

TEENS, ANXIETY AND DEPRESSION: ACTIVE STRATEGIES TO MOVE TEENS FORWARD

THURSDAYS: OCTOBER 11- OCTOBER 25, 2018 | 11:00AM - 1:00PM PST

WORKSHOP DESCRIPTION

Both anxiety and depression are on the rise in teens, and anxiety is currently the top reason why a parent brings a child to a mental health professional. Because an untreated anxiety disorder is one of the top predictors of developing depression as an adolescent or young adult, the need for prevention and more effective treatment of anxiety has become a critical focus of those that work with children and teens in many settings.

The most frequent complaint I hear from anxious families about unsuccessful treatment is that no one “told them what to DO.” Or that after a multi-session assessment or months of appointments, they didn’t have a plan or a clear understanding of HOW to respond when anxiety shows up.

This workshop will teach attendees HOW to give families immediate and effective tasks that weaken anxiety’s grip, move teens into an active approach to their anxiety and depression, and are likely different than what they have been taught previously. This intensive training will focus on HOW to interrupt anxiety’s cognitive patterns and thus head off depression with simple, process-based strategies that challenge the use of techniques that often inadvertently support the avoidance of anxious and depressive symptoms.

LEARNING OBJECTIVES

Attendees will learn how to:

1. Develop active assignments for teens and their parents that correct the common cognitive traps that bolster both anxiety and depression.
2. Explain the common cognitive and behavioural overlaps between anxiety and depression.
3. Recognize avoidant and safety behaviors that strengthen anxiety and depression.
4. Write effective behavioural plans and IEP goals for use in schools.



LYNN LYONS
MSW

Lynn Lyons, MSW, RSW is an internationally recognized psychotherapist, author, and speaker with a special interest in interrupting the generational patterns of anxiety in families. Her skill-based approach to anxiety focuses on the need to teach families about HOW anxiety works and what families can do to pull members out of the powerful “anxiety cult” that demands obedience to its need for certainty and comfort. Lynn’s approach uses humour, playful connection, and a constant focus on DOING, an umbrella strategy she has taught to thousands of professionals and families.

Lynn is the co-author with Reid Wilson of *Anxious Kids, Anxious Parents* and the companion book for kids *Playing with Anxiety: Casey’s Guide for Teens and Kids*. She is the author of *Using Hypnosis with Children: Creating and Delivering Effective Interventions* and has two DVD programs for parents and children.

She maintains a private practice in Concord, New Hampshire where she sees families whenever she’s not on the road teaching.



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

Lynn Lyons, LICSW
Lynnlyonsnh.com

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**

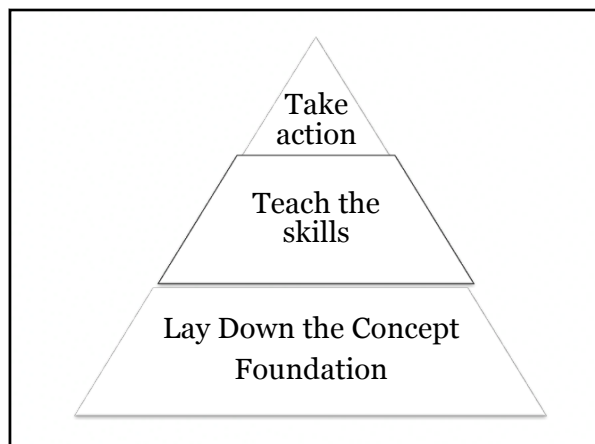
OUR MISSION:

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

and what do we offer instead?

THE BIG PICTURE **Critical Skills:**

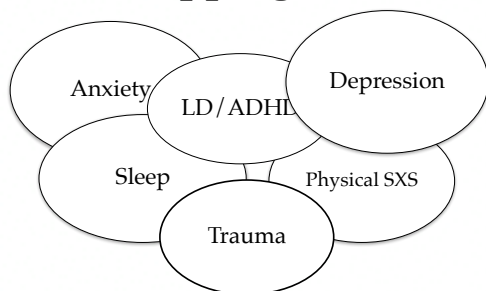
- *Expect and manage thoughts/emotions*
- *Practice flexibility/malleability*
- *React differently to thoughts*
- *Tolerate the uncertainty of life*
- *Problem solve (vs. ruminate)*



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?***

Overlapping Issues



FIRST & CRITICAL!

EXPLAINING THE RATIONALE

FRONTLOADING
with
psycho-babble-free
psycho-education

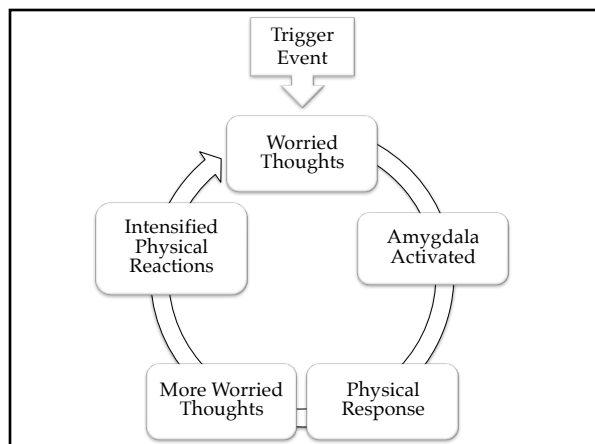
Take
action

Teach the
skills

Lay Down the Concept
Foundation

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

Content (not good)	Process (good!)
<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 	<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

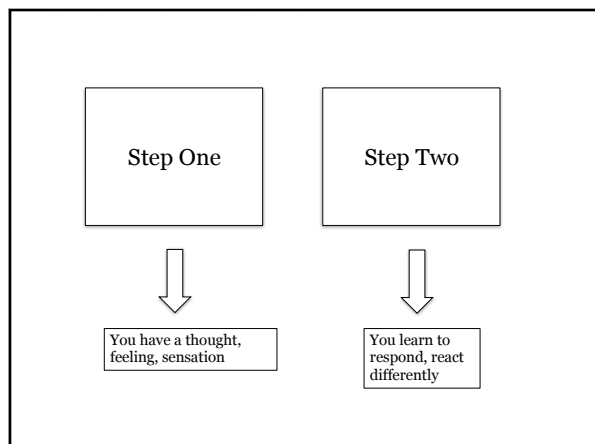


It's a paradox...

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

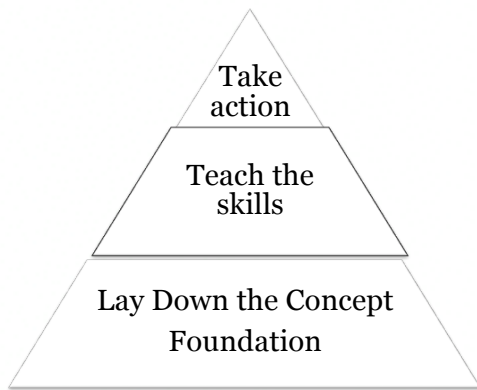
**Per Jean Twenge's article in
*The Atlantic***

- 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...?

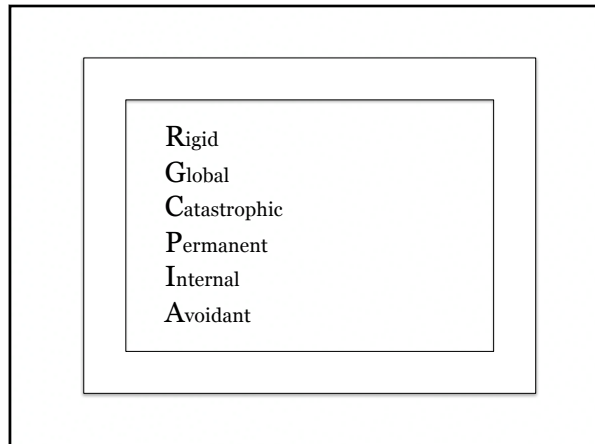
- What's the story your anxiety tells?
- If your anxiety/depression wrote a book, what would be the title?
- What your anxiety shows up, how do you respond?
- What do you need to learn?

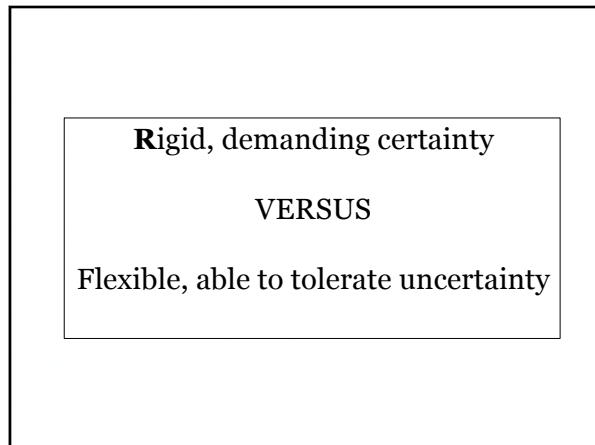
When I ____, I feel worse...

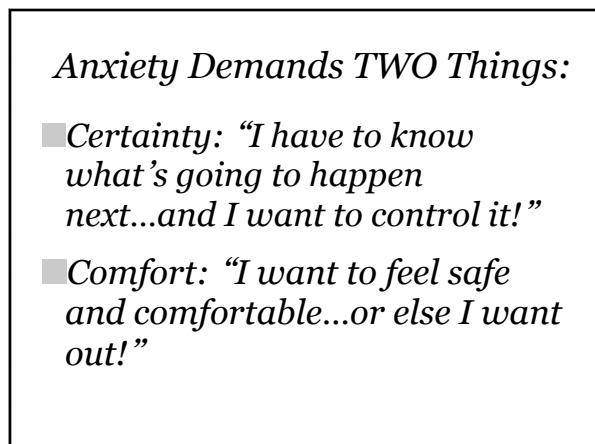
When I ____, I feel better...

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

- 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

- 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

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

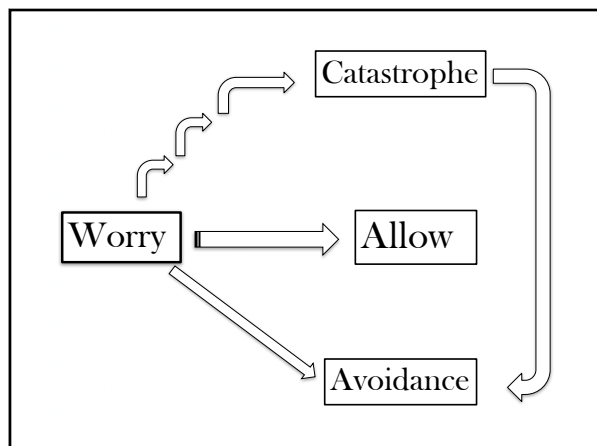
VERSUS

Problem solving, strength-based

Anxiety is strengthened by 2 internal processes

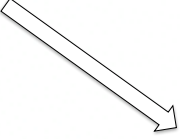
- Rigid perfectionism (“It has to be done this way!”)
- An imagination that focuses on worst possible outcomes (“I know I’m going to fail that test!”)






We want to demote
anxiety & worry...

• **CRISIS**



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

Catastrophic Parenting



“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:

<p>Your depression is biochemical and genetic</p> <p>↓</p> <p>More pessimistic about recovery</p>	<p>Your brain's chemistry and genetic expression are malleable</p> <p>↓</p> <p>Increased hopefulness and optimism</p>
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Positive Expectancy...

David Yeager and colleagues asked and answered the question:

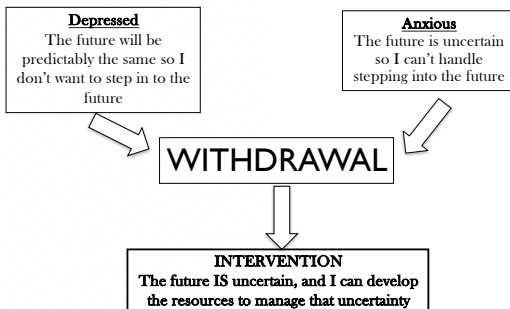
How will high school students cope socially when they are told that people have the potential to change “socially relevant traits”?

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

- | | |
|--|---|
| <ul style="list-style-type: none">• I don't want to feel uncomfortable• I need to know everything• I can't move forward until I have calm confidence• Why bother? | <ul style="list-style-type: none">• 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

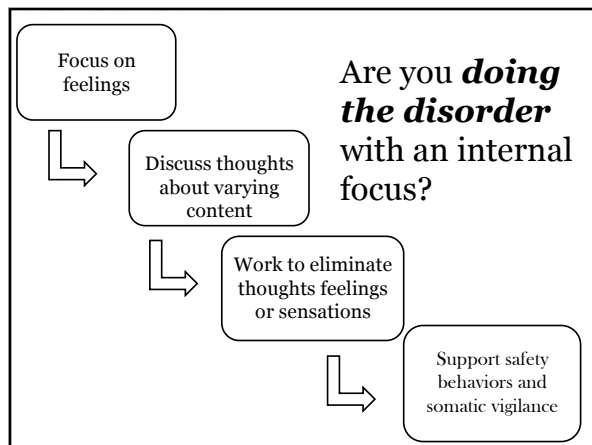
External focus

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:

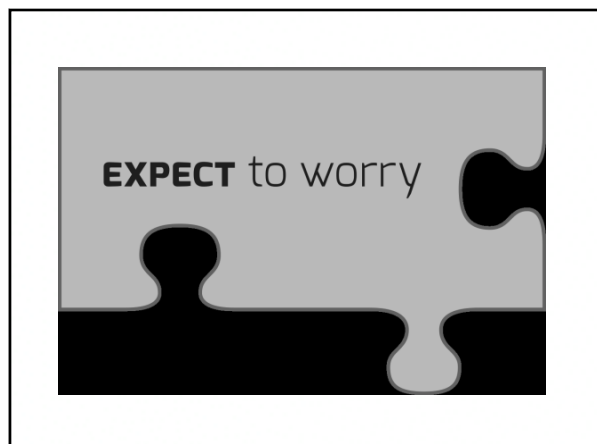
What's the message
I want to convey during a
relaxation/meditation/hypnosis
session?

Citation for research

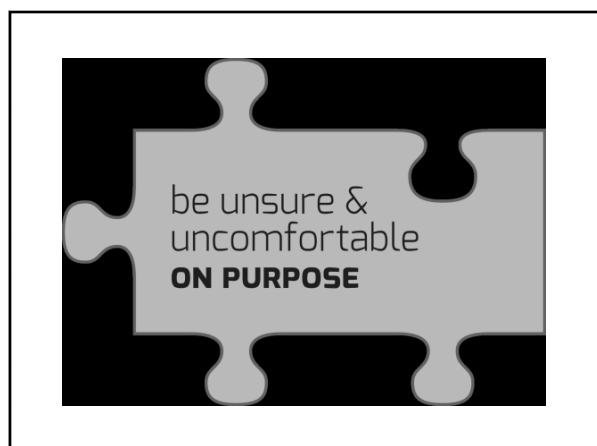
Stroud, C. B. & Fitts, J.* (in press). Rumination
in Early Adolescent Girls: Interactive
Contributions of Mother-Adolescent
Relationship Quality and Maternal Coping
Suggestions. *Journal of Clinical Child &
Adolescent Psychology*.

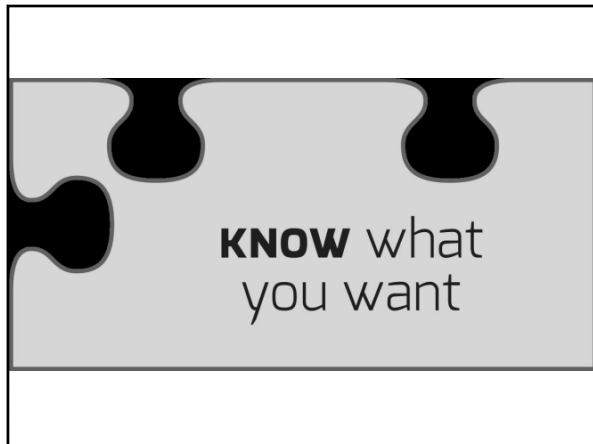
Parents, Outside Providers, and School Supports...

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







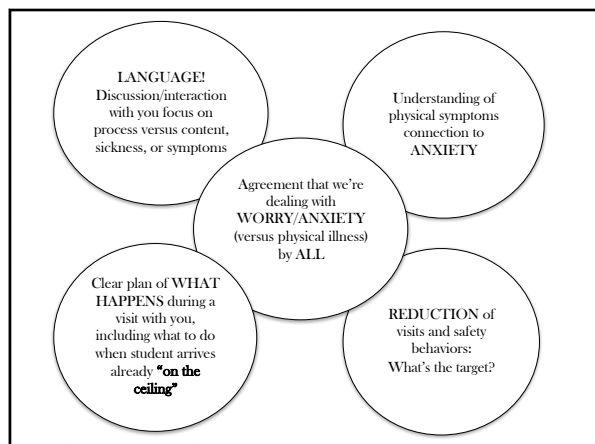


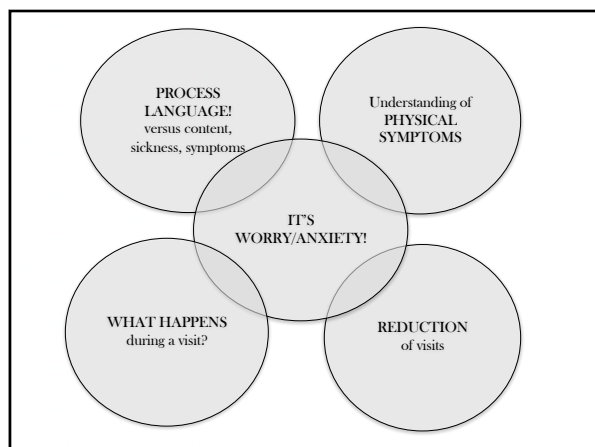
Know what you want

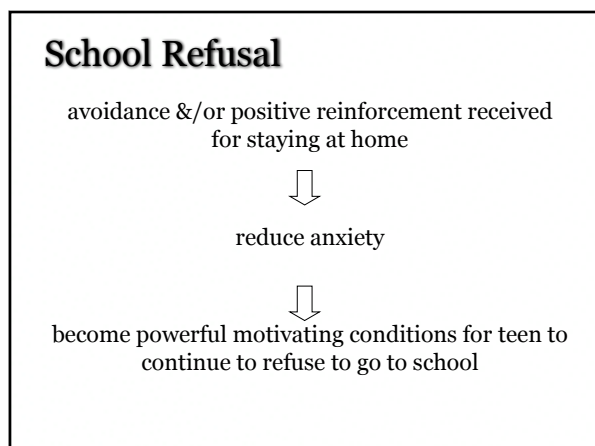
Reaching a goal requires finding a “WANT-TO” & then figuring out steps that will get you there

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?
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- What role will visits to the nurse have?
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- 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!

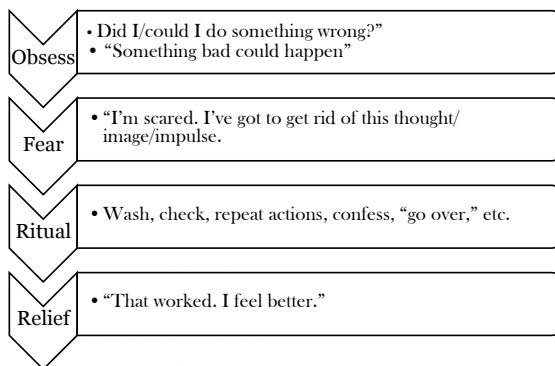
- We are eliminating NOTHING
- We have to teach an OFFENSIVE rather than a DEFENSIVE position
- Playful CONNECTION is the opposite of what OCD demands

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

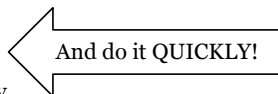
- What have you learned about anxiety/OCD/depression?
- What keeps the problem going and what makes it better? (What's the client's knowledge of what they're dealing with?)

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.
