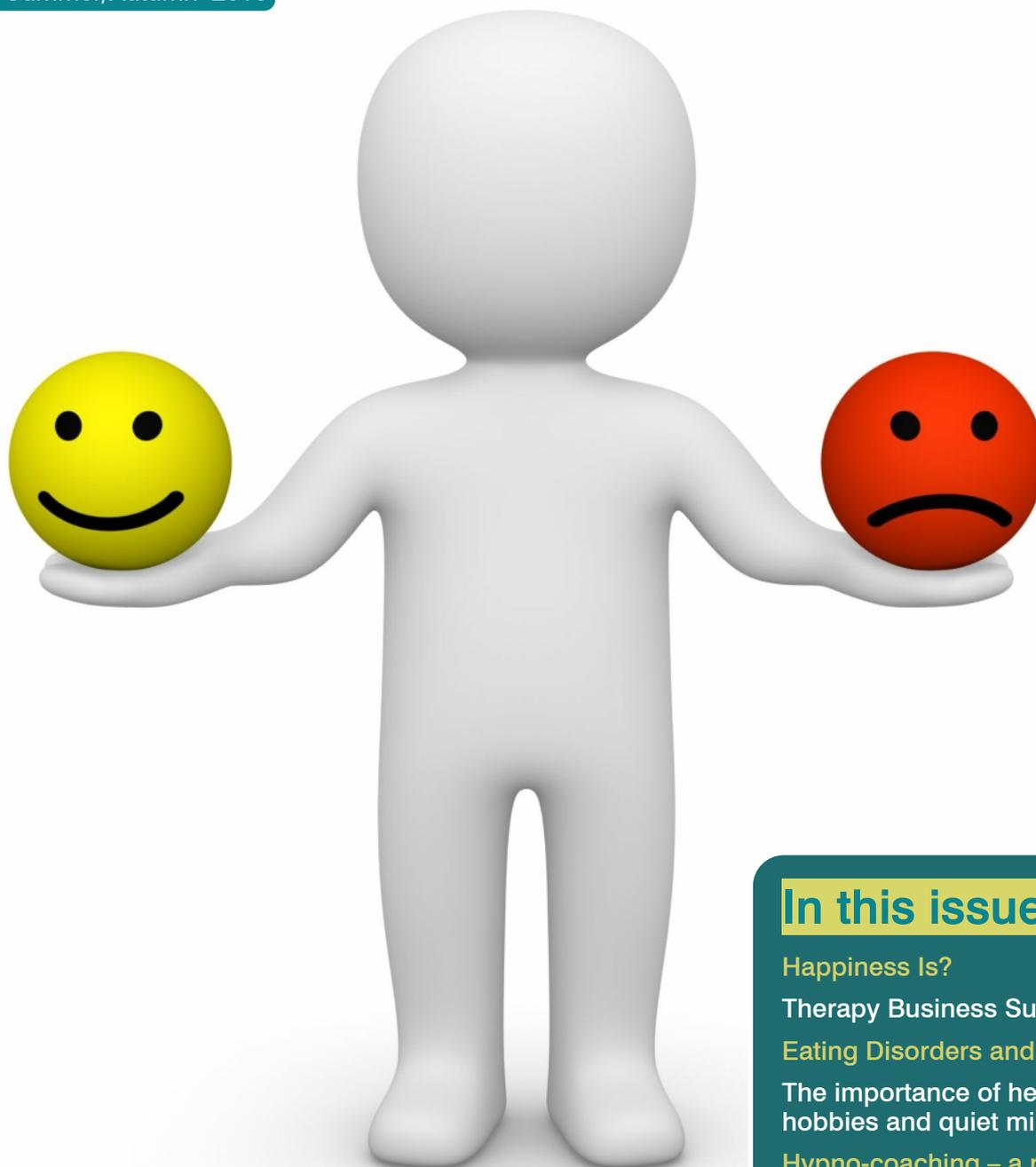


# hypnoversity

The Journal for Hypnotherapy, Coaching and NLP



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## In this issue

Happiness Is?

Therapy Business Success

Eating Disorders and OCD

The importance of healthy hobbies and quiet minds

Hypno-coaching – a perfect combo?

Book Review – Hartland's Medical and Dental Hypnosis 4th Edition

New Facebook Groups

CPD



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**CONTENTS:**

Happiness Is?

Therapy Business Success

Eating Disorders and OCD

The importance of healthy hobbies and quiet minds

Hypno-coaching – a perfect combo?

Book Review – Hartland's Medical and Dental Hypnosis 4th Edition

New Facebook Groups

Continuing Professional Development (CPD) 2016/2017

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## Happiness Is?

By Nick Cooke

It's something we'd all like and which most of us are lucky enough to find, if only from time to time. For other people happiness seems to elude them as a matter of course. So how is it that some people seem to manage to be happy, even though things are far from perfect in their lives, while others, who seem to have it all, can remain thoroughly miserable?

The formal scientific study of positive psychology (being happy) began in the 1990s with the work of Martin Seligman at the University of Pennsylvania. Seligman, who is widely published, and is the scientist behind a number of studies which show that happiness is something which can be learned, as opposed to being genetic or which we either just have or don't have.

Hypnotherapists and mindfulness teachers certainly have a role to play here. As some readers may be aware, I hold the view that our job is first and foremost, teaching. We teach our clients the techniques of change and we do this mostly by discussion, demonstration with them, and then giving them homework.

The teaching is normally around helping them to understand the relationship between their thoughts, feelings and behaviours and then, using a solution orientated approach to encourage some understanding, letting go, acceptance and compassion. We endeavour to help them to break through repeating negative cycles and to start really focussing on what they want. Unhappy people, particularly those who are depressed, often find it very difficult to focus on what they want. A negative bias has set in which is often something like a wall which the client finds it almost impossible to see over.

Neuroscientist Rick Hanson, author of the brilliant self-help book, 'Hardwiring Happiness' describes how happiness is a far from normal default setting for the mind. Our ancestral conditioning means that our minds are like 'Velcro for the bad' and 'Teflon for the good' In other words the good, no matter how good it is, just tends to slip by, while the bad, no matter how minor it is, persists in just hanging in! Hanson teaches us how to 'take in the good' through the practice of mindfulness. He offers a 4 step approach to doing this which uses to acronym of H.E.A.L.

H – Have a good experience

E – Enrich it

A – Absorb it

L – Link it with negative material

So we could say that our inner resources like resilience and happiness are drawn from positive experiences. The problem however is that unless we pay close, mindful attention to these positive experiences, they will tend to slip, slide away and out of minds like water out of a sieve, leaving very little of any long-term value.

On the other hand, our inbuilt negativity bias is great for allowing us to survive as a species, particularly in the event of a Martian invasion, but not so

wonderful for general life quality, wellbeing, and happiness.

So, about the H.E.A.L. steps - Having a good experience means really being aware of (noticing) a good event in our day. Easier said than done, particularly if we are feeling low. Enriching it is primarily about staying with that positive experience for a brief period of time. Even a few seconds will be helpful; gently opening ourselves up to some warm feelings that accompany it.

The third step, absorbing, is about us adopting a sense of allowing the experience to pleasantly sink in and this is where we might usefully employ some visualisation/metaphor, perhaps of a healing golden light floating down into our heart.

Lastly, Link, is an optional 4th step where we are invited to link, in our awareness, a strong positive experience with, in the background, something negative. By building our positive resources we may effectively begin to create a 'switch' from negative to positive – rather like in the SWISH pattern.

H.E.A.L. is one of many techniques which I explore as part of my 'Resilience Effect' workshop where I cover ways of helping people, particularly those within organisations, to build resilience, reduce stress and to be happier. At the same time we focus on helping employers to look after and retain valuable employees, reduce absenteeism and protect themselves from costly potential litigation.

**Nick is presenting this course once only during 2016 so do book early to secure your place. The cost of attendance and certification is £150 (£120 for NCH members). The course runs at Central England College in Birmingham on Saturday 2nd July 2016 (See CPD courses information below).**



If only I could...

Since I became a full-time self-employed therapist 20 years ago, I've worked alongside many therapists of different disciplines; some of them very experienced and others newly qualified. I became aware early on, that the way people ran their practice varied widely; some treating it as a business, others viewing it more as a paid hobby. A notable proportion had trained in their therapy, because they had benefitted from it themselves. Whatever the reason they became therapists in the first place, most wanted to earn a living or at least a reasonable income from their practice. Sadly, all too often they were disappointed.

Depending on the outlook of the individual, this lack of success was usually attributed one of two ways; externally

or internally. 'External' would often mean 'blaming' something over which they had little control e.g. the area, the economic climate or the establishment in which they practised. 'Internal' tended to be about their own abilities or skills, either as a therapist or a business owner. Whichever attitude a therapist adopted, both seemed to stem from a lack of confidence or self-esteem.

It's natural in the early days to be a little nervous or to have a degree of self-doubt, but if this persists, it will impact on the development and success of a therapist's practice. It may be that they would benefit from extra training in their chosen therapy or perhaps in business or marketing skills, but it is equally likely that they are overly self-critical. My advice to those who engage in self-flagellation or repeated self-criticism is to reflect on the reason for the self-doubt. If it genuinely stems from gaps in your therapeutic training or a lack of business or marketing knowledge, take steps to rectify this through training, reading or research. If it is down to poor self-esteem, that needs attention too; possibly through individual therapy or a personal development programme.

Most people who seek the help of a therapist simply want a solution to their problem, whether it is physical or emotional. Naturally if you are a physiotherapist, your client will expect you to recognise the nature of the problem, be able to carry out any required manipulations and be able to teach them remedial exercises; your expertise will be essential. Good rapport will make the experience more agreeable and might make the patient more likely to practise any prescribed exercises. For talking therapists, it is not so clear cut and arguably, the importance of the therapeutic relationship is greater.

Establishing good rapport with a client cannot be underestimated and is often instinctive, rather than learned. Clients will respond well to unconditional positive regard and a non-judgemental approach. As a consequence, they are more likely to achieve their desired outcome from therapy sessions, as they will have a greater expectation that it will succeed. Studies have shown that an inexperienced therapist can help their client just as effectively as a more experienced practitioner. The therapeutic alliance between patient and therapist is invaluable; far more important than multiple qualifications or titles.

If you know that you have the requisite skills but routinely belittle yourself or minimise your abilities, a good way of avoiding unhelpful self-judgement is to remind yourself of your purpose. Move your focus away from yourself to your clients; those whom you have trained to help. Absorb yourself in what you need to do and ignore that inner critic. If you tend to blame external factors for your position, explore what you can do or change, rather than what you can't; this only serves to disempower you. Remember too, that even your colleagues who seem to be doing better than you, will probably have their moments of doubt and will have made mistakes along the way. Don't let fear hold you back from your true potential.

Lorraine McReight



David Kato

## Eating Disorders and OCD

We probably all know someone who has an unhealthy relationship with food; someone who can't stop at one or two biscuits with their tea and will eat the whole packet or someone who is always on a diet and constantly talks about their weight. We may also know someone who binges on certain foods before inducing vomiting to purge themselves. We might not however be aware that they are doing this, as disordered eating is often a very secret problem.

Therapists of all disciplines will see clients whose eating habits are affecting their physical or emotional wellbeing, but brief therapies such as hypnotherapy can be appealing to individuals who want fast results or may not want to admit to their GP that they have a problem with eating, self-image or esteem. Specialist help within the NHS is variable from region to region and sufferers may be offered as few as six CBT sessions.

### Definitions of Eating Disorders

Anorexia and Bulimia are probably the most well-known of eating disorders, but there are many variations including bingeing without purging, excessive exercising and an unfaltering adherence to a healthy diet, sometimes known as Orthorexia. This seemingly healthy eating regime can have serious consequences including significant weight loss due to a lack of fats and other nutrients in the diet. DSM 5 (Diagnostic and Statistical Manual of Mental Disorders) has the following categories for Eating Disorders:

(FED-NEC) Feeding or Eating Disorders Not Elsewhere Classified.

(OSFED) Other Specified Feeding or Eating Disorder.

(UFED) Unspecified Feeding or Eating Disorder

These are a complex range of food related behaviours and a thorough understanding of the symptoms, causes and practises of clients with disordered eating is essential. Clients may not display all the defining symptoms of a particular eating disorder or match precisely the pattern in personality and/or history that might accompany a specific eating pattern, but there are often similar situational traits that manifest in problem eating and the need to exercise control over body shape and size. Understanding the underlying issues is essential to successful treatment.

### The OCD link

Anorexics often have a high incidence of co-morbid mental health problems, such as depression, anxiety, panic and frequently Obsessive Compulsive Disorder (OCD). They are often obsessive about exercise and weight gain and strive to be perfect. They can easily become fixated with how they look and some experience Body Dysmorphic Disorder (BDD). Not all eating disorder patients will present with OCD, but a high proportion will adopt obsessive traits around food and exercise.

### What exactly is OCD?

Those diagnosed with OCD feel out of control of their obsessive thoughts, images, or impulses which occur over and over again. In our society the term OCD is used very casually to describe people who are very house proud or who are uncomfortable with mess, but this devastating mental health condition is far more extreme than that. Sufferers of this type of OCD worry excessively about dirt and germs with some becoming obsessed with the idea that they are contaminated and may contaminate other people, especially loved ones. They will often wash their hands frequently to rid themselves of germs or bacteria and sometimes use harsh chemicals or scalding water to 'de-contaminate' themselves.

Irrational fears of harm include obsessive thoughts of having accidentally harmed someone else, whilst driving for instance, even though the individual knows this isn't credible. Another compulsion would be checking that the stove, iron or other electrical appliance has been switched off for fear of burning the house down, or missing cracks in the pavement in order to prevent harm to a family member. Men and women are equally prone to compulsive behaviour patterns, but the way that they manifest will often differ between genders.

### Seeking relief from obsessions

By acting on their obsessions and performing compulsive actions, the individual will seek to make the obsession disappear. These compulsive acts, which will usually include certain 'rules', will be completed again and again, in order to ease the discomfort they are experiencing or to prevent some dreaded event or situation. Any relief experienced is fleeting and this behaviour is definitely not gratifying; differing from the pleasure that may be experienced by an obsessive drinker, or the excitement of excessive gambling.

### Body Focused Repetitive Behaviour

Some OCD disorders are focused on the individual themselves and these include Excoriation (skin picking) and Trichotillomania (hair pulling). Skin picking disorder is considered a type of repetitive 'self-grooming' behaviour and like hair pulling does give the individual a sense of comfort or pleasure. Interestingly, skin picking is more common in women, whereas hair pulling is equally common in both sexes. Both can result in long term as well as short term damage; bald patches on the

head, brows or lashes in the case of 'Trich' and infections, scarring and lesions in the case of excoriation.

### **The consequences of OCD**

The completion of compulsive ritual acts such as excessive cleaning and 'de-contamination' may take many hours each day which can have an extremely negative effect on relationships and family life which are often put on hold while these tasks are carried out. Hoarding disorder which is now listed on DSM 5 can have serious consequences too; emotionally, physically, socially and financially as individuals find it difficult to part with or discard possessions. This goes way beyond holding on to keepsakes, hobby collecting or storing clothes that no longer fit. In extreme cases hoarding can present a fire hazard.

Lorraine McReight

David Kato, one of the most eminent trainers in the UK is returning to Central England College, and to London Hypnotherapy Academy this Autumn to deliver an Eating Disorders and OCD (Obsessive Compulsive Disorder) diploma course. This is an intensive two-day course and includes an extremely impressive resource pack including numerous scripts, forms and interventions. Therapists who successfully complete a multiple choice question paper within 30 days of attending the course will receive their Anorexia, Bulimia, Eating Disorders & OCD Diploma.

**David is presenting this specialist course at the London Hypnotherapy Academy in SW London on 12th & 13th November 2016 and at Central England College on 14th & 15th October 2016. The cost of attendance is £240 for NCH members (£275 for non-members) . Last time this course was held at Central England it was a sell-out, so book early to avoid disappointment.**



## **The importance of healthy hobbies and quiet minds**

**By Lorraine McReight**

"So how do you relax?" This is a frequent client I ask my client at their first session. At this point, some will speak of yoga, reading, baking or Zumba, but some will simply scratch their heads, unable to think of anything they do to unwind. Many will tell me that they don't have time to relax or don't know how to; they might talk of hobbies or leisure activities that they used to enjoy... 20 years ago!

Relaxation is fundamental to good physical and mental health, so it's a shame that so few people prioritise it. Earning a living, raising a family, running a household or pleasing a demanding boss can all take precedence over activities that support an individual's wellbeing.

Feeling overwhelmed or under pressure is a common complaint of clients who have taken on too much and are stressed or anxious. Sadly, all too often they tell me that they need to do more, rather than less. A sense of failure at being unable to achieve an impossible target or to complete tasks within the time available, can lead people to work late or take it home with them. Long hours combined with fretting and over-thinking can have a detrimental effect on all aspects of health and can lead to insomnia, anxiety, loss of libido and relationship problems.

As therapists we need to help our clients to recognise and take responsibility for their circumstances; to act assertively to change their situation rather than blame their employer, the global economy or themselves. With clients who haven't yet recognised the impact of working (or thinking about work) most of their waking day, I often invite them to complete a 'wheel of life' exercise. This quick and easy technique can demonstrate in 'pie-chart' style, the allocation of their time and more importantly, reveal the 'squeeze' on their home or social life. Few clients are as accepting of the status quo once they see how their life looks on paper and that's why it's such a useful tool.

Teaching Mindfulness and the Relaxation Response to clients who are looking at ways to manage and control their stress, is something I will often include in one of our therapy sessions. I'll explain that it's impossible to be stressed and relaxed at the same time, and how learning a simple Mindfulness or self-hypnosis technique can really make a difference. These approaches do not appeal to everyone, but many are willing to take a few minutes out of their day to regain a sense of calm, control or acceptance.

And as for those long forgotten hobbies; I encourage them to consider making time for those too. It may be that they're no longer interested in the hockey they enjoyed at uni or the stamp collecting they loved at school, but finding an activity or leisure pursuit that allows them to switch off completely is never a bad thing, and if it improves their physical fitness; even better.

**If you're interested in learning about teaching Mindfulness please visit the UK College of Mindfulness Meditation website at [www.mindfulnessnow.org.uk](http://www.mindfulnessnow.org.uk). This brief, practical vocational training offers an externally accredited qualification.**



Annabel Roberts

## Hypno-coaching – a perfect combo?

Coaching is used by those who want to improve their life in some way, either personally or professionally. Coaches will usually have a niche, such as health, fitness or life coaching. Self-employed individuals and small business owners who want to grow their business, increase their profitability or build their brand will often hire a business or marketing coach, as will entrepreneurs who need to work more efficiently or 'smarter' in order to avoid burn-out. In the corporate world, employers will frequently use coaches to improve the performance of teams and individual staff members to develop their skills or to prepare them for changes in the organisation.

A structured process, coaching is a great tool for developing potential, creating a vision or achieving goals. It can be helpful for almost anyone who wants to change something, but who doesn't want or need therapy. A coach will establish through a series of questions, what an individual or team wants to achieve. They will then help them to set specific steps to reach their goal. It is a very effective way to get significant results within an agreed time frame and will often appeal to a different audience from those seeking therapy.

The real skill of the coach is in asking the right questions at the right time and in the right way. A very popular coaching methodology is the GROW model. GROW stands for: Goal, Reality, Options and Will. These areas are discussed and worked through by the client and coach. GROW is simple to use, but takes some practise to establish an effective questioning style and to master the approach. Questions need to challenge as well motivate clients, so good rapport needs to be established at the start; the relationship between coach and coachee is all-important.

There may be times when coaching skills could be beneficial in your practice. This might be where your client wants to lose weight, get fit, change career or study for exams; indeed anything where they have a specific, achievable goal. Coaching techniques also work well with those who need to make changes to their self-care

routines, such as those with health problems, anxiety or stress related conditions. These are situations where your client taking action between sessions is not only beneficial, but often essential.

Therapy and coaching are generally seen as quite separate or distinct approaches to change, but there are some similarities. Neither coaching nor therapy is about giving advice, nor 'fixing' your client, but about facilitating their change. In coaching this is done through establishing priorities and setting goals. The coaching experience needs to result in a shift in attitude in the client, as well as a commitment to them taking positive action.

Hypnotherapy and coaching both have value in their own right, just as different types of therapy have their own virtues. If you are a talking therapist who likes to work in a solution focused way, the appeal of coaching could be its forward focus and goal orientated approach. By integrating coaching techniques into your therapy practice, you may be able to help some clients achieve better results than by utilising just one approach.

Lorraine McReight

**Annabel Roberts is a coach and hypnotherapist who is presenting this popular course for hypnotherapists at the London Hypnotherapy Academy on Saturday 5th November 2016. The cost of attendance is £100 for NCH members (£120 for non-members).**

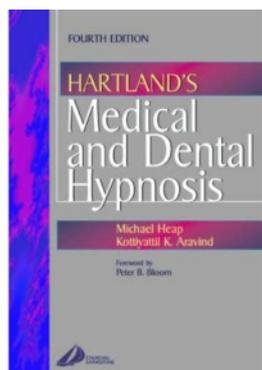
## Information Exchange – New Facebook Groups

Due to popular demand, we've recently launched two new official Central England Facebook groups in the last month. One is 'Hypnacademy UK', and the other is 'Mindfulness Now'. Both are open to all readers and if you are a Facebook member then select 'Groups' and search for both the above names. You just need to click on 'join' and your membership will be approved by us.

We're hoping these will provide useful forums for discussion and dissemination of information which members might wish to share. We're also happy for members to ask relevant questions. Members of these groups are good at sharing, but do bear in mind that all members will see your questions and any responses which are offered. My suggestion is that any such questions (and answers) are kept brief! No waffling allowed – especially by me!

Nick Cooke

## BOOK REVIEW



### Hartland's Medical and Dental Hypnosis (4th Edition)

by Michael Heap and Kottiyattil K. Aravind

10 reasons to invest time (and money!) in Hartland's – by Rachel Broomfield

When I first started learning about hypnosis and hypnotherapy, I thought that this book might well be out of my reach. It sounded rather high brow and the large price tag only served to reinforce my thinking. However, it had been highly recommended so I took the plunge.

And I have to say, if there was one book I would now recommend to anyone starting out in hypnotherapy, this would be the one. So here are my 10 reasons to invest the time (and money!) in it:

**It's all there** – If you're embarking on a course in hypnotherapy, most of the things you'll ever need to know are contained within this book. It's a must for completing the HPD! I constantly referred to it and still do.

**Accessibility** - Written in a clear and concise way, with little unexplained jargon, and laid out so logically, I found that I wasn't just opening it up when I needed to know the answer to something; I was actually reading it because I found it interesting and a relatively straight-forward read.

**The Basics** – It outlines the nuts and bolts of what hypnosis actually is. For instance, there is a whole section on suggestion, trance, susceptibility, and theories. Another section deals with various approaches to induction and deepening, self-hypnosis, use of metaphors, and basic procedures with children. There is also a chapter dealing with risks, precautions and contraindications, giving guidance on whether hypnosis should be used for specified issues.

**History** - It outlines the history of 'modern' hypnosis – again in a clear and concise way; from Mesmer in the eighteenth century to modern theories in the twentieth.

**Specific Issues** – One section deals with the application of hypnosis to specific problems such as psychosomatic issues, pain, cancer, obstetrics and gynaecology, dentistry, and anxiety.

**Staples** – And the same section deals with what many would consider staples of hypnotherapy – smoking cessation, weight reduction and insomnia. General considerations are giving for each as well as hypnotic procedures and non-hypnotic techniques that could be employed.

**Different Approaches to Psychological Therapy** – For someone who had very little previous experience of psychotherapy, this was a fascinating read. From Humanistic approaches to Ericksonian, to Behavioural to Cognitive, all are presented here. Again, a must if you're embarking on the HPD.

**Further Reading** – At the end of each chapter there is an extensive list of references (sometimes one or two pages in length themselves) so if you are particularly interested in a study that has been mentioned or in a quote from a particular author, then you can go directly to the literature from where it came.

**Real Life** – Contained within most chapters are Case Examples, outlining how the hypnotherapeutic techniques and strategies which have been discussed have been used with 'real' people, helping anyone studying hypnotherapy to have much more of a real-life grasp on things.

**Credentials** - Both Heap and Aravind, who revised this 4th edition (the original being compiled by Dr. John Hartland back in 1966) are members of the Royal Society of Medicine. Dr Heap is a past President of the British Society of Experimental and Clinical Hypnosis and is also a Chartered Clinical Psychologist.



**The Gift – A Mindfulness Retreat  
In the Heart of the Beautiful Cotswolds**

**Taking place at The Guildhouse in the lovely village of Stanton, near Broadway. We will have exclusive use of the house and garden. Lunch and refreshments are provided so you just need to turn up for a day and experience meditations, gentle movement, sensory awareness walks, eating together, rest, relaxation, and discussion.**

**Thursday 15<sup>th</sup> September 2016 – 10.00 AM to 4.00 PM - £55, inclusive of all refreshments and a light, simple lunch (rustic bread, cheese, tomatoes, olives and fruit)**

How do you fancy the idea of making a gift to yourself of spending a day in beautiful tranquil surroundings with the aim of non-doing? Simply enjoying the company of a dozen or so like-minded others. Sharing, in a simple and blissfully relaxing way, healthy, nutritious food and refreshments.

The Gift, is also an opportunity to engage in mindfulness of wellbeing and can help reduce stress and anxiety. Although this is not a silent retreat, the day is definitely not about talking and for many people it is a pleasant change not to have to say anything. We do encourage a little discussion towards the end of the day but even then, no pressure is put upon anyone to talk. Some just prefer to sit quietly.

Due to the limited number of places, please phone to reserve your place ASAP, or to request any further information if you need it. To learn more about the venue, Stanton Guildhouse, and to get travel directions, visit [www.stantonguildhouse.org.uk](http://www.stantonguildhouse.org.uk)

**Call Isabelle, Michael, Rachel or Nick to reserve a place now on 0121 444 1110 or email [info@cecch.com](mailto:info@cecch.com)**

## Continuing Professional Development (CPD) 2016/17

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 2016/17, but new events are being added all the time, so please check the relevant websites regularly.

**CPD Training at Central England College – 2016**  
**Bookings on 0121 444 1110**  
**or email [info@cecch.com](mailto:info@cecch.com)**

### **Saturday 2nd July 2016**

**Nick Cooke**

**The Resilience Effect – How mindfulness based interventions, focussed on stress reduction, can open the door to lucrative work opportunities within organisations**

The attendance fee is £120 (NCH members) and £150 to non-members

### **Friday and Saturday – 14th and 15th October 2016**

**David Kato**

**Diploma in Working with Eating Disorders and OCD**

The attendance fee is £240 (NCH members) and £275 to non-members (includes assessment fees) (see article earlier in this issue)

### **Saturday 21st January 2017**

**Nick Cooke**

**Acceptance and Commitment Therapy (ACT) – a practical workshop exploring some of the latest developments in mindfulness based therapeutic interventions**

The attendance fee is £120 (NCH members and £150 to non-members)

**CPD Training at London Hypnotherapy Academy – 2016**  
**(Venues in SW London)**  
**Bookings on 020 8947 3338**  
**or email**

**[info@londonhypnotherapyacademy.co.uk](mailto:info@londonhypnotherapyacademy.co.uk)**

London courses are held at various venues so please check the LHA website for full details or sign up to receive notification of London events

### **Saturday 5th November 2016**

**Annabel Roberts**

**Coaching for Hypnotherapists**

The attendance fee is £100 (NCH members) and £120 to non-members

### **Saturday and Sunday 12th & 13th November 2016**

**David Kato**

**Diploma in Working with Eating Disorders and OCD**

The attendance fee is £240 (NCH members) and £275 to non-members (includes assessment fees) (see article earlier in this issue)

### **Sunday 29th January 2017**

**Lorraine McReight**

**Criticism, Coercion & Control Help your clients to recognise manipulative & controlling behaviour in others & learn techniques for empowerment (includes script pack)**

The attendance fee is £100 (NCH members) and £120 to non-members

## **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  
0121 444 1110  
[info@cecch.com](mailto:info@cecch.com)  
[www.cecch.com](http://www.cecch.com)

London Hypnotherapy Academy  
Therapy Business Success  
020 8947 3338  
[info@londonhypnotherapyacademy.co.uk](mailto:info@londonhypnotherapyacademy.co.uk)  
[www.londonhypnotherapyacademy.co.uk](http://www.londonhypnotherapyacademy.co.uk)