

**Teens, Anxiety, and Depression:
Active Strategies to Move Teens Forward**

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The links between anxiety and depression are robust...

75-80% of children with anxiety disorder suffer from another psychiatric disorder

Anxiety & depression together is typical

Untreated anxiety in children: leading predictor of depression in teens and young adults

(Wagner, 2002)

In 2014, the World Health Organization declared:

- Depression is the leading cause of illness and disability in adolescents, defined as children between the ages of 10 and 19

In March 2017, the World Health Organization declared:

- Depression is now “the leading cause of ill health and disability worldwide,” estimating that more than 300 million people worldwide are now suffering a diagnosable depression.
- **This is an increase of more than 18% between 2005 and 2015.**

In a recent article based on interviews with more than 100,000 children btw 2009 and 2014...

- By the age of 17, 13.6 percent of boys and a *shocking 36.1 percent* of girls have been or are depressed.

Breslau, J., Gilman, S. Stein, B. et al., (May 30, 2017). Sex differences in recent first-onset depression in an epidemiological sample of adolescents. *Translational Psychiatry*(2017) 7, e1139; doi:10.1038/tp.2017.105 Published online 30 May 2017.

Problems when addressing anxiety and depression:

- Too much focus on eliminating symptoms
- Interventions that focus on **content over process**, which maintain or increase anxiety over time
- This results in...

...missed opportunities to

- ✓ **shift frameworks**
- ✓ **introduce new perspectives**
- ✓ **TEACH SKILLS**

OUR MISSION:

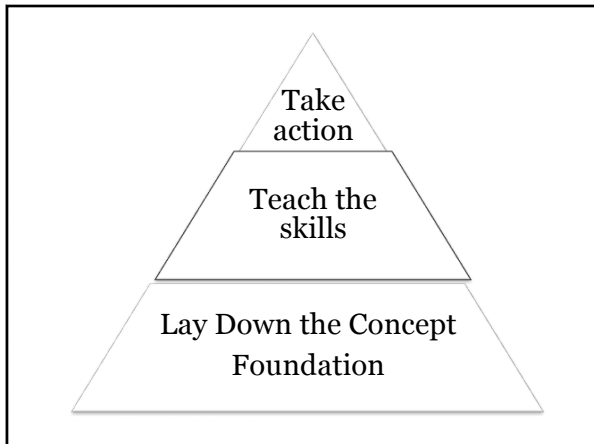
How do we diminish the patterns that support anxiety & depression...

and what do we offer instead?

THE BIG PICTURE

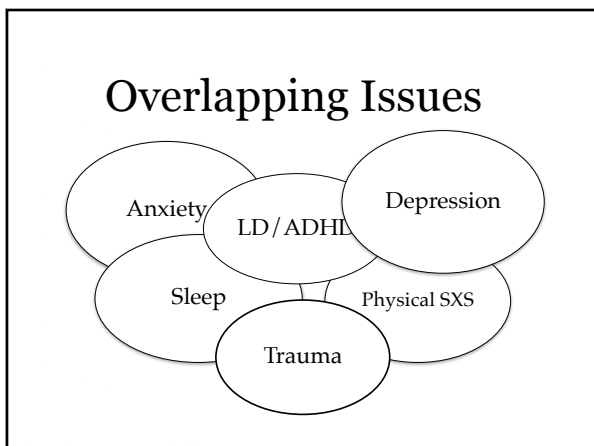
Critical Skills:

- *Expect and manage thoughts/emotions*
- *Practice flexibility/malleability*
- *React differently to thoughts*
- *Tolerate the uncertainty of life*
- *Problem solve (vs. ruminate)*



The Four Questions

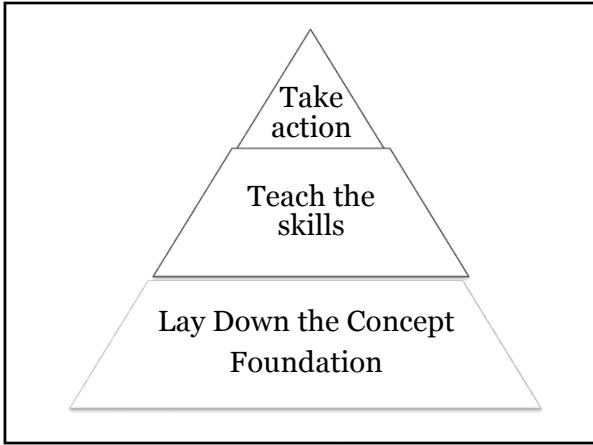
1. What resources does this teen have and how will I use them?
2. Where is the gap/missing piece that sustains the symptom pattern?
3. How can create an experience that will offer a shift in the pattern?
- 4. Am I (or is anyone else) *doing the disorder?***



FIRST & CRITICAL!

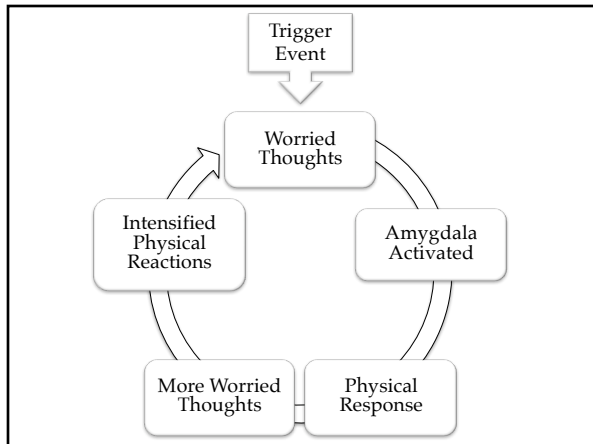
EXPLAINING THE RATIONALE

FRONTLOADING
with
psycho-babble-free
psycho-education



Anxiety has figured out
how to be overwhelming

On the other hand,
anxiety is not that complex




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
- Playful **CONNECTION** is the opposite of what anxiety demands

Content vs. Process?

Content-Based Interventions
 versus
Process-Based Interventions


 Let's focus on
HOW WORRY OPERATES

 **CONTENT**

- What can we do about **THAT** worry?
- How can we get rid of **THAT** worry?

VERSUS

- How does *worry operate?*
- How are we going to interact with worry *when it arrives?*

 **PROCESS**

The Content Trap

<p>Content (not good)</p> <ul style="list-style-type: none"> • Focus on & talk about how to fix SPECIFIC problem • Reassure about that SPECIFIC problem • Give data, stats, rational information • Go over plans & specifics repeatedly 	<p>Process (good!)</p> <ul style="list-style-type: none"> • Focus on HOW worry operates & what it's up to • Cue "worry-managing" strategies • Be general: "That sounds like your worry pattern to me..." • Prompt connection to internal reassurance & external problem solving
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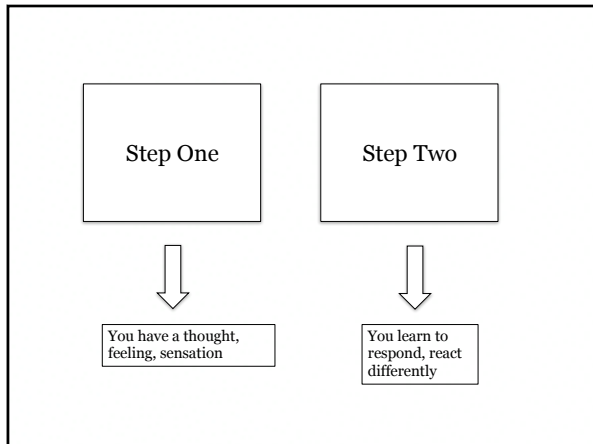
We are eliminating NOTHING!

It's a paradox...

The more you try to get rid of a worried thought or symptom, the **STRONGER** it gets.

We are NOT eliminating or avoiding thoughts, feelings, or physical symptoms

We are perceiving & managing them through a different lens



Safety Crutches

- Reduce, mute or prevent anxiety symptoms
- Increase perception of personal control
- Student feels more secure
- Can serve useful functions & be developmentally appropriate

BUT...Excessive reliance

- Strengthens anxiety through avoidance behavior
- Limits range of functioning

This includes...

- Distraction
- Thought stopping
- Calming and breathing exercises (*when emphasis is on elimination*)
- Thought replacement

When worry arrives...

- ALLOW
- ACKNOWLEDGE
- PIVOT

We need an offense!

Action over Avoidance

- Worry says STOP. Worry is not a big fan of moving forward.
- Anxiety demands a defensive stance.
- **BUT**...we must learn to take action when we are worried...BRING IT ON!

Step into unknown territory &...

- **Stop** saying, “I’ve GOT to know that everything will turn out just right”
- Start saying, “I’m WILLING to NOT KNOW how things are going to turn out”
- **Stop** saying, “I’ve got to feel comfortable”
- Start saying, “I’m WILLING to feel UNCOMFORTABLE”

**CRITICAL ATTITUDINAL SHIFT!
IF I'M UNCOMFORTABLE OR UNSURE
OR NERVOUS AS I'M STEPPING
FORWARD INTO EXPERIENCES, I'M ON
THE RIGHT TRACK...**

Connection!

**Family/Adult CONNECTION
MEANS:**

- Openness: parents acknowledging their own patterns when possible
- Modeling of connection by other adults
- Humor
- Warmth
- Consistency

Social CONNECTION MEANS:

- Face to face interaction
- External focus
- Engagement in social causes or activities
- Building social skills through stepping in

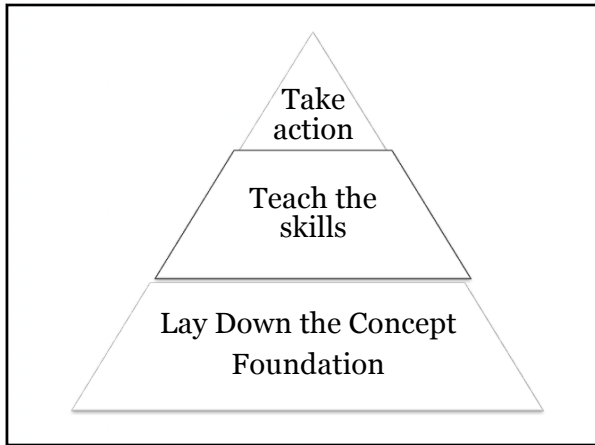
**Per Jean Twenge's article in
*The Atlantic***

- More screen time equals more:
 - Loneliness
 - Depression
 - Suicidal thinking and behavior

TWENGE writes...

“There’s not a single exception. All screen activities are linked to less happiness, and all nonscreen activities are linked to more happiness.”

<https://www.theatlantic.com/magazine/archive/2017/09/has-the-smartphone-destroyed-a-generation/534198/>



Combining...

- Cognitive Behavioral Therapy
- Behavioral Activation
- Problem Solving Therapy
- Experiential Treatment/Exposure

Where is the gap that sustains the pattern...?

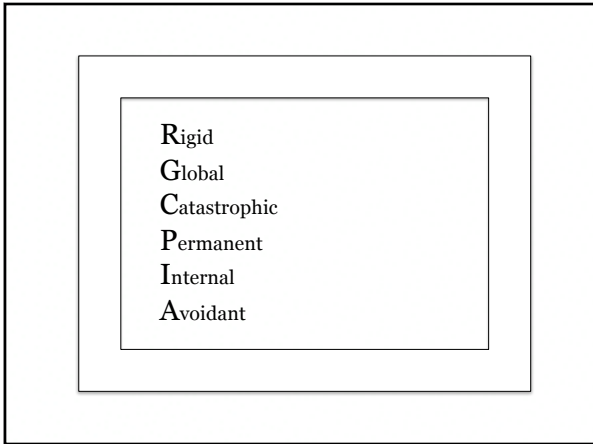
- What's the story your anxiety tells?
- If your anxiety/depression wrote a book, what would be the title?
- What your anxiety shows up, how do you respond?
- What do you need to learn?

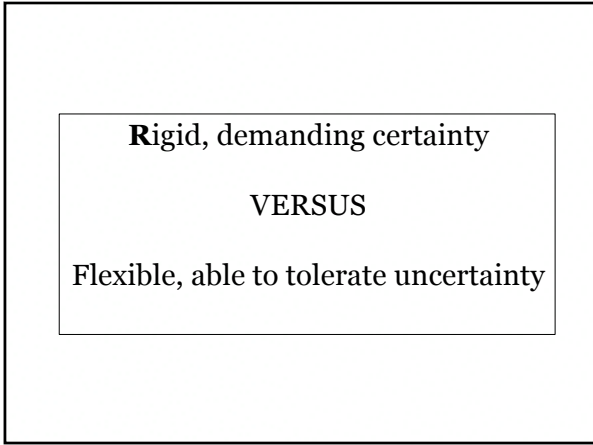
When I ____, I feel worse...

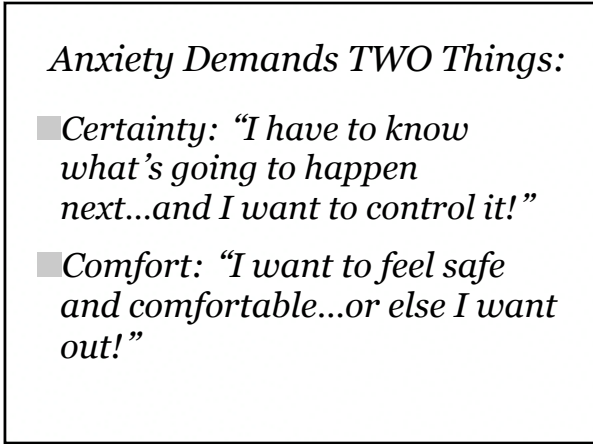
When I ____, I feel better...

Are you...

- **Rigid**, demanding certainty
 - Flexible, able to tolerate uncertainty
- **Global**, with black and white thinking
 - Parts, differentiation
- **Catastrophic**
 - Problem solving, strength-based
- **Permanent**
 - Temporal, malleable, with positive expectancy
- **Internally focused** (on feelings.thoughts)
 - External focus
- **Avoidant**
 - Active, on offense







Anxiety is strengthened by 2 internal processes

- Rigid perfectionism (“It has to be done this way!”)
- An imagination that focuses on worst possible outcomes (“I know I’m going to fail that test!”)

What does it sound / look like?

Rigid

- It has to be this way
- I need to KNOW!
- Nothing is going to change
- Ya, but...
- I’m afraid to do it differently
- My way or the highway

Flexible

- I can adapt
- I can’t know
- I’ll get used to this
- Change is tricky at first
- I’ll see what happens
- I can see your perspective

Social Comparison Theory and the quest to eliminate social doubt

Challenge:
metaphor or story that illustrates
the value of flexibility

**Global, all or nothing,
black and white thinking**

VERSUS

Parts, differentiation

What does it sound/look like?

Global <ul style="list-style-type: none">• Nothing ever goes my way• This is who I am• I am my diagnosis• No matter what I do, things don't change• I can't get anything done• People don't like me	Parts <ul style="list-style-type: none">• I can accept 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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The Value of Parts: EXTERNALIZATION

- Personify your anxiety and/or your depression...and start listening to what it says
- What are the parts of you that you value?
- What parts of you give you the most trouble?

Remember these questions? This is PARTS...

Where is the gap that sustains the pattern...?

- What's the story your anxiety tells?
- If your anxiety/depression wrote a book, what would be the title?
- What your anxiety shows up, how do you respond?
- What do you need to learn?

Challenge:

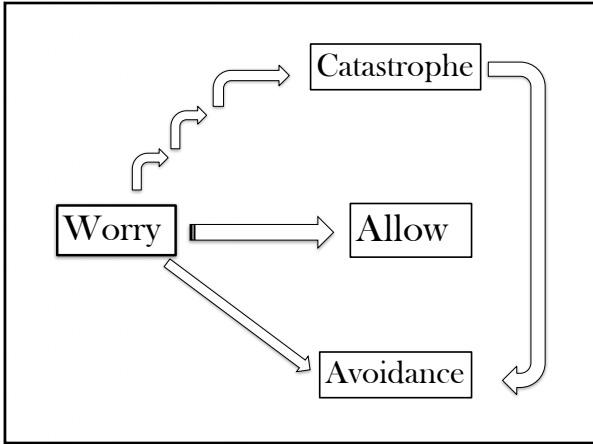
An experiential assignment that amplifies the concept/value of parts and differentiation

Catastrophic
VERSUS
Problem solving, strength-based

Anxiety is strengthened by 2 internal processes

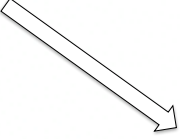
- Rigid perfectionism (“It has to be done this way!”)
- An imagination that focuses on worst possible outcomes (“I know I’m going to fail that test!”)

DEPRESSION TOO!

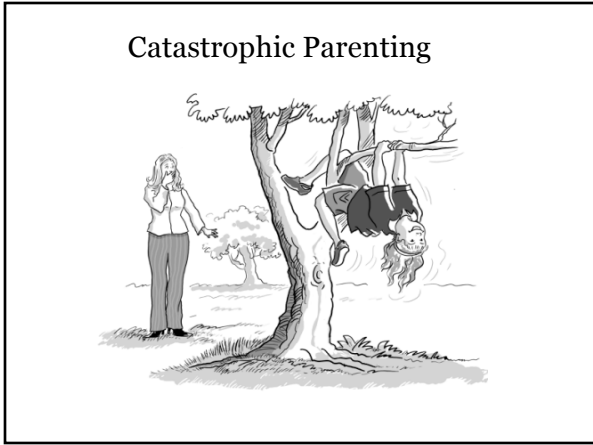


We want to demote anxiety & worry...

- **CRISIS**



- Normal
- Part of many aspects of life
- Even annoying!



“One-quarter to one-third of children with significant fears relate onset or intensification of their fears to things they heard.”

http://www.mdedge.com/pediatricnews/article/109231/mental-health/dont-touch-youll-get-hurt-fear-childhood/page/0/1?utm_source=TrendMD&utm_medium=TrendMD&utm_campaign=TrendMD_1_Pediatric_News

“For both anxiety and neuroticism, the models provide support for significant direct environmental transmission from parents to their adolescent offspring. In contrast, there was no evidence of significant genetic transmission.”

Eley TC, McAdams TA, Rijdsdijk FV, et al: The intergenerational transmission of anxiety: a children-of-twins study. *Am J Psychiatry* 2015; 172:630-637

“Direct environmental transmission is in line with developmental theories of anxiety suggesting that children and adolescents learn anxious behaviors from their parents through a number of pathways such as modeling.”

Eley TC, McAdams TA, Rijdsdijk FV, et al: The intergenerational transmission of anxiety: a children-of-twins study. *Am J Psychiatry* 2015; 172:630-637

Patterns that Make Sense ...& DON'T WORK

- Reassuring, rescuing & overprotecting
- Providing or creating certainty
- Identifying teen as a “worrier” because it “runs in the family,” overplaying genetic card
- Requiring family members, friends, & schools to accommodate the anxiety

Permanent

VERSUS

Temporal, malleable,
with positive expectancy

(closely related to rigid)

The DANGER of PERMANENT
When people were told:

Your depression is biochemical and genetic	Your brain's chemistry and genetic expression are malleable
↓	↓
More pessimistic about recovery	Increased hopefulness and optimism

Positive Expectancy...

David Yeager and colleagues asked and answered the question:

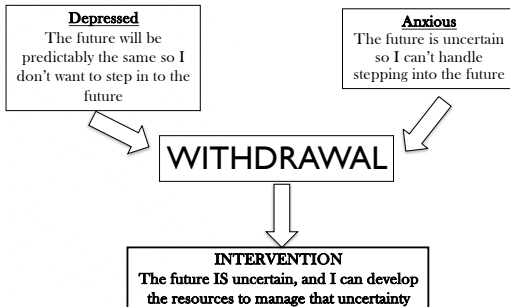
How will high school students cope socially when they are told that people have the potential to change “socially relevant traits”?

**How to Improve Adolescent Stress Responses
Insights From Integrating Implicit Theories of Personality and
Biopsychosocial Models**
Psychological Science August 2016 vol. 27 no. 8 1078-1091

From the NYT article by Jan Hoffman entitled
Teaching Teenagers to Cope With Social Stress

“At the beginning of the school year, students participated in a reading and writing exercise intended to instill a basic, almost banal message to help them manage tension: People can change.”

Anxiety and Depression: Their relationship to the future



When it comes to the “causes” of depression,
we don’t know too much...

- When researchers examine chemicals and neurotransmitters in the brain, questions remain.
- Diagnosis is not made by examining/measuring/having information about chemicals in the brain.
- Multiple etiological models (including biological, environmental, and interactional) of depression remain viable at present.

France & Lysacker. Professional Psychology: Research and Practice 2007, Vol. 38, No. 4, 411–420

Challenge:

A list of things that you or others
believed, but that you no longer
accept as fact

Avoidant, Defensive

VERSUS

Active, Autonomous, on OFFENSE

What does it sound/look like?

Avoidant/Defense Active/Offense

- I don't want to feel uncomfortable
- I need to know everything
- I can't move forward until I have calm confidence
- Why bother?
- Of course...
- I'm willing to not know
- I can experiment
- How can I step in
- I'm retraining my brain

I want _____

So I'm willing to _____

**Behavioral Activation
&
Exposure PLUS**

**Behavioral Activation
Exposure PLUS**

Challenge:

Get on OFFENSE...action over avoidance

Create an "exposure" that provokes worry

Allow brain to relearn...focus on the creation of new pathways

Internally focused (on feelings, thoughts)

VERSUS

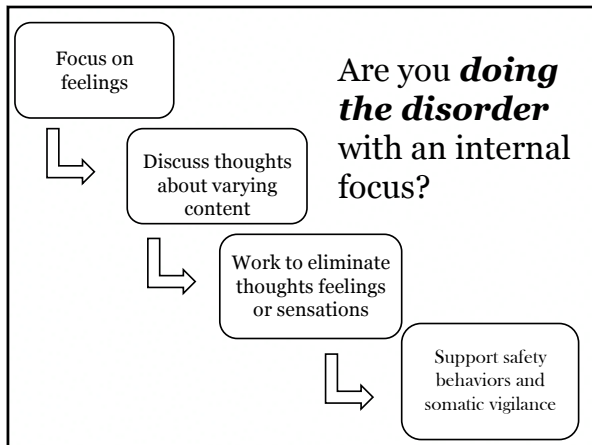
External focus

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

Just because you think it,
doesn't make it so...



Challenge:
A homework assignment that amplifies social connection and an external focus

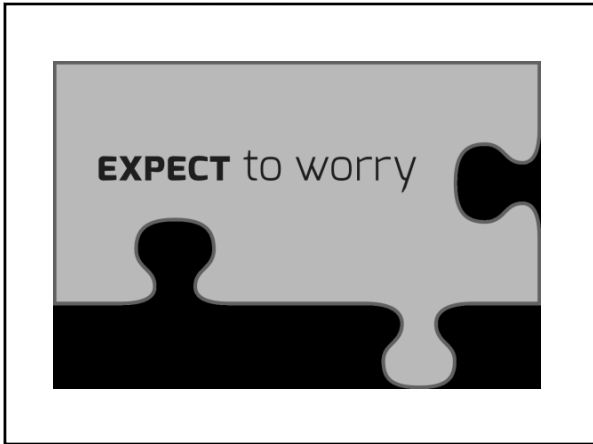
Relaxation PLUS:
What's the message
I want to convey during a
relaxation/meditation/hypnosis
session?

Citation for research

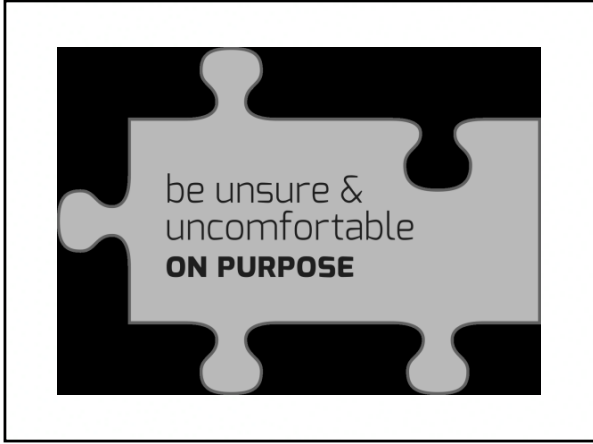
Stroud, C. B. & Fitts, J.* (in press). Rumination in Early Adolescent Girls: Interactive Contributions of Mother-Adolescent Relationship Quality and Maternal Coping Suggestions. *Journal of Clinical Child & Adolescent Psychology*.

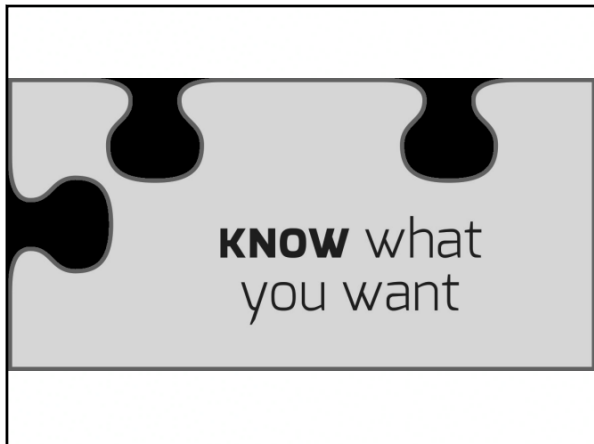
Parents, Outside Providers, and School Supports...

In a perfect world...
everyone on the same page







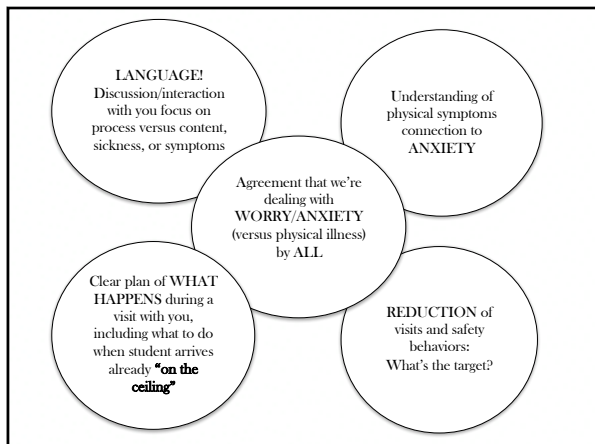


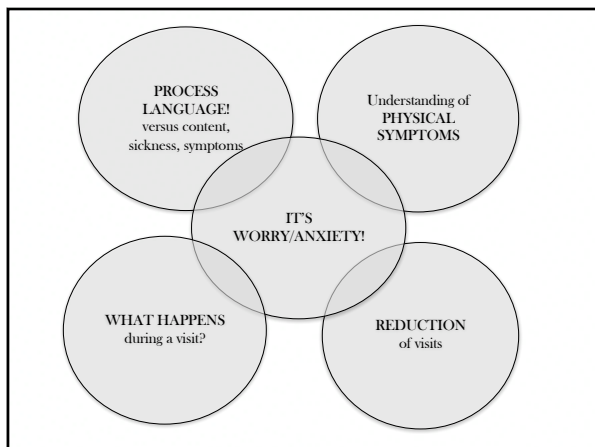
Know what you want

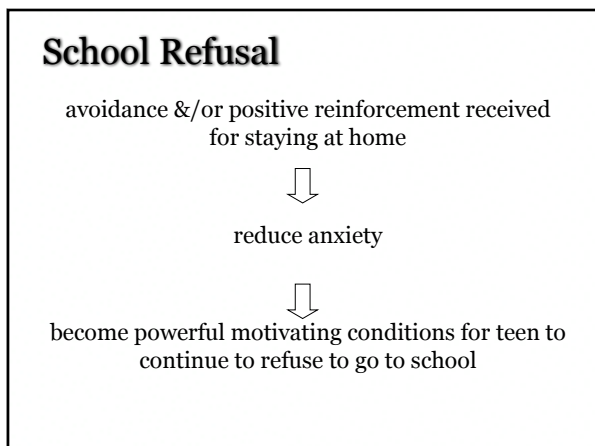
Reaching a goal requires finding a “WANT-TO” & then figuring out steps that will get you there

Working in/with Schools and 504 Plans

- Is this plan accommodating the anxiety?
- Does this plan address the teaching of skills that reduce anxiety?
- Is there a weaning-off component to the plan?
- What role will visits to the nurse have?
- What is the role of the nurse in the plan?
- Does the plan specifically address physical symptoms?







**Working in/with Schools and 504
Plans**

- Is this plan accommodating the anxiety?
- Does this plan address the teaching of skills that reduce anxiety?
- Is there a weaning-off component to the plan?
- What role will visits to the nurse have?
- What is the role of the nurse in the plan?
- Does the plan specifically address physical symptoms?

Components of a strong plan...

- Emphasize use of skills IN the classroom
- When student needs to leave classroom, have plans for use of skills in order to return quickly
- School staff & parents should be “speaking the same language” to and with the student
- Getting student into school is essential
- The danger of the “pick-up plan”

*Changing the reaction to
the anxiety....*

- **Expect:** *When does worry show up? What does worry say? What is the consistent theme?*
- **Externalize:** *Create distance from your worried thoughts and observe them*
- **Experiment:** *Take action, shift your focus, change your reactions...do the OPPOSITE and be on OFFENSE*

**Global, all or nothing,
black and white thinking**

VERSUS

Parts, differentiation

**Anxiety is strengthened by 2
internal processes**

- Rigid perfectionism (“It has to be done this way!”)
- An imagination that focuses on worst possible outcomes (“I know I’m going to fail that test!”)

When you create assignments:

- What is the skill you are building?
- What is the target you are aiming at?
- Does the teen understand and endorse the intent of the assignment?
- Is the assignment aligned with the “Want to”?
- Have you presented the assignment as an experiment with the purpose to *gather data*?

With OCD, Same Critical Concepts...

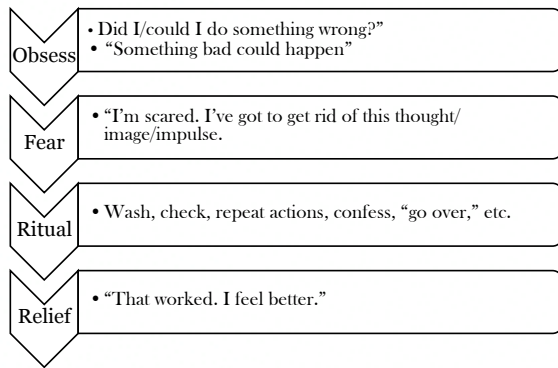
- **CONTENT DOESN'T MATTER!**
- We are eliminating NOTHING
- We have to teach an OFFENSIVE rather than a DEFENSIVE position
- Playful CONNECTION is the opposite of what OCD demands

Entanglement

The process of “fashioning meanings and warning signals out of passing mental detritus.”

—Seif & Winston (2016)

How OCD Controls Teens



Problems at School:

- School unaware of diagnosis
- Lack of information/knowledge in general about OCD
- Staff unknowingly reinforces OCD (particularly perfectionism)
- OCD intrusive thoughts treated as dangerous
- Accommodations are avoidance-based and content-based

Questions to spark your thinking...

- ❖ What do you do that's innovative?
- ❖ What differentiates YOU from other therapists that work with families and children?
- ❖ What rut do you think you tend to get stuck in?
- ❖ What limits you as a therapist? (internal or external)

Assessment is intervention

- "I had my assessment, and now I go back and discuss the treatment plan."
- "No one has told me what to do yet."

Building rapport is not a separate stage

Goals need to be clearly laid out

- What are the goals that you're working toward?
 - “The what?”
 - “We haven't talked about that. I'm not sure we're there yet.”

Psychoeducation and information matter

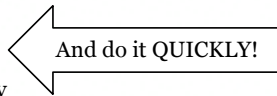
- What have you learned about anxiety/OCD/depression?
- What keeps the problem going and what makes it better? (What's the client's knowledge of what they're dealing with?)

Therapy (learning, changing, growing) is an active process

- What are you doing between sessions? What “homework” have you been given?
- How are you practicing what you’re learning in therapy?
 - “I don’t have any homework.”
 - “We are still looking for the root cause of the problem.”
 - “He doesn’t do that kind of therapy.”

Our job is to create...

- Momentum
- Hope
- Optimism
- Interest/Curiosity
- **Connection**



Thank you for joining me!

- Website: lynnlyonsnh.com
- Email: Lynn@lynnlyonsnh.com
- Facebook: Lynn Lyons Psychotherapist, Anxiety and Children
- To get my newsletter: Go to FB page and click on EMAIL SIGN UP, or email me and ask.
