

*Scripts and
Strategies in
Hypnotherapy
with Children
For Young People
Aged 5 to 15*

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Chapter One

A Solution-Focused Approach

Differences between Working with Children and Working with Adults

Children are usually very open to hypnotherapy and they generally have fewer misconceptions about it than do adults since children, the younger ones at least, have not seen or heard of stage hypnosis.

Perhaps the biggest differences in working with children are in the degree of formality employed in terms of the structure of the session, the techniques used and the style of interaction with the child. Children tend to be accustomed to using their imagination; they live in it on a daily basis, switching easily from being a dinosaur, to a knight, to a Dalek or to a nurse in a matter of minutes. When I ask children to see a picture of themselves at school, in their bedroom or at the dentist, for example, I rarely encounter the response I sometimes get from adults who say that they can't visualise the images or colours; children just do it. Similarly, if I ask a child to make a character bigger or smaller, it is done in a trice, which leads me to another difference in working with young people: the sessions often progress far more quickly than ones with adults.

Considerations

Always be prepared to use children's metaphors when they are offered, since theirs will generally be far more effective than any you have dreamed up in advance. Children will identify intensely with their own ideas, characters, language and metaphors and thus have a more personally meaningful experience when their ideas and vocabulary are accepted and used.

A child's age is an important factor to take into account, as it will affect his or her level of understanding of the concept of hypnosis. Having said this, chronological age can be very misleading; some 10 year olds are 'going on 16' and others are more like naive 8 year olds. Older children may have seen television programmes that show stage hypnosis, and so may have certain preconceptions about what is going to happen in the session. Think in advance about how you are going to explain to children what they are going to do and how the process will help them. Two or three stock ways of explaining the process to different age groups should be available. With younger children I usually talk in terms of having a 'special' part of their mind that is going to help them stop sucking their thumb or learn how to have dry beds while in a kind of daydream. Or I may ask them to play a special imagination game with me. If speaking to an older child, I generally use an explanation similar to the one I use with an adult perhaps substituting the words 'inner mind' for 'unconscious mind'. I find that almost everyone understands the concept of an unconscious mind when I interrupt what we are talking about to ask the name of their favourite TV programme or if they know their phone number. Once they have answered, I point out that, although they were not consciously thinking about it beforehand, the number was stored in their unconscious (or inner) mind along with other memories, feelings and the knowledge of how to do all kinds of things, such as walking, using the computer or sleeping. These examples can be changed according to the interests of child, his or her age and the presenting problem.

A child's ability or willingness to relax for long periods of time is, in part, determined by his or her age. Young children will wriggle about, often prefer to keep their eyes open, may physically act out your suggestions and appear far more 'awake' than their adult counterparts. They are likely happier engaging in a Neuro Linguistic Programming (NLP) procedure than in a standard 'adult' relaxing induction. At the same time, you can find exactly the opposite response. With the right degree of rapport, using the most appropriate induction for the individual child and given the right 'mood of the moment', even the youngest of children can surprise you by enjoying a deeply relaxed, even sleepy state of hypnosis. However, just because this has happened on one occasion, doesn't mean it will happen again the next visit. The same child may be less tired at the next session or just feel like having

a more active interaction than before. The best advice is to always be on your toes and ready to swap a planned out approach for one that seems more appropriate at the time!

The age range I am focusing on in this book is from about 5 or 6 years old to 15 years old (although I have included the occasional script which could be used with children as young as 4 years old) but it is important to remember that anyone under the age of 18 years old is considered a minor in the eyes of the law in England and many other countries. I highly recommend that therapists working in private practice with children investigate and comply with the legal requirements and safeguards that apply in their own country. This step is essential for the protection of both the child and the therapist. For the safety and comfort of all concerned I am very happy to have a parent in the room, but I am careful to explain beforehand that generally I will be speaking to the child directly rather than about the child to the parent. This brings up another difference when treating children: parents and children may have different agendas regarding treatment goals and these may be either explicit or covert. For example, a child may feel perfectly happy just to improve classroom behaviour so as not to get into trouble at school whereas parents may feel that treatment has not been successful unless the child has stopped being difficult at home. It may be that such discrepancies need to be brought out into the open; how, when and where this is done will depend on individual circumstances.

When I speak to the parent initially, usually on the telephone, I explain that however young the child may be, it is important to set up the appointment so that the child *wants* to come. When children feel they are being dragged along against their will, they are unlikely to respond positively. I normally suggest that the parents say something along the lines of, 'We've spoken to somebody who has helped lots of other children to stop sucking their thumbs (or whatever the presenting problem may be) and she thinks she could help you too, but only if you want her to help you. What do you think?' This puts the onus of choice and responsibility on the child and lets the child know that you (the therapist) are on his or her side. In fact, when I first meet children I also check out that they really want me to help them, and it isn't just their parents who think it's a good idea. Normally, children are a bit surprised that I am asking and the interaction helps establish rapport.

Although it is important to sound confident about the likely success of treatment, words should be chosen carefully when talking to the child so as not to engender feelings of failure if the treatment doesn't work as quickly as expected, or indeed occasionally, does not have an effect at all. It is good to be confident but also include various possibilities: 'Usually children come to see me two or three times to sort out this kind of problem but everybody is different and you will do it in your own time and in your own way. Who knows, you might only need this one visit!'

It is important to explain the approach to parents before treatment begins and to gain their commitment to supporting the work to be done. This may mean practical support in terms of limiting drinks at bedtime in the case of nocturnal enuresis or it may mean more nuanced support in asking them to change the way they talk about the problem. A change of tense can be very significant; it can set the original problem firmly into the past and allow the possibility of change once the treatment has begun by simply learning to say, 'He *used* to wet the bed nearly every night' rather than, 'He *always* wets the bed every night'. It is also wise to explain that, although change sometimes comes immediately, it can also happen gradually with the occasional setback if a child is tired or unwell. It is important that parents avoid making negative statements such as, 'Oh, he's gone back to square one this week' and instead describe the situation in a way that doesn't defeat the child, such as, 'There have been a few blips this week because he hasn't been feeling well'. The most helpful thing parents can do is to acknowledge positive change wherever they notice it, and be supportive and not make an issue of it if there is little or no immediate change.

Summary: Things to do – Things to remember

To do:

- Check out legal and safety procedures and requirements when working with children.
- Prepare some age-appropriate explanations of hypnosis.
- Gain parental support for your approach between sessions.
- Speak directly *to the child* rather than *about the child* during the session.
- Use the child's own ideas.

Remember:

- Positive language is important.
- The session is more informal.
- Children show a willingness to use their imagination.
- The progress of the session can be extremely fast.
- Expect the unexpected.

A Word About the Solution-Focused Approach

The Brief Solution Focused Model of therapy was originated and developed in the 1980s by Steve de Shazer, Insoo Kim Berg, Larry Hopwood and Scott Miller at the Brief Family Therapy Center in Milwaukee, Wisconsin, in the United States. Steve de Shazer published the model in *Keys to Solution in Brief Therapy* (1985) and *Clues: Investigating Solutions in Brief Therapy* (1988). Here is not the place for a detailed discussion of the solution-focused approach but the interested reader will find a list of books and helpful web-sites at the end of the book. Suffice it to say that taking a generally forward-looking approach with children is very safe and will normally bring very positive results. In my opinion, general regression techniques are out of place with children except in special instances by those with very specific training and qualifications.

Basic Structure of a Solution-Focused Session within a Hypnotic Framework

When you use the following structure, adapting it, leaving out parts and doubling back as appropriate, you will find that the therapy is already taking place as you ask the questions. You will be putting across to clients that change is possible/likely/inevitable so that they fill in the details of the achievement scenario in their own minds. By the time you come to the hypnotic script, you may merely be reinforcing a change already made or, at least, begun.

Find Out About the Problem

- I spoke to your mum on the phone and she told me a bit about the problem as she sees it. Can you tell me a bit more about how you see it?

If the problem is embarrassing, such as bedwetting or soiling, it is better for you to mention it first in a matter-of-fact way so that it is easier for the child to talk about it. Ask parents beforehand how their young children refer to the problem and use their language where appropriate. Following are some examples of questions that appeal to different personalities, genders, ages or cultures.

- Your mum told me that although you don't have any problems in the daytime, you aren't having as many dry beds as you would like at night. Is that right?
- Mummy told me that sometimes your poos pop out into your pants without you noticing it. Does that happen more when you're busy playing or when you are watching TV? How would you like it if they only popped out when you want them to? How would it be if we try to find out more about when and where it happens so we can help you to feel more in charge?

Find Out What They Want To Achieve

As with adults, but perhaps particularly with children, it is important to wait to hear what a child has to say before making a hypothesis about cause and treatment. Listening actively will give you the required information and suggest a suitable strategy for the first treatment session.

- What would you like me to help you with today?
- In a perfect world what would you like me to help you do?
- If you had a magic wand, what would you want to happen?
- If you had three wishes to change the way things are, what would you wish for?

- Suppose we could ask the magic fairy to sprinkle fairy dust/ the wizard to cast his spell/ Harry Potter to cast his spell, what would be different tomorrow?
- Suppose a miracle happens tonight when you're asleep and when you wake in the morning the problem is completely sorted out, what would be different?
- Suppose Father Christmas came early this year and sorted out this problem and that was his present to you, what would be different in your life?
- How will you know next week that it was worth coming to see me today? What will be happening that is different from before?

More Detailed Questions about the Achievement Scenario

- Once you have sorted out this problem, what will you notice first that is different? What then? What next? How does that make a difference to you? What's better about that now? How is that better for you? (*Notice the deliberate shift to the present tense, which has the effect of encouraging the mindset that change is possible.*)
- What else will have changed? (Translate absence of symptoms into beginnings of new behaviours, for example, 'Oh, so you won't be frightened of going into school now. That's good. How will you be feeling instead? Will this mean you can walk in on your own or will you be chatting with your friends? What will you be doing instead of crying?')

Relationship Questions that Further Enrich the Achievement Scenario and Allow You to See the Family's Attitude and Reactions

- What will your mum/dad/best friend/grandma/sister/brother/teacher/teddy/dog/worst enemy see you doing that will let them know that you have made an amazing change?

Work through a good selection of these questions, making sure to include people the child has told you are important.

- What will you notice that's different about your mum/dad now that this change has happened/now that you are having more dry nights/now that you aren't sucking your thumb/now that you aren't pushing your sister anymore?
- Who else will notice the change? What will they think/feel/say?

Ask questions that include a mix of visual, auditory and kinaesthetic modalities to ensure maximum appeal and involvement in all the senses.

Exception Questions

- Are there times when some of this already happens/the spell already works/small parts of the miracle already happen/things go just the way you want them to/you already know how to do this?

Exception questions are very important as they provide information about when, where or why a problem-behaviour does or does not occur already. Answers here will allow you to discover useful strengths, qualities or behaviours that the child already possesses or uses. If the child doesn't provide answers, you can set a 'noticing task' for homework, for example, 'What I'd like you to do over the next week is just to notice all the times when you manage to control your temper and come back and tell me about them next week. Will you do that?' Not only are you giving the child a positive 'noticing task', you are also offering an implicit suggestion that there will indeed be times when he or she manages to carry out the desired behaviour.

Scaling Questions

- On a scale of 0 to 10, where 10 means the nervous feelings are the worst they've ever been and zero is when you are completely laid back and calm, where are you now? *(Or you can*

reverse the numbering system since children often prefer to move up a scale rather than down.)

You can scale any kind of behaviour, thought or emotion and this gives you useful initial information. It can also mark the progress in the next session: 'Last week you were at 9, where are you now?' It can allow all kinds of other questions to be used that help move the patient forward such as, 'If you are at 5 now, and at 10 you wouldn't be nervous at all, what would be different if you were at 7?' This question breaks down the goal into smaller steps that may be more realistic and more manageable. You can use prediction questions such as, 'Brilliant! You've gone from 3 to 5 in a week! What number do you think you are going to be on next week when you come back to see me? Oh, great. You'll be at 6 and a half. What will you be doing differently when you are at 6 and a half?'

You can use scaling with much younger children too; you can draw a hill on a flipchart or page and give them the pen to show you how far up the hill they will be next time they see you. You can simply get them to show you with their hands how high or low they will be or have them build a tower of bricks. You can use your imagination to think of other examples but best of all, you can use theirs. They are likely to be even more imaginative than you are and the whole interaction becomes an enjoyable game in which they are already stretching or breaking through their comfort zones.

'Anything Else?' Question

Before moving on to any hypnotic intervention, it is useful to ask one of the questions below. It is sometimes the answer to this question that yields the most enlightening piece of the jigsaw puzzle, the one that helps you to conclude the therapy successfully.

- Is there anything else you wanted to tell me that I didn't ask?
- Is there anything else important that you think I should know/I forgot to ask you about?
- Sometimes the tiny things are the really, really important things. Are there any tiny things you can tell me that I didn't ask you about?

Hypnotic Intervention of Your Choice

Example of an intervention suitable for almost any treatment session

- Compliment the child on his or her part in the session.
- Gentle ‘day-dreamy’ induction (see Chapter 2). (Or you may choose to use a visualisation or NLP technique with no induction.)
- A means of letting go of worries and anxious feelings (see Chapter 7).
- Guided imagery of the achievement scenario using all the personal information you have gained in your solution-focused questioning.
- Find a way to include compliments on the child’s strengths/qualities that will be instrumental in achieving the goal.

Set a Suitable Homework Activity

- A ‘Noticing’ Task:
 - Notice what happens when you drink lots and lots of water during the day but don’t drink after 7 o’clock.
 - Notice how your teacher reacts when you stop pushing your classmates.
- Spend 2 minutes before you go to sleep imagining exactly what you *want* to happen (*not* what you *don’t* want to happen).
- Listen to a supporting CD every night (if you have made one or suggested one) (see Resource Section).
- Suggest that they do something different this week without telling anybody what they are doing. See how it alters the problem and see if anybody else notices. Offer an example of something carried out by another child in a different situation so they understand what you mean: ‘Somebody I know decided to count to 10 before answering his dad back just to see what difference it made’ or ‘Somebody else decided to put

“This book demonstrates the author’s most excellent understanding of the uniqueness and complexity of each young client and offers the reader a perfectly constructed springboard from which to execute his or her own individual therapeutic delivery. A totally accessible manual, written with an obvious passion and sensitivity for the needs of the child.”

William Broom, Chief Executive, The General Hypnotherapy Standards Council

“I have often looked for a book like this on working with children, and this is an excellent volume.”

Ursula James, Visiting Teaching Fellow, Oxford University Medical School

“Those who treat children regularly will find this book a valuable addition to their bookshelf. It contains a wealth of useful advice, guidance and information when dealing with children and teenagers. It is clear, well written and comes from the pen of a therapist with great experience and skill in treating young people.”

John S. Hempstead, Chairman, British Society of Clinical Hypnosis

“... delightfully imaginative; her language is permissive and she includes ego-strengthening in every script to foster self-esteem and self-efficacy. ... a wonderful resource for working with children.”

Linda Thomson, PhD, MSN, CPNP

“... this rich volume captures the confident, positive, warm and imaginative spirit that embodies creative hypnosis with young people then distills it into an enjoyable and practical solution. I will use it a lot.”

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“At last, the book our profession has been waiting for ... Lynda is the acknowledged expert on the use of hypnotherapy with children and her many years of experience are shared and reflected in the information, protocols, and creative and inventive scripts contained within this volume. ... an essential addition to any therapist’s library.”

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“If there was a Booker Prize for Hypnotherapy texts this would be way up there on the top of my list!”

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