

**Humor, Hypnosis, and Homework:
Concrete Strategies for Helping Anxious and
Depressed Kids In and Out of the Office**



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Goal #1...

- I'm going to enthusiastically persuade you that you:
 - SHOULD BE or
 - CAN BE or
 - ARE *ALREADY* BEING

...HYPNOTIC WITH CHILDREN

Goal #2...

- I want to expand your conception of what
HYPNOSIS with children looks like and
sounds like.

Goal #3...

- I'm going to offer you ideas on how to strategically, hypnotically, and actively interrupt the patterns of anxiety and depression in children.

**HYPNOSIS IS NOT A
TREATMENT...
IT IS A WAY TO DELIVER
TREATMENT**

*Hypnosis is the tray on which I serve the
hors d'oeuvre.*

What is HYPNOSIS?

I am using hypnosis with a child when...

I am able to absorb a child in an imaginative experience that allows us together to alter sensations, change perceptions, or shift a perspective on something. The experience itself, the post-hypnotic suggestions, and the "practicing" that follows allow the child to then apply these new skills and perspectives to future situations.

FIRST...

- and families need to manage anxiety and depression?

THEN...

- How can we use hypnosis and other experiential approaches to create new skills and support these skills and frames?

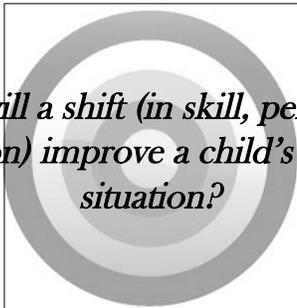
What are you going to teach?
How are you going to teach it?



What is your therapeutic target?
And how you going to make it a memorable experience?



How will a shift (in skill, perception, reaction) improve a child's current situation?





The Four Questions

1. What resources does this child have and how will I use them?
2. Where is the gap/missing piece that sustains the symptom pattern?
3. How can create an experience that will offer a shift in the pattern?
4. **Am I (or is anyone else) *doing the disorder?***

The Structure of a Hypnosis Session

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-
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The *Essence* of a Hypnosis Session

- Connection
- Expectancy
- Absorption
- Planting of Seeds
- Suggestions
- Foreshadowing
- Shifts

Response Set

- response/shift you're creating
- Using truisms that set the stage and are easily understood
- Your message: "We're going to work on XXX, so I'm going to plant the seed of possibility by talking about XXX now in a ***unchallenging way.***"

The Inclusion of
PHS/Homework:

*shake up the existing frame and
create new experiences that
correspond with what you have
seeded in your sessions*

Homework should:

-
- _____ es) that you're teaching
(it's NOT about content!)
- Change/create the emotional tone of therapy (and often the tone of the anxious/depressed family)
- Be the basis of your treatment, not an adjunct to it

When you are creative...

- Loosens up defenses
- Kids like to hear about other kids
- Create connection through humor and playfulness...be REAL!
- Novelty
- Stories and metaphors build interest; allow us to step out of normal patterns of thinking

"EDUCATION IS A NATURAL PROCESS CARRIED OUT BY THE CHILD, AND IS NOT ACQUIRED BY EXPERIENCES IN THE ENVIRONMENT."

Maria Montessori

The THREE FRAMES

- The Three Frames...
- Experience is VARIABLE (rigidity v. flexibility)
 - The value of PARTS (global v. compartmentalized)
 - Sequencing
 - Compartmentalization
 - Connection and disconnection (signals and noise)
 - ACTION counts (passive v. active)
 - Problem solving
 - Accessing resources
 - Doing stuff!

- For each frame...
- -
 -
 - *HOW*
introduce and teach the skill?

What does it sound/look like?

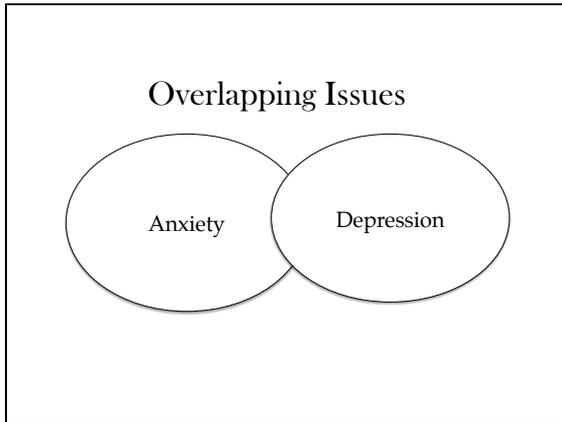
Rigid <ul style="list-style-type: none">• It has to be this way• I have to know everything• I have to be certain• Nothing is going to change• Ya, but...• I'm afraid to do it differently• My way or the highway	Flexible <ul style="list-style-type: none">• I can adapt• It's okay to be uncertain• I feel uncomfortable...and that's okay• I'll get used to this• Change is tricky at first• I'll see what happens• I can see your perspective
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What does it sound/look like?

Global <ul style="list-style-type: none">• Nothing ever goes my way• No matter what I do, things don't change• I can't get anything done• People don't like me• I've never been able to do that	Parts <ul style="list-style-type: none">• I take the good with the bad• I'm struggling with this part of the project• You can't please everyone• Let me just get this part done; take it a step at a time
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What does it sound/look like?

Active <ul style="list-style-type: none">• What do I need to do?• What have I done before?• Who can I ask for advice?• What do other people do?	Passive <ul style="list-style-type: none">• I've never done that before.• I'm not good at those things.• People don't know/want to help me out.• I don't know where to look.• Why bother?
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Overlapping Cognitive Patterns

- Global: *never, always, no one, everyone*
- Catastrophic: *worst case scenario*
- Permanent: *things won't change*

A Menu of Overlapping Processes

- Depression
- Anxiety/OCD
- Relationship Issues/
Interpersonal Conflict
- Sleep Problems
- Self-injurious Behavior
- Change/Loss
- Adjustment Issues
- Medical Issues/Procedures
- *Flexibility*
- *Compartmentalization/
Boundaries*
- *Sequencing*
- *Connecting/Disconnecting*
- *Practicing*
- *Problem Solving*
- *Accessing Resources*

Anxiety

Critical Cognitive Skills:
How can we teach children to:

- tolerate (and normalize) discomfort
- externalize/react differently to thoughts
- learn by doing, failing, & succeeding
- handle the uncertainty of life
- be more flexible (malleability!)
- problem solve (vs. ruminate)

Anxiety Demands TWO Things

- Certainty: *“I have to know what’s going to happen next...and I want to control it!”*
- *“*
comfortable...or else I want out!”

Anxiety is sustained by:

- ✧The inability to tolerate uncertainty
- ✧An overestimation of risk
- ✧An underestimation of resources
- ✧Poor independent problem solving skills
- ✧Disconnection from resources

Why Use Hypnosis with Anxious Children?

- Anxiety is a cognitively **RIGID** pattern... Hypnosis can promote **FLEXIBILITY** in many areas (physical, emotional, routines, etc.)
- Anxiety feels **GLOBAL** & overwhelming... Hypnosis can teach a lot about **"PARTS"**
- Anxiety amplifies passivity and **AVOIDANCE**...Hypnosis supports mastery and **ACTION** when we use it to teach skills

The Language of Change

- Flexibility
- Uncertainty and positive expectancy
- Seed planting
- Future orientation
- Energy/Playfulness
- Action-oriented

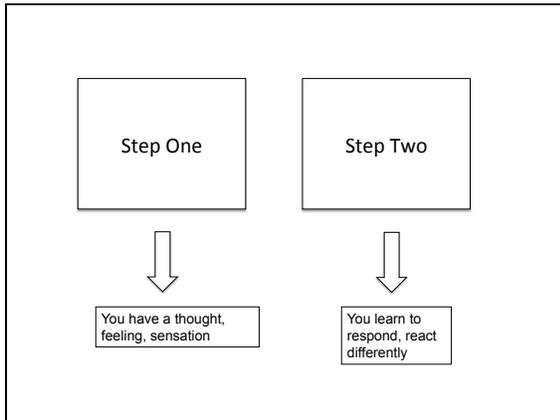
Critical Concepts as we face anxiety...

- **CONTENT** is far less important than **PROCESS**
- We are eliminating **NOTHING**
- We have to teach an **OFFENSIVE** rather than a **DEFENSIVE** position

Content vs.
Process?



**CRITICAL ATTITUDINAL SHIFT!
IF I'M UNCOMFORTABLE OR UNSURE
OR NERVOUS AS I'M LEARNING
SOMETHING NEW, I'M ON THE RIGHT
TRACK...**



**Rethink Relaxation and Breathing:
NOT the Universal Go-To**

- o Simple, brief skills to reboot system as brain relearns
- o Creates mastery & the experience of malleability
- o Great place to illustrate the mind body connection
- o Goal is not always to “relax” but to “regroup”
- o Breathing and relaxation as the **SOLE** intervention?

A SHIFT...
physically-based interventions
may be a “re-boot,”
but not a complete treatment
process.

The value of
“I don’t know...”

(which is the opposite of anxiety’s
demand for certainty...)

Opening Question:

“Imagine it’s six months or a year from now...
and you say to someone, “I saw this person
and it was really successful because...”

Miracle Question: Insoo Kim Berg

And then...

“If I could teach/show you ONE (or
maybe two) things that would help you
get there, what would you need to
learn?”

The Four Questions

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CBT techniques that I don't use:

- What's the worst that could happen?
- Let's examine the likelihood of that happening...what are the odds?
- Scheduling or setting aside "worry time" (sometimes also known as "therapy")



We do this one with kids a LOT!

AN ALMOST UNIVERSALLY HELPFUL CONNECTION FRAME TO INTRODUCE...

Helping kids connect to their past successes:

- What can you do now (automatically) that you couldn't do a few years ago?
- Can you remember something that was *really* challenging when you first tried it but now seems simple?
- Make a list of accomplishments that make you proud.
 - Learned to ride a bike?
 - Mastered your times tables?
 - Went to sleep away camp (and had fun!)?

Exercise:

- Listen to the description of the problem, then pick out a word or phrase that stands out and come up with a sentence/phrase that seeds movement in a different direction or a shift in perception.
- ***What's your opening frame?***
– ***"I want to introduce the idea that..."***

1. School avoidance started during the last few weeks of first grade. Separation issues all summer, and second grade is approaching! (age 7)

2. He's never been able to fall asleep in his own bed. He really needs someone to be there with him until he's asleep. (age 10)

3. I have to have gum surgery. The doctor walked me through all the steps which I guess was supposed to help, but now I'm totally freaked out when I think about it. (age 14)

Depression

Know the risk factors for kids:

- Untreated anxiety disorders
- Maternal depression (Mendes, et al 2012)
- A pessimistic (rigid, permanent) explanatory style
- Parental overinvolvement, conflict, restriction of autonomy
- Social withdrawal

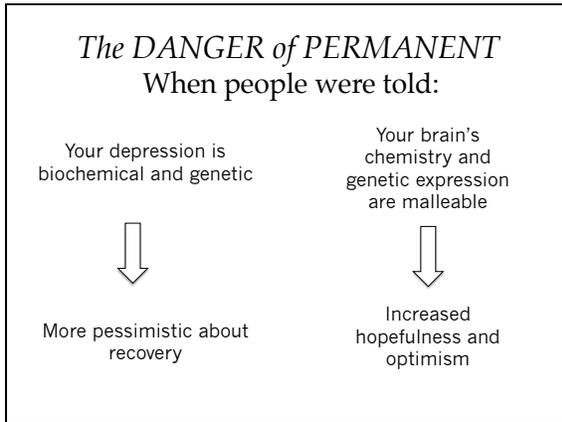
Successful interventions?

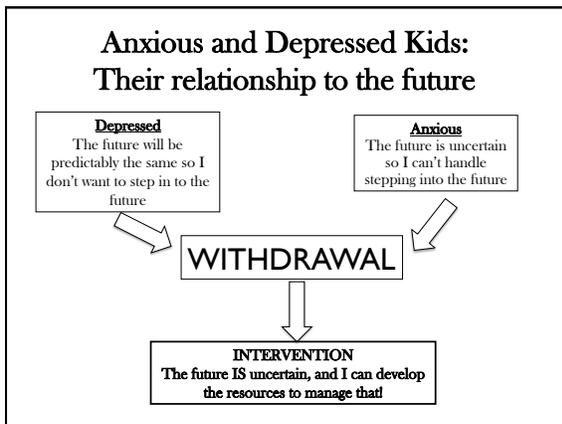
According to lots of research:

- Familial and social connection
- Early intervention (remember: anxiety as a precursor)
- Behavioral activation
- Positive expectancy

Overlapping Cognitive Patterns

- Global: *never, always, no one, everyone*
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- The Three Frames...**
- **Experience is VARIABLE (rigidity v. flexibility)**
 - **The value of PARTS (global v. compartmentalized)**
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Depression...

What are the most important frames to target?

*Flexibility! Things change!
You are malleable...your feelings,
your future, your perceptions*

Let's practice...

• **FLEXIBILITY!**

- Example of a metaphor for a depressed child who needs to hear a message of flexibility
- PHS for this child: *When you're in situation XX, you will...*

Depression...

What are the most important frames to target?

The idea of PARTS (versus GLOBAL)...noticing the different parts of you and others, and of experiences. And boundaries!

Let's practice...

• PARTS!

– Example of a case with a teen where a “parts” target is prominent (parts, boundaries, connection...)

– PHS for this teen: *When you're in situation XX, you will...*

PARTS:
CONNECTION versus
disconnection critical with
depression

Depression...

What are the most important
frames to target?

*TAKING ACTION:
The importance of doing*

Depression and Behavioral Activation

- BA supports the need to engage in healthy behaviors in order to generate positive feedback and change negative patterns
- Positive experiences *precede* cognitive shifts. The emphasis is on providing evidence that contradicts the negative frame

Remember:
BEWARE *doing the disorder!*

Ruminating and the Trouble with *WHY?*

“Although such questions are reasonable and may be useful in many circumstances, people who are frequent ruminators may have difficulty settling on satisfying answers to these questions either because of circumstances in their lives or **because they desire an excessive level of certainty before settling on an answer to such questions.**”

Susan Nolen-Hoeksema, The role of rumination in depressive disorders and mixed anxiety/depressive symptoms, 2000

Potential targets?

- 16 year old Mandy:
 - Divorced parents have chaotic relationships
 - Overwhelmed by school and process of applying to college; worries and ruminates about future
 - Recently began missing school 2-3 days week
 - Has a strong and supportive core group of friends
 - Incidents of rage and destruction at home

*Flexibility
 Compartmentalization/Boundaries
 Sequencing
 Connecting/Disconnecting
 Practicing
 Problem Solving
 Accessing Resources*

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Information Stuff

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