brookhouse

Uninspired by the cover, but intrigued by the title and seduced by its size, I chose this book from my pile of review titles... and I'm very glad I did. At just under 200 pages, it's the perfect size for a weekend read. Devoid of any waffle, this very practical book could equally inspire an inexperienced therapist with confidence and ideas, or serve as a refresher to a more experienced practitioner.

After the what, why and how of the introduction, is a thirty page chapter on the theories of motivation. Different theories are described and summarised and these feature later in the practical applications chapter, named Motivational Hypnotism. This section forms the main part of the book and covers topics such as smoking cessation, weight control, anxiety and medical issues as well as performance enhancement and personal development.

The layout of the book is wonderfully simple, so it can be read cover to cover, as I did, or referred to as required. The case studies related to each topic show how, by exploring the client's motivational strategies and attitudes, the

therapist can best select effective interventions for change.

Its valuable content and ease of use make Motivational Hypnotism, a 'must' for any new therapist. Biddle and Brookhouse have produced a really useful book on therapeutic approaches for motivation and it's clear that these are two people don't just propound, but practise too.

LM

Motivational Hypnotism costs £13.95 and is available to order through the UK Academy of Therapeutic Arts & Science: info@ukacademy.org

Could you be an Award Winning Practitioner?

APHP Annual Awards

Become an Award Winning Hypnotherapist!

There will be four annual awards every year for professional Hypnotherapists, so this is your chance to become an 'Award-winning Hypnotherapist', which will be wonderful publicity for your website and other material and will also assist you in getting local press coverage - always an excellent way of expanding your practice. Open to all APHP members in good standing, the awards are:

- **Best Newcomer Award**
- **Client Management Award**
- **Best Technique Award**
- **Chairman's Award for Hypnotherapist of the Year**

The awards carry certification and an engraved trophy to keep, which will be presented during the gala evening at the APHP Annual Conference. The winner of the Chairman's Award will also have their name engraved on the handsome APHP Perpetual Trophy which they will hold for a period of one year. Here are the entry details for each category:

Best Newcomer Award

Eligibility: You will have graduated from your school or college within the last two years (as at the closing date for entries, shown later) **Submission requirements:** An original induction and deepener suitable for use in a general hypnotherapy setting for delivering effective suggestion.

Client Management Award

Eligibility: Open to all.

Submission requirements: A client case study of 1000-2000 words, illustrating the way the client was 'handled' from commencement to the completion of therapy. This will be one of the more unusual cases which all working therapists encounter from time to time, rather than an 'every day' presenting difficulty or symptom. What we will be taking into account here is the approach taken, how any client fears were allayed, how resistance was by-passed, any advice sought, the pre-talk used, etc. as well

as the presenting requirements of the client. *We don't need details of the applied therapy unless they are especially relevant.*

Best Technique Award

Eligibility: Open to all.

Submission requirements: A presentation for any specific therapy of your choice. A presentation is more than just a script and embodies the work you do with the client before commencing hypnosis. This can include specific information that you introduce to the client, whether you use PowerPoint or a computer, the type of pre-talk, and any other aspect of preparation which contributes toward the success of the therapy.

Chairman's Award - Hypnotherapist of the Year

Eligibility: Open to all.

Submission requirements: For this award, you will need to have entered one of the previous three categories and also submit a 500 word suggestion script for the year's named symptom pattern or situation. We will be looking for elegance and originality here and your script will be taken into account as a whole with your other submission.

Closing Date for 2013: September 8th
Chairman's Award
Additional Script 2013: SELF-WORTH (500 words)

For further information visit

<http://www.aphp.co.uk/awards.htm> or email
admin@aphp.co.uk

Continuing Professional Development (CPD) 2013/14

Hypnotherapists are required to maintain their Continuing Professional Development (CPD) to uphold professional learning standards and to meet the requirements of whichever professional association they belong to. Normally this is a minimum of 15 hours, or two days of CPD during each twelve month period. The list below shows CPD and other training events for hypnotherapists currently scheduled for 2013/14 but new events are being added all the time. Follow us on Twitter @hypnoversity_ed for the latest news on training events.

CPD Training at Central England College – 2013/14
Bookings on 0121 444 1110 or email info@cecch.com

Friday 20th September 2013

Dr David Kato

The psychology of depression & therapeutic modalities
(See article earlier in this issue)
The attendance fee is £90

Sunday 24th November 2013

Nick Cooke

Emotional Trauma Therapies – including Havening - the new breakthrough Psychosensory therapy
(See article earlier in this issue)
The attendance fee is £90

Sunday 16th February 2014

Dr Nicholas Wright

One Mind – One Body, an introduction to medical hypnosis an integrated approach to neurological disorders
The attendance fee is £90

Saturday and Sunday 26th and 27th April 2014

Steve Burgess

Past Life Regression

(Certificated Practitioner Training)

The attendance fee is £220

Thursday and Friday 26th and 27th June 2014

Nick Cooke

Stress Management Coaching and Consultancy certificated (Wellbeing in the Workplace – Practitioner)

The attendance fee is £220

CPD Training at HNHCC – SW London 2013

Bookings on 020 8947 3338 or email info@hypnotherapytraining-london.co.uk

Saturday 6th December 2013

Hilary Norris-Evans

Rapid & Innovative Inductions

The attendance fee is £125 (limited number of early bird bookings available at £99. Book by 31.10.13.)

Sunday 7th December 2013

Hilary Norris-Evans

Anxiety States & Panic Disorders

The attendance fee is £125 (limited number of early bird bookings available at £99. Book by 31.10.13.)

Saturday and Sunday 1st and 2nd February 2014

David Kato

CBT Diploma Training

The attendance fee is £350 for this date only - normal price is £395 (limited number of early bird bookings available at £310. Book by 31.10.13.)

Sunday 23rd March 2014

Nick Cooke

Quit4Life Smoking Cessation

The attendance fee is £150 (includes 1st year's Quit4Life license fee)

Booking information

All courses are certified and training notes are provided. The courses are open to practitioners of hypnotherapy, NLP, coaching, counselling and related fields. Numbers are strictly limited and places can be booked by contacting: Central England College for Birmingham courses on 0121 444 1110

info@cecch.com

www.cecch.com

Hypnotherapy and Natural Health Centre for London courses on 020 8947 3338

info@hypnotherapytraining-london.co.uk

www.hypnotherapytraining-london.co.uk

To come in future issues:

- Top tips for constructing your own hypnotherapy scripts
- Past Life Regression – what place does it have in serious therapy?
- Delivering wellbeing programmes in the workplace
- Why emotional intelligence (EQ) may be more important than intelligence quota (IQ) and how we can help clients boost their emotional resilience
- Gastric Band Hypnosis – what's the 'real' story and how credible is the technique as part of an effective weight management programme?
- It's all in the eyes! – how EMDR can assist with PTSD and phobias