

**Welcome to the last Live
Monthly “Topic” Webinar
... for now!**

Over the Past Month ... These are a list of some of the conditions I have helped people with ...

Child - fear of fruit and veg

Tinnitus

Smoking

Weight Loss & Self-Esteem

Procrastination

Vaginismus

Lack of Motivation

Grief

Anxious Eating

Nailbiting Top-Up

Sexual Fear

Sports Improvement

Sexual Abuse

De-Stress

Fear of Flying

Binge Eating

Fear Of Heights

Hair Pulling

Self-Sabotage

Child-Depression

All of these are covered in previous webinars or the main course material ...

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Questions ...

What if you regress a client back to something that is upsetting or traumatic and they say they want to forget about it rather than deal with it? Should you let them “resist”? Or should you persist?

How would you treat genital warts?

If you are hypnoanalysing someone and get a “breakthrough” towards the end of the session but don’t have time to see it through to an abreaction / cathartic response how do you wrap it up until next time so they are OK at home and not a mess until the next session? In relation to deep transformational work how do you know when the therapy is finished? Obviously the “symptoms” or “unwanted behaviours / habits / feelings” will be gone but how do you know that it is time to terminate treatment and it’s time to release the client back into the wild? Could someone remain in therapy indefinitely (like in certain psychotherapeutic settings?) or is it clearly obvious to client and therapist when the job is done?

Too early in course to know if you cover this elsewhere but there are two issues: rock solid confidence in being a hypnotherapist and, second, widening out the training into other areas such as new AGE THINKING..

Hi Andrew – a little while ago on one of the webinars you mentioned you had a client who was very analytical, so you thought an analytical therapy approach wouldn’t work very well and went down the future goal focused approach – I always meant to follow up as I didn’t understand the connection as to why an analytical approach wouldn’t work as well – can you explain a bit more

What do you feel we need to do to comply with the new GDPR

Hello everyone...glad to be here! I'm only a module two, but when I approach people to see if they are interested to be practice subjects, I find quite a bit of resistance and skepticism...even after I explain the process, etc? I think that stage Hypnosis hasn't done any favors for Hypnotherapy! Thoughts on how to proceed?

Questions ...

Hi would like some advice for future client who as a child of 7, she saw her mum being stabbed. Struggles with alcohol abuse, anger issues, is lonely, in pain. Would you recommend regression, inner child etc even if that means by following the feeling she revisits the traumatic event? Would you consider rewind too? She hasn't had much therapeutic support as a child to deal with this so there is much under the surface

do you use tools like emdr at al these days

When you have a client on lots of antidepressants and cannot see anything during regression, how can you get round this? This client found it really difficult to feel, sense, imagine, follow the feeling, visualise etc. All she could see was a blank screen

open eyed hypnotherapy - just hynotherapy with eyes open? hope so, that's what I've been trying

How many weeks into the training before I should tackle proper issues rather than relaxation? I've been advising on weight loss but without having studied the module yet

Anna I'm working with someone with LOTS of anxiety medication, EIGHT different types, I did normal bog standard relxation, he was housebound NOW today he told me he'd stopped 6 of the meds!! and he's left the house EVERYDAY since I first saw him two weeks ago....bog standard relaxation !!

Sometimes I find myself cramming lots of techniques into a session. Is there such a thing as too many? should I limit it to 1 or 2? Or continue with my multi technique approach?

Just one more question! If someone comes with numerous issues, do you try to cover a little of each in a session as I have seen you do in the classroom. Im presuming many of the issues overlap anyway and perhaps have the same cause?