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PRACTITIONER ACADEMY

Practitioner Diploma

Module Thirteen

Module Thirteen

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Learning Outcomes For Module 13

BY THE END OF THIS MODULE, YOU WILL:

- Have an understanding of the principles for working with children and teenagers.
- Have an understanding of specific strategies for treating children and teenagers.
- Have an understanding of the legislation with regards working with children and teenagers.

Basic Principles for Treating Children

CONSENT TO TREATMENT IN CHILDREN (MENTAL CAPACITY & MENTAL HEALTH LEGISLATION)

Generally speaking, all people aged 16 years and over are presumed in law to have the capacity to consent to treatment unless there is evidence to the contrary.

This means a person aged 16 or over can attend for treatment unaccompanied.

For children under 16, 1 parent or adult should be present in the session unless both child and parent/ guardian give consent, owing to “Gillick Competence”.

NOTE

Gillick Competence essentially means that the child has displayed relevant competence that they are able to make their own decisions and would prefer their parent/ guardian not to be there or involved in the process.

In such cases the child must display *‘sufficient understanding and maturity to enable them to understand fully what is proposed’*. These principles were adopted with regards to Mental Capacity and Mental Health Legislation.

In practice with regards helping children using therapy in private practice, always assume that one parent or guardian will be present up to age 16, at which point you can give them a choice.

If, however, a child starts looking awkward because they don’t want to say what they are thinking in front of mum or dad, it is fine for mum or dad (or guardian) to offer to step outside for a while provided both are happy. This usually only occurs in

children aged 12-15-ish, but it is much more common for the parent/guardian to remain throughout.

Also bear in mind that just because a 17-year-old doesn't need to be accompanied, doesn't mean they have to be unaccompanied. Many teenagers and even younger adults like a parent to be there with them first of all, especially for the initial chat, but once they get comfortable are happy for the parent to step outside.

AGE SUITABILITY FOR TREATMENT OF CHILDREN

I usually only treat children from about age 7 or 8 years old upwards, depending on the child's ability to interact.

I need to be able to capture the child's imagination and whilst I have been able to do that in children as young as 5, there is much greater chance of a successful outcome as the child's ability to interact increases. This ability to interact usually increases with age, though there are of course exceptions.

NOTE

I did once have two people bring their 12-month-old baby to see me requesting that I hypnotize it to go to sleep! If only ...

AGE RANGE OF TEENAGERS

Children aged thirteen and adults aged nineteen both count as teenagers, but we obviously have to take into consideration the difference in maturity.

One thing I am always looking to work out is which “level” to talk to the person at. Some young children are very mature for their years, can cope with more complex concepts and hold excellent conversations; others are quite the reverse, seem to grasp very little and the proverbial blood out of a stone comes to mind.

The main point to bear in mind is to avoid any kind of pre-judging or assumption and work at the level of the client.

The Treatment

When treating children (& teenagers) I will always treat them as the most important person from the moment we meet. The information that follows is aimed at the wording for the treatment of younger children, but the same principle applies for teenagers, you just may need to adapt the wording slightly.

BUILDING RAPPORT

When I open the door to greet them, (or connect via zoom) I will always say, “Hello, you must be [name]” to the child first and then, “Hi you must be mum/dad”.

I will then direct the entire conversation to the child, ignoring the parent as far as possible (but not in a rude way!).

“Did you find the building OK?” “Where have you just travelled from?”, etc., or something similar.

The parent will usually interrupt and answer, but I ignore them and respond to the child as if they have answered. The parent will keep doing this & I will keep ignoring them and soon they get the idea without me needing to state it aloud.

When we finally sit down, I usually put the child in a seat facing me with the parent nearby but just a little behind the child, so the child cannot easily see the parent directly, without turning around. This way the child can feel reassured that the parent is there, but it makes it easier for the child to engage with me, rather than look around to mum or dad for reassurance before answering questions.

NOTE

I learned that allowing only ONE parent or guardian into the session is much more productive than having both. Two parents seem to overwhelm the child and make it too ‘parent heavy’.

I also learned to inform parents of this beforehand, to avoid incurring the disappointment or frustration of a well-meaning parent who has taken time off work etc., unnecessarily.

GETTING THEM TALKING

I will rarely go straight into discussing the problem. Instead, I want to get the child talking and chatting at ease so that they can relax and open more and feel it is OK to say the things they wouldn’t normally say.

To begin with, I will just ask lots of general questions to get the child talking about themselves and their life.

What do you like at school?

What don’t you like?

Favorite teacher, subject etc.?

Worst teacher? Worst subject? Most boring?

(I want them to be able to laugh and joke and smile).

What do you like to do at break? (Pretend your mum is not here)

Friends

Who lives at home?

Interests

Books

TV

Pets

Keep this all very relaxed, casual, fun but adapt your tone and wording relevant to their age. (i.e., you would speak very differently to a 15-year-old than you would to a 7-year-old!)

You are aiming to:

- Put them at ease and build rapport.
- Find out if they have a superhero.

After you feel they have opened and given you lots of general info about themselves, you can start to gather info about their problem ...

“So, do you know why you are here?”

Sometimes they will say yes and be able to answer. Sometimes they will look awkward, in which case you can say, “Shall we ask mum or dad to explain for you?”

If they say “yes”, turn your attention to the parent and ask them to explain. When they have finished, turn back to the child and ask if that makes sense and they agree with what their mum/dad have said.

In fact, if I ever need to speak to the parent, I ask the child’s permission first.

E.g., “Is it OK if I ask your mum/dad a question?”

I will use ‘Fluid Questionin’ ’type questions to help me understand as clearly as possible the child’s experience of the problem, because often the real problem will be different to what the parents think it is.

E.g., I recently saw a 9-year-old for an OCD type behavior, where the child was repeatedly touching the ground or nearby walls (two touches on each) for no apparent reason. However, after some fluid questioning, I discovered (much to the mum’s surprise) that the child had seen some scary films involving evil spirits and possession and was scared it would happen to him. The OCD behavior was designed to keep him safe. i.e., “As long as I touch the ground and touch the walls twice, they won’t get me.”

Once I have good understanding and enough information, I will move on to the Treatment Process itself.

Treatment Process

The majority of the methods we use with adults can be adapted for children, but we obviously have to take a little more care, because although the child may want help, they may not be enamored at being brought along and sat in front of you to reveal their innermost thoughts.

Very often, the ‘answer’ will be fairly obvious from the initial chat, so it is just a case of deciding the best way to treat it.

Treatments That Work Well with Children Are:

- Visualisation
- Swish
- The “Blow Away” technique (see separate sheet).
- Expressing the unexpressed (to a school bully, inattentive parent etc.)
- Rational explanations once you have understood the irrational fear.
- Or simply finding out what they don’t want, converting it to what they do want and helping them focus on that.

PRACTICAL TIP

One of the simplest ways to help children is to ask them what they think they need, in order to overcome their problem. The answer will often be extremely revealing and can then be incorporated into a swish, a visualisation, a blow-away or whatever you feel appropriate.

HAVE THE PARENT GO THROUGH IT TOO

Whatever treatment I use, I have the parent go through it too! The last thing I want is the child worried about feeling self-conscious, so if they open their eyes to peek, I want them to see mum or dad relaxing with eyes closed as well. However, I don't tell parents this before they book the appointment – I just drop it on them as we are about to start (usually much to the child's amusement).

END OF SESSION

At the end of the session, I want to make sure both child and parent are OK and have an understanding of what we just did but I want to avoid too much discussion from the parent. If they try and start up a conversation, I'll answer as briefly as I can and simply say that I'll send them a message later.

If I have used the 'Blow-Away' then I may "strike-a-deal" etc. and remind them of that.

If it were an older teenager and they stayed in the session by themselves, I would first get agreement with what they did – and did not want me to say to their parents.

Sometimes they are grateful for me being the one to explain something on their behalf; other times they want no mention made and will often not say a word to their parents.

CONFIDENTIALITY

Confidentiality is just as important with children and teenagers as it is with adults. Obviously, if the parent and child are in the session together then they are both aware of all the information that comes out. But if the parent was not present it is still absolutely vital to get the child permission before relaying anything to the adult.

The only exception is if there is fear of risk of danger to the client or another.

E.g., On one occasion I had to message the mother of an anorexic teenager who had revealed something to me that was potentially life-threatening to her (the daughter). She (the daughter) was angry at first, but later thanked me for doing what she was too scared to do herself.

Neil French ‘Blow Away’ Technique

(My Adaptation)

Aim

This is a simple but powerful technique for working with children. The aim is to help the child have some sort of abreaction or realization, without them needing to necessarily share any content of their inner thoughts and feelings. It is particularly useful where you don't really know the cause of a problem.

Principles

Create a visualisation where the child is able to explore a range of emotions, link those emotions to possible causes or associated memories and then face up to and release those emotions, in a safe way – without having to even talk about them.

Initial discussion

As per Basic Principles, to obtain rapport, identify the feelings or behavior the child is wishing to change and identify hero-figure that means something to the child. (Can be from book, film, TV, sports person or close relative, for example – must be someone who can give the child courage).

The Hypnosis

Get the parent to join in. (What you don't want is the child sneakily peeking to see what mum or dad are doing, and have mum or dad staring at them. If mum or dad have their eyes closed relaxing, the child will then usually comply and get on with it.)

Do a very simple induction – just a few minutes at most (child will get bored otherwise).

Create a visualisation where the child meets their hero-figure in order to go on an adventure.

The visualisation I often use is ...

“You are on top of a lovely hillside. You walk down the hill to a gate at the bottom, which creaks as you go through. This leads you into lovely woods, with sunshine through the trees, crunchy leaves and twigs beneath the feet.

Up ahead, you see what looks like a clearing but turns out to be beautiful, deserted beach. You kick off your socks and shoes, feel the warmth of the sand on your feet and between your toes. You walk to the water’s edge where the gentle lapping of the sea is soothing and cooling on your feet, compared to the warmth of the sun on your head and face.

You walk along the beach, and see a large comfortable chair, facing out to sea. As soon as you think of that chair, you are there, and when you sit in it, it is the most comfortable chair you have ever experienced.

You look along the beach and see a figure who you recognize, coming towards you. You feel safe and secure and are pleased and surprised when you realize it is [hero-figure]. [Hero-figure] smiles and says hello, and then tells you that he/she has come to help you. That you are going on an adventure together so that you can solve a problem you’ve been having.”

Then, within the belief system of the visualisation, ask the child to think of a feeling and, go seeking and searching back and back in time to find a younger version of themselves, connected to that feeling.

Variations of a time machine often work well ... e.g. *“And what you didn’t realise is that this chair is actually a time machine and you are at the controls. [Hero-figure] tells you to close your eyes and relax even more now, as he/she is with you and coming with you”*.

“You are going back in time looking for feelings and emotions. I want you to think of a [e.g., sad] feeling. Think of feeling really, really, [sad], and let that time machine take you back and back in time now, seeking and searching, linking and connecting to something, somewhere, sometime, some place, a younger you, a thought or a memory perhaps, of a younger you, connected with that really, really [sad] feeling.”

You can ‘assume’ when they have found one by observing, or you can ask via finger movement.

“And when you have found a thought or memory of that younger you, just let me know by raising one of the fingers on your right/left hand”.

Now I want you to look at that younger you, maybe even look into that younger you’s eyes and as you do, just gather all that feeling up now, just gather it all up and, as you breathe out, just blow it all away, just blow it all away, that’s right”.

Breathe/blow out yourself as you do that. Encourage the child to do so as well, especially if they are ‘tight-lipped’ at first.

“Just open your mouth slightly and breathe it all out, that’s good.”

Use lots of reassurance throughout ...

“That’s good, that’s right, take your time, you are doing really well”, etc.

You can continue and just make an assumption when they have finished, or you can ask for a signal.

“That’s right, just keep blowing it all away now and when it’s all gone, you can let me know by raising that finger on your right hand again. That’s right, take your time, just let me know when it’s all gone.”

When you get the signal or feel it is time to move on ...

“Well done that’s good. Now you can give that younger you a hug or a smile and let him/her go off and play or head off to that beach to catch up with you later, whatever you prefer.”

Reassurance from hero-figure before repeating with the next feeling/emotion.

“[Hero figure] says ‘well done’ take a break for a moment to clear your mind and relax, because we are about to head off on another adventure. Only this time it is a different feeling. This time we are looking for a [e.g., angry] feeling ...

(repeat whole process for a range of emotions e.g., Sadness, Anger, Scared, Worry, Feeling All Alone, Bad, Guilty, Ashamed, Embarrassed etc.

(For anger, I usually have them blow the feeling back to the person or thing that made them feel that way, as if giving the feeling back to them).

If not already covered by the general feelings/emotions, you can also add an extra one in, specific to the issue the child came with.

“And now there is just one more part of this mission to complete. For this I want you to think of that feeling we were talking about earlier, that feeling where you feel [....] and go down and down, back and back in time once again, seeking, searching, linking, connecting to something, somewhere, sometime, some place, finding a younger you that is connected to that feeling, and when you find that younger you, have him/her just breathe it all out, just blow it all away etc....”

When all gone ...

“Well done, you’ve done really well, but now it is time to return to that beach. You and [hero figure] can go back to that beach now and find yourself back on that chair on the beach. [Hero-figure] looks at you and says, ‘You know you are a really good person and it’s OK for you to feel that now, to feel good. You are safe and secure and very strong now. You are strong and powerful and very, very loved, and it is OK for you to just be yourself now, even more, just be yourself, just be who you are, just relax, be happy and get on with life even more now, and know that that is OK’”.

Goodbye to hero-figure ...

“Just before you say goodbye for now, [hero-figure] gives you something to remember him/her by, something you can carry with you always, to attain and maintain that good feeling, wherever you are, whoever you are with and whenever you wish, and you cherish this gift now and carry it with you always, and even though others may not be able to see it, you will always know that it is there.”

Return To Normal Awareness

“As you walk back along the beach now, you see those other you's feeling happy, free, playing, having fun and you get a sense that something has changed, that something is different now, even though you can't quite put your finger on what it is exactly.

It just feels as if something that used to upset you, can now calm and relax you; something that used to worry you can now put you at ease, and something that used to cause doubts can now help you feel, more confident. You can feel better about yourself now, safer, more secure, stronger, more powerful inside and more able to have fun and be happy, knowing that you are very, very loved.

So, come back along the beach now, pick up your socks and shoes, come back through the woods, back through the creaky gate, back up the hill and then back into this room bringing all of these lovely new thoughts and ideas with you.”

Afterwards

Minimal discussion to make sure both child and parent are feeling OK. Ask how long they had their eyes closed etc.

Strike a deal.

To child: *“I know that while you were going on your adventure, your mum/dad, was doing the same and I need you to promise me that you won’t ask him/her what he/she was thinking about. [get agreement] And in return I need mum/dad to promise that they will not ask you, what you were thinking about [get agreement]. Of course, if you want to tell your mum/dad anything, you always can, absolutely.”*

Close

Avoid the parent asking any questions, remember the child is still the important person and once you have said goodbye to the child that is it. If the parent is looking persistent tell them, you will be in touch over the next few days to answer any questions.

Follow Up

Often this session will be enough by itself. Sometimes you will need to do a follow up, but at the follow up you can then be more interactive, in a similar way you would with adults – only gentler.

Imagination, Imagination, Imagination

PRACTICAL TIP

DO remember that this is what really causes most (if not all?) issues – Imagination.

Or more accurately, an out-of-control imagination. If a child or teenager is encountering a problem with how they are thinking, feeling or behaving, it will most likely be their imagination that is creating the symptoms:

What if I fail my exams?

What if they don't let me play?

What if she gets me again?

What if the house blows down?

What if they never come back?

What if there is something in the shadows?

What if what happens on the news happens to me? Or my mum / dad?

Somewhere during the conversation – either in the beginning or during the inner work – I want to find out what the child/teenager is imagining – and what they need to imagine instead in order to feel better.

E.g., A young girl was brought to me because she had a fear of thunderstorms. Eventually, we found out that it wasn't the storms themselves, but it was the idea that the storm might destroy her home. And if that happened, she and her family would be out in the wilds, facing the storm and homeless. This is what she was imagining when a storm came.

I asked her what she knew about insurance companies?

She said that she knew nothing about them. So, I explained how, if her house were blown down, the insurance company would pay for somewhere for them to live for a while, while her house – and bedroom, which was important to her – was being rebuilt. And when ready, she could move back in and have a newly decorated bedroom.

As the implication of this sank in, her imagination could then change, so that when the storm came, even if the worst thing did happen – she would still end up with somewhere to live.

PRACTICAL TIP

Remember ...

“First seek to understand ... then seek to resolve.”

Time Capsule Visualization

Instead of using a time machine to travel back in time to deal with old issues, this uses a Time Capsule visualisation to imagine travelling forward in time to a point when the problems are resolved, and the child/youngster can feel happy again.

This could be added onto the blow-away script or any other treatment – and could also be adapted for adults as well.

Time Capsule Script

“And as you are sitting there so quietly and comfortably, I want you to know that as each and every day passes, you are able to become more and more relaxed, both your mind and body, relaxing even more. And you may notice that as you feel so relaxed, if any unwanted (thoughts, feelings, behaviours) should even try to pop into your head, they wouldn’t bother you at all. In fact, they would seem of no importance to you at all – it is an interesting fact that the harder you try to find those old, unwanted (thoughts, feelings and behaviours), the more difficult they are to find and of course that means it is impossible for you to feel the same way now.

And in fact, I don’t know when it will be that you will notice that you hardly notice these old, unhelpful (thoughts, feelings, behaviours) at all, you can just smile and find as the days, weeks and months go flying past, those old (thoughts, feelings, behaviours) just fade away into the distance, into the past – where they belong. Any old unhelpful way of thinking, just fading away, less and less important, until they have no importance at all.

As you have such a wonderful, powerful imagination, if it's ok with you I'd like you to go on a journey into your imagination. Imagine near to you, a fantastic time capsule, with a hatch to get in and some windows, that is just for you. Just for you to zoom into your future and see yourself so happy, calm and relaxed, with your old (thoughts, feelings, behaviours) a thing of the past.

So, open the hatch of the time capsule and go inside. Use the controls to zoom off, at high speed if you want to, to the future where that old problem has been resolved – completely gone – make sure you go far enough into the future where that old problem is completely gone – not a trace of it left and let me know when you have done that (pause to wait for signal) – and now you can look out of the window of the capsule and see yourself, so happy, relaxed and calm – completely carefree.

Now you can go out of the capsule and join the version of you who is so happy, relaxed, calm and completely carefree. You can enjoy being you, everything is ok now, happy, relaxed and carefree. Everything has been resolved, right here, right now, sorted and resolved. Notice how happy you look, proud of yourself for being in control now, relaxed and in charge of yourself, choosing to think happy and comfortable thoughts and you enjoy thinking in this new way from now on.”

At this point you can give some bespoke ideas relative to the child's issue.

E.g., For a child with OCD around bathroom rituals (just getting on with it is the child's 'want'):

“And it feels so good to know that you can go into the bathroom and just get on with what you need to do, now. Showering, cleaning your teeth and dressing, just

getting on with it, feeling relaxed, safe, happy and carefree. Feeling proud of yourself for just getting on with it. Doing everything in much quicker time now, just getting on with it.”

“And now it’s time to get back in the Time Capsule and zoom back to this time, this place, keeping with you all those lovely feelings of happiness, calmness and feeling relaxed and in control now. All those wonderful ideas now stored inside you. And as you zoom, you can feel a surge of power and energy throughout your whole body, helping you to feel amazing in every way, coming all the way back now.”

Source: HUDSON, LYNDA (2009). SCRIPTS AND STRATEGIES IN HYPNOTHERAPY WITH CHILDREN: FOR USE WITH CHILDREN AND YOUNG PEOPLE AGED 5 TO 15 (CARMARTHEN: CROWN HOUSE PUBLISHING).

Hot Air Balloon Technique

This is an adaptation of the original script by Walch (1976). It is very helpful for lots of situations: anger, resentment, guilt, worries, as well as cravings. It can work well as a visualisation with children but can also be adapted to use with teenagers and adults as well.

After suitable induction and deepener:

“You find yourself at the beginning of a long even path, that winds up a gentle hill. You have a rucksack on your back which has in it all your worries and concerns about ... inside it.

As you begin walking along the path, you find the rucksack is becoming heavier and heavier as even more of your unhelpful thoughts/feelings and worries are beginning to weigh you down and the further you walk, the heavier these worries become, weighing you down, making it more and more difficult to keep walking up the hill but as you look up you notice at the top of the hill is a brightly colored hot air balloon, tied down firmly to the ground by a strong, thick rope. You keep walking even though the worries are weighing you down, as you would like to see the hot air balloon at the top. Each step becoming slower and slower, more and more labored as you struggle to reach the top with these worries weighing you down.

When you reach the top, you are relieved to take off the heavy rucksack and you dump it on the ground. The balloon looks so large, strong and impressive and has a large, strong, safe basket attached to the bottom. You take a look inside the basket and notice a big, chest, with a lock and key and a label saying (child's name) worries go in here.

You open the rucksack and see all your worries inside. You unlock the chest with the key and open the lid and one by one, you take all your worries out of the rucksack and place them inside the chest, inside the basket. Look at each worry as you place it in the chest, thank it for being part of your life until now, as it was just trying to keep you safe, but let it know that it is now going to be released as you no longer need it. It can be set free allowing you to be set free too.”

(allow time for them to empty their rucksack into the basket – you can keep checking in with them to see how they are getting on and offer encouragement if need be)

“And when you think you have put the last worry in the chest, just double check inside your rucksack that there is nothing left and when you are sure the worries have all gone, close the lid on the chest and turn the key to lock all the worries away safely.

“You notice how much lighter, freer, happier you are feeling now as you decide to let go of all those worries completely. You untie the rope, which is holding the balloon down and release it, let it go, just drifting away, gently, safely, taking away all the worries locked up inside it – further and further it floats, far away into the distance, you may notice you are smiling now as you realise all your old worries have gone away – you may notice how much lighter you feel as you are now free. Once the balloon has floated completely out of sight, you can take a deep breath and really enjoy how good you now feel. Free to enjoy your life feeling safe, comfortable and relaxed –“ etc.

Continue with personalized confidence building/ reinforcement if relevant and release.

The Children's Act 1989 & 2004

The Children's Act 1989 & 2004 covers a wide range of areas for the protection of children. You can see details of the full Act here:

<https://www.legislation.gov.uk/ukpga/2004/31/contents>

The main relevance is that if you suspect a child's welfare is in danger, or under threat, it is your legal duty to report it and there are several protocols for this, depending upon the situation.

You do not need to study the whole Act. Here is a useful link for you to look at to gain an understanding.

<https://www.somersetlmc.co.uk/safeguardingkeypointsofchilsafeguardinglegislation>

Whilst we hope you never find yourself in the situation of having to consider reporting someone, if you have any concerns over this, do not feel you have to make such decisions alone. You can contact training support or speak to the Member Services of any organization you belong to for clarification and advice.

Coursework | Module Thirteen

Working with Children & Teenagers

1. “Always make the child feel like the important one and treat the parent as if they have just tagged along for company”.
 - (a) Why do this?
 - (b) What practical steps can you do to make this happen from the moment you greet them to the moment they leave.
2. I always request only one parent or guardian be present –Why?
3. Re-type the Blow Away technique into summary bullet-points that are easy for you to follow.
4. What is the importance of having a ‘superhero ’type figure in the visualisation, when doing blow-away regression?
5. What is the Blow-Away technique aiming to achieve?
6. Children usually have powerful imaginations and simple logic. How might you use that knowledge to help a child in a session, without using the Blow-Away or regression type technique?
7. The Children’s Act Of 1989 & 2004
 - (a) What is the Children’s Act Of 1989 & 2004?
 - (b) Summarise the sections that may be most relevant to you as a private practitioner.

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