CAPTVRE Imagination
Fall 2017

CAPTVRE

CAPTVRE IMAGINATION: A NEWSLETTER ON CHILDREN, PLAY, AND MENTAL HEALTH

Welcome from the editor

Welcome, everyone, to the inaugural issue of the CAPTVRE newsletter. The CAPTVRE newsletter connects you with the latest developments in our lab, as well as with recent topics relevant to our work. The CAPTVRE lab's name stands for Child Advancement, Play Therapy, and Virtual Reality Environments. Our name represents our three main focuses, 1) Raising healthy children, 2) Enhancing play to maximize its therapeutic effects, and 3) Understanding digital play (videogames, virtual reality, etc.) and its impact on today's society.

Given our focus, our newsletters are perfect for a diverse audience of parents, youth, mental health professionals, teachers, and anyone else who may spend time with youth in their daily lives. Additionally, we expect at least part of our readership to be college students and others interested in careers in psychology. Thus, our newsletters also cover topics relevant for the professional development of college students as well as future and current mental health workers in general.

To the right, you will see an "IN THIS ISSUE" column, where you can see a highlighted table of contents for each newsletter. As you can see, our inaugural issue contains a number of topics, and will give you an idea of the general types of articles to expect in future editions. Each newsletter will follow a similar format.

For information about recent activity in our lab, check out the "*Lab updates*" section. The "*Hot topics*" section reviews a hot topic currently trending in the popular media and what it means for you and/or for your child(ren)'s mental health. The "*Professional spotlight*" section contains a guest article written by a mental health professional, on invitation from the editor. In this issue, Dr. Crystal Lee writes a column about the transition from high-school/college to adulthood.

In the "*Students' Column*" we feature articles written by students for students. Some authors may be graduate or college students, while others can be high school, middle school, or even elementary school students. If you or someone you know would like to write an article for consideration in this section, please contact the editor.

Each newsletter also contains a "*Play in Review*," where we review some sort of play-based topic relevant to our work. We also include "*Storytime,"* which incorporate storytelling to promote positive mental health.

Lastly, we include a "*CAPTVRE contributors*" section, which includes articles written by CAPTVRE lab personnel. I hope you will all enjoy this issue. Subscription instructions are included at the end of the newsletter.

IN THIS ISSUE

Post-college Success

Our guest contributor, Dr. Lee, provides advice for succeeding after college. And, in her students' column, Christin Collie guides you through preparing for the GRE.

Page 3-4

7 Reasons Why Teens are Watching 13 Reasons Why

Dr. Steadman discusses mature content in teen-oriented media, and what you can do to help your teen with this content

Page 5

Lab updates

We enjoyed a busy and productive year. In 2016-2017, we presented 11 different projects in various venues. We published three journal articles and one book chapter, and received three small grant awards, two of which were awarded to students in collaboration with Dr. Steadman. Some highlights from the above include:

- Olivia Moses won 1st place in group C, Undergraduate Student Posters, at the 2017 Appalachian Student Research Forum
- We graduated 7 students in Spring 2017. Of those 7, 6 went on to either a Masters' or Doctoral program in Psychology or Counseling

We have recently closed two laboratory studies, and, as a result, we are not currently recruiting for in-person lab studies. However, we do plan to continue online data-collection for other studies. Please tune-in to our webpage for the most up-to-date information on any current research activity.

In future editions of the newsletter, we expect to be able to report initial research findings from some of our studies to you. However, at this time, our current results are under peer review, and thus are not yet ready to be disseminated widely in this current format.

Our webpage also keeps an updated list of our current team, current courses being taught by Dr. Steadman, an extended biography of Dr. Steadman, and other useful links. Please visit us for more information.

CONTACT

To contact our lab, you may email Dr. Steadman at steadmanjl@etsu.edu. You can also call the lab directly at 423-439-4415. It's easy to remember, because the phone number spells 423-HEY-GIRL!

Everybody farts

by Jason Steadman, Psy.D.

Some are good at sports, and some are good at art
Some have all the luck, and some have all the smarts
People may seem perfect, and scoring off the charts
But everybody, everywhere, eventually will fart

You hide your eyes in shame; your pride is torn apart
Your tears begin to swell, burn like a dragon's heart
Your arms begin to jerk; your legs begin to dart
But everybody, everywhere, eventually will fart

So next time something smelly bleeds into the room
And all it seems there is to do is wait for certain doom
Take a moment. Think. You don't have to restart
'Cause everybody, everywhere, eventually will fart.

This short poem that can be useful for reminding us that everyone does embarrassing things every once in a while. By using fart humor, you can remind others not to become overly focused on their mistakes, to forgive themselves, and to move on.

PROFESSIONAL SPOTLIGHT

Guest contributor

In this edition, our guest contributor is Dr. Crystal I. Lee. Dr. Lee is a licensed psychologist in Los Angeles, California. In her private practice, *LA Concierge Psychologist*, Dr. Lee provides next level care to families on the Westside of Los Angeles via house calls. Dr. Lee is most passionate about helping adolescents and emerging adults (18-29 year olds) successfully "launch" into adulthood. She's presented on topics related to working with emerging adults at parent support groups, private schools, training programs, and professional conferences.

FAST FACTS

72%

Percentage of emerging adults saying that this time of life is "stressful"

89%

Percentage of emerging adults that believe they will eventually get what they want out of life

75%

Three-quarters of all chronic mental illness begins by age 24

73%

Percentage of students who expereinced a mental health crisis while on campus

FOR MORE INFORMATION

Follow Dr. Lee on her Facebook page, Twitter, or on her blog.

Graduation is nearing, and I'm freaking out!

by Crystal I. Lee, Psy.D.

Graduating college can be a thrilling accomplishment, and it can also be the cause of *a lot* of stress. You were independent in college… but you're going to be Independent (with a capital "i") once you graduate. Ugh, that sounds really heavy, right?

As a clinical psychologist that works exclusively with emerging adults (18-29 year olds), I have plenty of experience helping college graduates manage the big changes that come with being an adult. Though transitioning into the "real world" can be overwhelming, it doesn't have to feel insurmountable. The best thing you can do is prepare yourself for the impending changes while you're still in college.

Here's some food for thought to help you plan for this major life change:

Emerging Adulthood is a Real Thing
You may have caught that I mentioned I work with *emerging* adults, not young adults. There's some really great research about a developmental phase called emerging adulthood, which encompasses ages 18 through 29. Basically, the research acknowledges that people don't suddenly become full-fledged adults once they hit 18 years old. Same goes for when you graduate college. It's normative to still be learning how to adult, establishing who you are, figuring out what career is right for you, and navigating familial, platonic, and romantic relationships. Hopefully knowing this will take some of the pressure off to have it all figured out once you get your diploma!

Balancing a Budget is Easy… Until It's Not
Balancing a budget is easy math, right? Money comes in; subtract the money that's going out, and make sure you don't hit negative territory! The basic concept is super simple. But then the reality of life sets in, and it starts feeling more complex – like when you forget to include the little random expenses in your overall budget, such as doctor co-pays, renewing your car registration, and updating your work wardrobe (much less the emergency expenses, like surgery or car repairs). Then, add in the fact that you have to manage your money so you don't go in the negative during the two week period while you wait for your next paycheck…And have enough money saved to pay your taxes in April… And pay back your loans… And somehow save money to buy a home… and for retirement!

Start learning to balance your budget in college while your expenses are still relatively low and when your parents might be able to help you out a little if you don't manage to stay within your budget. If you're so lucky that your parents are funding your life while in college, ask them to put you on a reduced allowance that gets doled out every two weeks.

Working is Very Different than Going to College
You're probably rolling your eyes at me because, duh, that's so obvious. I want to stress *how* being an employee is different

than being a student. For one, as a student, you're really just accountable to yourself. If you mess up, it's all on you. Your actions are just a reflection of you. However, when you're an employee, when you mess up, there are consequences for everyone: you, your boss, your team, the company. Being an employee requires a higher level of conscientiousness and collective-oriented behavior. So, while you're still in college, try beginning to shift your perspective a little and develop these skills. Better to practice it now in the safety of a college setting instead of learning on the fly at work and risk getting fired.

Also, as a student, you basically get to pick your schedule. You also get to pick and choose what assignments you're going to complete, how much you're going to study, and so on. However, if you're going to work at a traditional company, your schedule will be determined for you. You'll need to be at work on time, be at meetings at a certain time, and may have to work late (despite wanting to just go home and watch Netflix). I'm sure you work hard as a college student, but don't underestimate how rigorous a full-time job can be. You can try to prepare for this shift by scheduling your life to mimic having a full-time job. Put all your "working" hours into a 9 am-5 pm routine and see how your mind and body reacts to it. Maybe you'll find that you work best with breaks at a certain time or that you need an extra caffeine pick-me-up by mid-afternoon.

There are many other differences, but I want to stress one last aspect that my clients frequently struggle with**: graciously receiving constructive criticism**. In college, individualized feedback from college professors is far and few between. At work, you'll likely be given constructive criticism fairly frequently, not to mention annual reviews. Feedback is not meant to make you feel stupid, inadequate, of deficient, but these are often the themes that come up for my clients when they receive it from their coworkers or boss. Without getting into the deeper social-emotional underpinnings of this here, I'll simply encourage you to view constructive criticism as opportunities to grow, strengthen your skill set, and become even more valuable to your company. Foster the skill of graciously accepting feedback and working on areas of growth by actively asking your professors and other professionals who know you well for constructive criticism.

Take Care of Yourself, Please!
Adulthood comes with many highs and lows, and it's important that you take care of yourself so you're able to take the lows in stride. This means intentionally taking care of your physical, social, and emotional health. If any of these areas are neglected, your mind and body will not be as resilient. You'll be more likely to succumb to physical illness, struggle with mental health, and become isolated. Not a fun way to spend your adulthood, huh?

Hopefully I haven't made post-graduate life sound horrible and terrifying. Yes, it's very stressful. *And*, it's an amazing time of life where you can really start creating the life you want!

If you'd like more tips, ideas, or support, check out my Facebook page (www.facebook.com/LAConciergePsychologist), follow me on Twitter (@DrCrystalLee), or read my blog (http://blog.laconciergepsychologist.com).

The GRE: It's Not Quite Your Worst Nightmare

by Christin Collie

The GRE General Test is rumored to be the future graduate student's worst nightmare because it is realistically one of the major barriers to being accepted into your graduate program of choice. The GRE is another test in a series of tests that life offers, and chances are, it's not going to be your last big test as most careers involve professional exams, certificates, or licensures. I took the GRE once during the spring semester of my junior year and once at the beginning of the fall semester of my senior year. I was able to improve my scores significantly by taking the summer to study leading into the second test day. Here's a list of practical advice I came up as a result of my GRE experience.

Christin Collie is a 2nd year clinical psychology doctoral student at ETSU. Here, she offers some brief advice on preparing for the Graduate Record Examination.

1. It's perfectly okay to take the test multiple times.
2. Be aware of the scores you want/need for the program(s) you would like to apply to.
3. You know what you're good at, so play to your strengths.
4. Be realistic when planning how and when you are going to study.
5. Be willing to buy study materials, but only purchase those you actually see yourself using.
6. Have realistic expectations for yourself.
7. Never leave a question blank (yes, just guess even if you have NO idea).
8. Take the full time allotted for each section.
9. Avoid the GRE subject tests, if at all possible.
10. It's perfectly okay to take the test multiple times.

HOT TOPICS

In this section, we review a hot topic currently trending in the media. We present our thoughts on the topic and provide some research background to inform you about what the topic means for you and/or for your child(ren)'s mental health. In this edition, Dr. Steadman discusses mature themes in child and teen-oriented TV.

7 Reasons Why Teens are Watching *13 Reasons Why:* And Why You Should Watch it With Them

by Jason L. Steadman, Psy.D.

In modern times, nearly everyone watches TV, and they do so through many different modalities, with video on-demand streaming services proliferating widely. Many parents and professionals have expressed recent concern about mature themes emerging in child- and teen-oriented television. This fear is often enhanced by the fact that, due to the availability of video on-demand, accessible from nearly any device, youth are now increasingly able to view content unsupervised by an adult. Though parental protections do exist, youth are savvy and can often find ways around them (most simply, by using a friend's account whose parent does not use such protections). Thus, parents should realize that youth, if they want to, can find ways to access mature content in media. More often than not, though, youth access mature content ignorantly. In other words, they are either unaware of the mature content ("This is a show for teens; it can't be that bad!") or they undervalue the seriousness of some content ("Dad, I'm not a little kid anymore! I can take it!").

"More often than not…youth access mature content ignorantly"

Recently, no other show has garnered more discussion than the Netflix original *13 Reasons Why,* which graphically depicts the suicide of a teenage girl and a series of video diaries she left for her family, friends, and classmates telling them the 13 reasons she decided to commit suicide. The show is based on a 2007 book written by Jay Asher, released by a popular publisher of young adult content, Penguin Books. Both the book and the show are marketed specifically for young adults, and though minor youth are certainly not recognized as adults by law, the truth is that teenagers are among the largest group of consumers of young adult content. Likewise, both the show and the book have been discussed widely by child psychologists in recent months, primarily out of concern that the show may trigger suicidal behaviors within the teen audience. Sadly, this fear was recently realized when a young adult male in Peru committed suicide and left behind tapes in a very similar manner to the show/book (Click here to read a news article on this event) The science also supports this concern, with "suicide contagion" being documented a number of times over the past 50+ years (see this brief Scientific American article for a review). As a result, a number of mental health professionals have called for the cancellation of shows like *13 Reasons Why,* because they explicitly target a teen audience, while depicting fairly adult themes, displaying heavy emotional content (including suicide), but without providing a readily available means for youth to process these emotions with a caring, knowledgeable adult. There is a strong movement to protect teens from unnecessary exposures.

However, I can tell you confidently from years of working closely in therapy with hundreds of teens that teenagers, as a general rule, are already quite aware of and interested in adult content and that it is nearly impossible to protect them completely from exposures to things like death, suicide, drugs, alcohol, sex, and so on. If they don't hear about these things through media, they WILL hear about it through their peers. To start off this post, I'll list some reasons why your teen will watch (or want to watch) *13 Reasons Why*, and/or other shows like it:

1) Identity vs. Role Confusion

   a. One of the most prominent developmental theories in psychology is Erikson's stages of psychosocial development. According to Erikson's theory, the primary goal of adolescence is to manage the stage of identity versus role confusion. What this stage captures is that teens have a natural need to figure out who they are and who they want to be as adults. To do this, all teens tend to test various identities. When I talk to teens, they all tell me, in one way or another, about this process. "In class, I'm quiet and don't say much. When I'm hanging out with my friends, I'm the jokester. We are loud and like to have fun. With my parents, I keep to myself. We don't really have much in common anymore." This quote is only one example of infinite possibilities, but the same process applies across all teens. ***They tend to experience themselves as a series of fragmented identities, and the main goal of adolescence is to solidify these multiple identities into one cohesive whole***. Most teens will do this successfully by the time they are 18 or 19 years old. This process also tends to extend if students continue school, with college students further exploring identity in newfound independence and choosing (and changing) majors. Regardless of when this process finally completes, the point is that adolescents are driven to explore multiple aspects of themselves and see what feels most right. This drive leads them toward interest in new topics nearly every day, even if they've never shown an interest before. That's why identity vs. role

confusion is the #1 reason that your teens may watch *13 Reasons Why,* and other adult-themed shows – because these shows help them explore aspects of the self that they may not get from anywhere else.

2) Teens want to grow up sooner, rather than later

    a. When looking at adulthood, teens rarely see responsibilities and bills; instead, they focus on independence and the right to make their own decisions. Thus, most teens, when they find out something is "taboo" or "off limits" to them as teens, they immediately want to know more about it. Not all of them will cross boundaries and experiment with everything off limits, but they do become curious. This curiosity is especially driven towards adult themes.

3) Teens have crappy frontal lobes

    a. The frontal lobes of our brain do a lot of things, but one of the most important things they do is to help us plan ahead and make reasoned decisions. In humans, the frontal lobes do not fully develop (volume-wise) until our mid-20s. At the same time, the brain is experiencing a massive growth spurt, at the same rate that brain growth occurred when they were infants, in fact. Remember when your kids were babies/toddlers and it felt like every day they were learning something new and incredible. A lot of this is directly due to rapid brain growth during that period, and teens experience the same process, but with different areas of the brain. Thus, they are still learning new things (new emotions, new reasoning abilities, advanced cognitive skills, etc.), but, their frontal lobes remain colossally bad at knowing what to do with all of that new information. Their brains cannot efficiently organize thought and cannot, as a result, rationally consider consequences. They don't think (or care) about what impact adult themes will have on their long-term development. They only know that it's cool, new, and interesting, and they want to know what it's like.

4) Everyone else is watching it

    a. Teens are also *very* heavily managed by social reactions to their behaviors. They care very deeply about what others think of them. They notice things that no one else notices, but they think that everyone else also noticed it. Furthermore, if they test their assumptions and find out, in fact, that really no one else noticed that new pimple on their forehead, they convince themselves that something is wrong – either they are too boring to be noticed – "I guess no one cares about me!" – or they think people only say they don't notice because others don't want to hurt their feelings. In either case, teens pay attention to what others are doing and they tend to distort reality if others' perceptions don't match their own. For this reason, if others are watching a show, and they are not, teens have a tendency to associate this with negative outcomes (e.g. "I'm a loser.")

5) If not watching it, others are talking about it

    a. Teens will hear about all kinds of TV shows at their schools. Eventually, they'll meet and talk to someone who has watched (and been affected) by a particular TV exposure. In this manner, they are susceptible to vicarious effects. ***One doesn't have to watch something directly to be affected by it.***

6) Teens experience emotions at a different level than ever before

    a. Don't ever accuse your teen of being moody – it's not productive – but let's face it, they are! In fact, adolescents make extremely rewarding therapy clients for this very reason – they are full of emotions and need a fair amount of guidance in dealing with these. Most teens gather emotional support preferentially from their peer group, and secondarily from adults. In a lot of cases, in fact, familiar adults are the least-preferred resource for teen emotional support. When peer group is insufficient, teens will often first turn to media before they go to an adult. They may search the internet, they may use a diary, they may just watch TV, but in most cases, teens do work on their own before they go to an adult. Shows like *13 Reasons Why*, which explore one of the most deeply emotional topics around – severe, suicidal depression – provide an outlet for teens to explore these emotions without risking "outing" themselves to an adult as having some depressive thoughts [and ALL teens have depressive thoughts].

7) All teens have depressive thoughts and eventually think about death

    a. Freud called it *thanatosis,* the death drive. He developed the theory after seeing two world wars, which is what made him think that humans seem to be driven toward destruction. It's a dark theory, but the underlying point is valid – humans think about death, our own death and that of others. It's perfectly common, and normal, for teens to have thoughts about death – and to even have suicidal thoughts when depressed. This does not always mean they are a suicide risk, but for many teens, they have never had such thoughts before, and they don't know what to do with them. Again, for this reason, shows like *13 Reasons Why* provide an outlet for teens to explore confusing thoughts about death and suicide. Unfortunately, teens don't always know the difference between healthy and unhealthy depictions of suicidality.

So, what does all of this mean? First, in a nutshell, it means that you cannot protect teens forever from learning and being curious about adult stuff, sometimes heavy stuff. It also means that their brains are rarely equipped to handle everything they encounter. So, teens need help. First, you have to realize and admit that for most things and most teens, teens probably aren't going to spontaneously ask for your thoughts and opinions on every topic (see #6, above). Thus, *you* have to drive the issue. At the same time, you must do so in a way that teens are least likely to reject, and that will vary by teen and by family. In some families, parents can sit down with their teens, and the teens will listen to what is being said and will actually engage in a conversation. However, this doesn't happen in all families (and, by the way, a teen that doesn't always listen is more the norm than the other, so don't

feel bad if you feel like your teen doesn't always hear you). Regardless of how you talk about it, the following suggestions are important to keep in mind when reviewing any topic with your children.

1) Check yourself. First step is to always ask yourself if your own thoughts about the subject are healthy. If you are depressed yourself or maybe even having your own thoughts of suicide from time to time, know that it is okay to get help for yourself. It's important to have someone who can support you. Sometimes, natural supports (family, friends, etc.) are enough, but sometimes they aren't and professional support can be an essential supplement. Ask people you trust and respect, and ask experts too, to talk to you about the subject. Find people that support your assumptions (because that makes us feel good), but also find people that challenge them (because that makes us better). The point is to make sure that you know what is healthy, so you can encourage your youth's own healthy exploration. *Note: if you struggle with unhealthy levels of depression, or ever have, you may wonder whether you should tell your teen about this. The best answer is to ask your therapist. Sometimes, it's useful to share your own experiences to connect with teens. Sometimes it is absolutely not useful. So seek consultation with an expert about whether or not you should share, if you're thinking of doing so.*

2) Share in your teen's experiences, as much as you can. If your teen enjoys watching *13 Reasons Why,* watch it with them. If they don't want you sitting there with them while they watch it, watch it on your own.

3) Purposefully talk about your teen's experiences. In this case, "purposefully" just means that you make a point to do it. It does *not* mean that you have to have a scheduled family talk time every day – many teens would hate that. Occasionally, a scheduled discussion period is useful, but for everyday things, try to casually bring up topics in conversation. "Have you watched episode 3 yet? What did you think about it?" After they answer, share some of your own thoughts too, but remember to connect your thoughts to reality. Don't just say, "I couldn't believe X happened. That was crazy!" but instead say, "X seemed unbelievable, but you know, I bet that really happens in some schools." Leave an opening for your teen to follow-up and perhaps tell you about his or her own school. If they don't offer on their own, it's okay to ask directly, "Do you think there's anyone in your school that feels like X?" You can then continue and respond as needed. The point is that you have used a shared experience (in this case, episode 3) to connect to the teen's everyday life AND you are showing curiosity about them, which goes a long way.

"Remember: Check Yourself, Share, Talk, Teach, Affirm, and Back Off"

4) Teach, don't judge! In my clinical experience, there are few things as psychologically damaging as judgmentalness. Check yourself for any hints of judgmentalness, both verbal and nonverbal. If a teen feels there is a likelihood of being judged, they are more likely to keep secrets. Remember that teens are driven to try new things. Work not to judge them when their experimentation goes awry. Instead, use mistakes to teach.

5) Affirm unconditional love. Make a point to let your teen know regularly that your love for them is unconditional and that no act, no matter how outrageous, could change your positive feelings toward them. At the same time, unconditional love does not mean freedom from reprimand – rather, it simply means that a person feels safe, even when they're being punished. Teens will do things that warrant punishment. When you have to punish, be sure that in their punishment, teens know you love them.

6) Back off and allow independence when you can. Sometimes, a parent can do all of the above perfectly well, but they do it too much. There is a delicate balance between parental involvement and becoming overbearing. Teens need to feel that you trust them to make some wise decisions, but that they can come to you when they are in trouble. If you are too often "all up in their business," they may distort your interest and caring into a perceived lack of trust. So, know that it's okay to give them some (but not too much) space. Relatedly, you should also separate your own experience from that of your teen. Just because you feel a certain way about something doesn't mean your teen will, and just because your teen feels a certain way doesn't mean you have to agree with them. You are both your own people, and that's okay – in fact, it's more than okay, it's healthy!

I'm a big fan of mnemonics, so, to help you remember these 6 rules, the following mnemonic may be useful. CYST TAB (Check Yourself, Share, Talk, Teach, Affirm, and Back off)

My child wants to die: Parenting a suicidal child

by Jason Steadman, Psy.D.

Here's the ugly truth – youth suicide happens. According to recent studies, suicide is the 3rd leading cause of death for young people ages 10-24, and currently accounts for 20% of all deaths annually (that means 1 out of every 5 deaths results from suicide). There are gender differences too. Although girls on average attempt suicide more than boys, boys have a far higher rate of completion of suicide (meaning the attempt resulted in death). Of the 10-24 age group above that died from suicide, 81% of them were males! The reason for this difference is that males more often use lethal means when attempting (think firearms or jumping off of a cliff), whereas females are more likely to survive their attempts, because their attempts can be treated medically (think overdose or cutting). In my practice, I work with suicidal thoughts and behaviors quite frequently. Sometimes there is a need to be gravely concerned; other times, they are just fleeting thoughts with no real intent. These fleeting thoughts, in fact, occur so commonly that some data show that >80% of people will have them. Personally, I am more liberal. I believe that almost everyone – 99.9% of people – will at some point in their life have a thought enter their head at least resembles suicidal thinking. How many of you have ever said, "Oh please kill me now!" when forced to do something extremely boring or annoying? ***While saying "Kill me now!" may not have been a serious desire for death, it is a reflection of one of the complex, ugly sides of our humanity – an idea that some things are worse than death.*** And this idea is what leads to suicidal serious thinking! People come to genuinely believe that death is better than living.

In my current job, I teach/train future mental health professionals. A major part of that job is teaching them how to recognize various levels of suicidality. On the surface, these various levels seem simple, but make no mistake, we spend YEARS perfecting the art of evaluating (and treating) suicidality. So, ***please don't try to use this column as a guide to decide if your own child really is at risk.*** Have them evaluated by a professional. It's the safest, best thing you can do. Also, don't worry about whether or not the child will be honest with us. We are also trained to handle that, and we'll get input from you as parent/guardian as well. With that caveat being said, here are the various levels of suicidality, in order of relative level of concern:

1) ***Sarcastic hyperbole.*** Hyperbole are exaggerated statements or claims not meant to be taken literally (e.g. "I'm so hungry I could eat a horse." "I've got a ton of paperwork." – seriously, I hope no one ever has a literal *ton* (2000 pounds) of paperwork). So, in this example, the person is making suicide into a joke to express their dismay at something. "I'd rather slit my wrists than listen to you talk!" Many youth talk this way, with no air of seriousness whatsoever. Others, however, may actually be having suicidal ideation. Sometimes it's hard to tell the difference. So, if you hear your youth talk about suicidality sarcastically, take a moment to assess the seriousness of it. And if you're worried, bring them in to see a professional.

2) ***Morbid ideation.*** Morbid ideation simply refers to thoughts about death (in this case, one's own death), but without those thoughts involving any self-inflicted harm. Examples of this include, "If a bus hit me while I was walking home today, I guess that wouldn't be too bad." Or "I hope I die in my sleep!" In both cases, there is a faint desire for death, but no desire to actually make death happen (when questioned, they say they don't actually want to walk in front of a bus or don't want to do anything to make themselves die). These thoughts are *very* common in depressed people, and do *not* warrant emergency intervention (e.g. hospitalization). Rather, they can be worked through in longer term treatment.

3) ***Suicidal ideation (without plan or intent).*** Similar to morbid ideation, suicidal ideation involves thoughts about death, but this time, the thoughts involve self-inflicted harm. The most basic example is "I want to kill myself." Other examples may include imagining themselves jumping off a tall building. They don't actually have to put words to their actions. Sometimes, just the image is enough. Like morbid ideation, these thoughts are common in many mental illnesses, but don't mean a person needs to be hospitalized. However, someone with active suicidal ideation should ideally be seen for therapy at least once per week, and should not go more than two weeks without being seen, ideally, if possible. However, note that this

frequency of services is not a hard and fast rule, and sometimes professionals may recommend more or less frequency, depending on the specific case.

4) ***Suicidal ideation with plan (but no intent).*** As it sounds, at this step, the person has developed a plan for how they would commit suicide. There are different levels of planning possible too, some very poorly hashed, others quite elaborate. In some cases, youth may have already taken some (or nearly all) of the steps in their plan, or they may not have taken any. Obviously, a plan but with no action is less concerning than a plan in which actions (steps) have already been made. But, in both cases, when a person enters the "planning" stage, they have entered a higher level of treatment need, including intensive treatment. Still, without intent, hospitalization is rarely necessary, and, instead, patients can benefit from intensive outpatient therapy (think >once weekly therapy), at least until their symptoms start to get better.

5) ***Suicidality with plan and intent.*** This is the highest level of suicidality, in which there is both a plan to commit suicide and an expressed intent to do it. This level occurs when a patient says, "I am going to kill myself." Sometimes, they even tell you when and how they are

going to do it, but whatever the details, an expressed intent is the highest level of concern and usually results in temporary hospitalization to provide safety. In some cases, a recent suicide attempt may have even already occurred. I have worked with a number of families where hospitalization has become necessary due to youth suicidal intent. Almost always, there is a concern with "what it will be like," and worries about "I'm (or my kid is) not crazy. I (he/she) don't (doesn't) need a hospital." Sometimes, there are even financial worries – "I can't afford hospital bills." These are *perfectly normal* thoughts and concerns, and they do *not* make one a "bad parent" for having them. It's okay to be scared, because a lot is unknown about the hospital. A good professional will talk you through the steps and provide assistance throughout the process. However, try your best throughout to remember that we (as professionals) do not recommend hospitalization unless we are really worried about someone's safety and that it is better to be safe and help your child get better than it is keep your child home and risk them killing themselves. In reality, very few hospital referrals result in long-term inpatient treatment for youth. In my experience, hospital stays (when there is real suicidal intent) last 1-3 days, after which youth are referred out for intensive outpatient treatment.

So, why does all of this matter to you as a parent. First, you should be aware that pediatric suicide is a real phenomenon and that there are different levels of concern, depending on how far along they've gotten in the above progression. Again, though, I can't stress this enough, don't try to be the expert yourself. While you likely know your child better than any professional ever will, many times youth will tell a professional things that they would never tell a parent, and that's okay (see the *13 Reasons Why* column for more on that). Next, it's important to remember that ***children of all ages can have suicidal thoughts and behaviors.*** Okay, newborns can't really have truly suicidal thoughts, that we know of – but newborns ARE at risk for self-harm, and we regularly do things to protect them from self-harm, because they can't help themselves. We put little mittens on their hands to prevent scratches, we lay them on their backs at night to minimize suffocation risk, we plug electrical outlets, lock cabinets, etc. We do this willingly because we know babies can get themselves into risky scenarios that can hurt them if we don't. Well, we can do the same with older children as well. **If your child has any risk of self-harm, take reasonable protective measures.** Now, this does not mean you should lock your teenager away in an empty, padded room, but it does mean that if they have suicidal thoughts, then it may be a good idea to lock away prescriptions, knives, and other weapons to minimize access to them, at least until they get better.

Additionally, young children can and do have suicidal thoughts. I once saw a 2.5 year old male who wanted to jump out of his third story window following the recent death of his father. In fact, it is often *more concerning* when young children have suicidal thoughts, compared to older children, because ***young children rarely appreciate the permanence of death.*** In the above case, this boy believed he would die, visit his father in heaven, and then come back to life as normal when he was done. So, he really did want to die (he had suicidality with plan and intent), but he didn't really understand what death meant.[1] So, be alert to suicidal thoughts or behaviors even in young children, because they can be very serious.

The other thing to remember is that suicidality and depression are treatable mental illnesses. People get better, if we give them the time, opportunity, and treatment to do so. While you may not always go to the doctor if you have a little cold, waiting to see if it gets better on its own – it's important to remember while, like a cold, some depressed thoughts are temporary, others are far more insidious, like a cancer. And like a cancer, they can grow inside of you, spread through your whole body, and they can kill you. But also, just like (most) cancer, depression is treatable. The treatment may take time and may not always be pleasant, but it is treatable.

[1] If you're curious, I did not have to hospitalize this child. Rather, we helped his mother take precautionary measures (locking his window in a way he could not open it; monitoring him closely). We also helped her learn a positive way to talk with her son about death to understand his father's passing and process his bereavement in a normal, healthy way. In other words, this child did not have a mental illness, but he was experiencing a normal bereavement process, and just needed guidance through that.

For a useful review of additional warning signs and how you can respond to them, visit the following page:
https://www.youthsuicidewarningsigns.org/

Additional help can be found at:

https://suicidepreventionlifeline.org

http://www.thetrevorproject.org/

To find referrals near you:

https://www.findapsychologist.org/

https://therapists.psychologytoday.com/rms

Play in Review by Michael E. Feeney

This column features are article written by CAPTVRE graduate student Michael Feeney, who is in his final hear of his doctoral program at ETSU. Michael previously completed a clinical psychology Master's degree at Radford University. In this column, Michael provides a review of one of the hottest toys on the market – the fidget spinner, which is especially relevant, given claims that the fidget spinner improves attention and stimulates relaxation among youth who use them.

"Golden, Psychedelic, or fully Bluetooth Compatible!" Fidget spinners of all styles can be found online, at the mall in their own kiosk, and even on some convenience-store counters. Most kids I work with in community mental health show up to the office with one, and I have to say, they have struck my interest! Some proponents believe that the pocket-sized spinners can help kids focus and calm down, while others believe they are just a fad—on the same shelf as slap bracelets, finger-boards, and Pogs. One of our goals as researchers and students of child behavior and mental health is to help kids, parents, and families make informed decisions about how to support healthy behaviors. Part of that can be looking at past and current research to see what is effective for most kids, most of the time. The other part is determining if what is helpful can also be found in other interventions. That is, sometimes what we think is new and effective can be found in simpler or already existing things. With that said, we hope to provide a brief summary of the current information and perspectives about fidget spinners and what, if any, benefits or drawbacks they may have at home, in the back seat of the mini-van, and in the classroom.

Sadly, a quick google scholar and psych-info search led to no clear results, that is, no peer reviewed studies. Though we don't have any hard evidence, we can consider what fidget spinners have to offer at face value and what they are credited for offering psychologically. Fidget spinners have much in common with other "sensory toys" that have gained a lot of popularity in the past few years. Awareness of Autism spectrum disorders (ASD) and other developmental disorders has grown, and so has the understanding that many neurotypical children over-react or under-react to being stimulated by sights, sounds, smells, or textures (Klintwall et al., 2011; Leekam et al., 2007). It's been shown that some children benefit from the soothing feelings found in an optimal level of sensory stimulation, which can be achieved in various ways. Many people like the feeling of a hug, a warm shower, or clicking a pen to let out some stress. And we all know a baby who will definitely fall asleep when taken for a car ride. For some people, they experience a similar relief in response to more specific sensory stimulation, such as the smooth movement of a gyrating object in their hand. But can a fidget spinner help a child focus?

> *"It's been shown that some children benefit from the soothing feelings found in an optimal level of sensory stimulation, which can be achieved in various ways."*

It's important to remember that many children have problems focusing, but they may not necessarily have Attention-Deficit Hyperactivity Disorder. For kids who are diagnosed with ADHD, it's important to develop a comprehensive treatment plan along with a professional that addresses social, emotional, and behavioral factors. However, we shouldn't ignore small, meaningful steps if they indeed help kids pay attention (there is actually some empirical support for chewing gum in promoting attention; Johnson & Muneem, 2013). Additionally, many practitioners boast sensory "toys" for children who struggle to attend in the classroom, but they are often covert, such as a strip of felt with different textures taped under the desk, or a quiet stress ball. ***When we consider what spinners can actually offer, the distractions they create may be greater than the benefits they yield.*** Kids, especially middle-schoolers, are constantly making comparisons, which is pretty typical. If "Johnny" is sizing up his new all titanium spinner to his friends' bat-man spinner, he is likely to miss the long division on the board. This is the concern endorsed by many teachers. We also know from science that despite feeling like we can, it's actually impossible to truly focus on >1 thing at once - it's the spinner or the black board.

So what does help attention? When we view attention as a skill, we can then consider how we learn to boast a skill! Sometimes that means adding things to the mix (e.g., new skills or tools; see neurofeedback treatment options for attention: https://www.additudemag.com/neurofeedback-therapy-treat-adhd/). Sometimes it means making things as simple as possible, and removing distractions. Therefore, if a kid has a lot of energy, it helps to give a proper outlet for that energy, one that they can quietly attend to and then return to the lesson. Structured breaks and increased physical activity are strong mechanisms in boasting mental health and cognitive function. A balanced diet can also go a long way. Lastly, kids learn skills in a lot of ways, but I have found that creating a desire to learn is key in creating success. Whether we are teaching how to tie shoes, read, or control our behavior in the grocery store, an "approach" perspective can be profound (see link here for tips: https://www.additudemag.com/category/parenting-adhd-kids/positive-parenting/). One thing I do like about fidget spinners—they can bring a child's attention to something in themselves, and can even start a discussion about their mental strengths and areas for growth. ***Maybe we don't need to ban the spinners outright, or wait for a meta-analysis, but if a kid picks one up, ask them what drew them to it, and to show you how it works for them.***

Klintwall L, Holm A, Eriksson M, et al. Sensory abnormalities in autism: a brief report. Research in Developmental Disabilities. 2011;32(2):795–800. doi: 10.1016/j.ridd.2010.10.021.

Leekam SR, Nieto C, Libby SJ, et al. Describing the sensory abnormalities of children and adults with autism. Journal of Autism and Developmental Disorders. 2007;37(5):894–910. doi: 10.1007/s10803-006-0218-7.

Johnson, A. J., Muneem, M., & Miles, C. (2013). Chewing gum benefits sustained attention in the absence of task degradation. Nutritional Neuroscience, 16(4), 153-159.

Storytime

Toddlers, Tantrums, and Teamwork

by Meg Clingensmith

Meg is a 1st year doctoral student at ETSU, but now in her 3rd year in the CAPTVRE lab. Her current specialty is parent-child relationships in early childhood mental health.

Many would agree toddlers are one of the most emotionally unpredictable forces on this planet. Sometimes, when their irrational mood swings hit, we parents lose track of their feelings and tend to focus on stopping the outburst of behaviors that follow. We want to let the child know the behavior is inappropriate, and often the parent's first course of action is to enforce some type of consequence (time out, punishment, etc.) to reduce the undesirable behavior. However, the emotion that instigated the problem behavior can often go unaddressed. These negative emotions are usually the root of issues such as the turbulent temper tantrums toddlers often display. Toddlers do not possess the same emotional regulation skills adults have and, much like milestones like walking and talking, they need parental guidance to learn them.

Acknowledgment of feelings, labeling of emotions, describing how their body reacts when they experience said emotions, and modeling appropriate emotional reactions in the home are all ways to teach your little one about their feelings. Both these stories center around the same scenario, with the first being geared toward the parent's outlook, and the second showing the same interaction through the 'monster cub's' perspective. The parental version is for the adult's enjoyment, as it shows some of the behind the scenes action that may not be developmentally appropriate for young children; the second story is meant a way to engage your young child in a discussion about emotions, as well as illustrate how the parent can provide security to overcome them. While reading ask your child how [s]he feels when they're mad, sad, or scared. What does their body do? Is it the same as feeling happy or excited? What is different? You can also feel free to use puppets or favorite stuffed animals in the story to help act out the narrative. Hopefully you both enjoy this tale of a little monster cub and his mama!

Monster Cub- Parent's Version

Monster cub is feeling different,
he cannot help but cry,
and though his mom keeps asking
he cannot tell her why.

He doesn't want his favorite toy,
he doesn't want a nap,
he doesn't want to play outside,
he doesn't want a snack.

"I'm mad because I am!",
is his toddler explanation.
"That isn't a good reason,"
mama huffs in her frustration.

Monster cub lashes out
and swings his little fist.
Mama fights her first reaction
to smack his little wrist.

"A time-out will be better."
So, she sets him in a chair,
But cub is so beside himself
he begins to pull his hair.

"Please stop!", mama pleads
as anxiety sets in.
It seems today with monster cub
she simply cannot win.

Then a realization hit her
as she felt her own emotions,
if she felt like she was treading
water,
he's drowning in an ocean.

She looked at cub's tear streaked-
face,
his breaths came short and fast.
Clearly he was still upset,
although the worst had passed.

She knelt down to his level,
and looked him in the eyes.
He reached out to pull her close,
much to her surprise.

Sometimes cubs get overwhelmed,
and need a helping hand,
but we're focused on behavior,
and how to reprimand.
They may need a distraction,
or a little space,
maybe sing a happy song,
or a monster cub embrace.

"When everything feels big,
being little can be rough.
And calming ourselves down
can be really, really tough.

It's okay to feel upset.
It's okay to get mad.
It's okay to feel scared.
It's okay to be sad.

But sometimes these emotions
make our bodies do strange things.
Our hearts begin to pound,
and our ears may even ring.

Together as a team,
I'm here to help you through it,
And though it may seem daunting,
I know that we can do it!

Monster Cub- Children's Version

Monster cub is grumpy.
And like his mama said,
he must have woken up
on the wrong side of the bed.

Instead of with a smile,
he woke up with a pout.
Instead of being cheerful,
he throws a fit and shouts.

"I'm mad because I am!",
is what he tells his mama.
He can't find another reason
to explain his monster drama.

His heart was pounding loudly.
Why wouldn't it just stop?
He reached to hit his mommy,
his little heart then dropped.

He didn't mean to do it.
It just happened in a blink.
He was so frustrated,
that he didn't even think.

Now in time-out he is sitting,
but he can't seem to get calm.
Cub doesn't want to be alone;
he really needs his mom.
The minutes slowly passed,
and then his mom returned.
She looked him in the eyes,
and asked him what he'd learned.

He snuffled and he sniffled,
and pulled her close to snuggle.
She squeezed him in her arms,
giving him a monster cuddle.

"We all have our bad days,
everybody has a few.
It's a part of life.
Your mama has them too.

When everything feels big,
Being little can be rough.
And calming ourselves down
can be really, really tough.

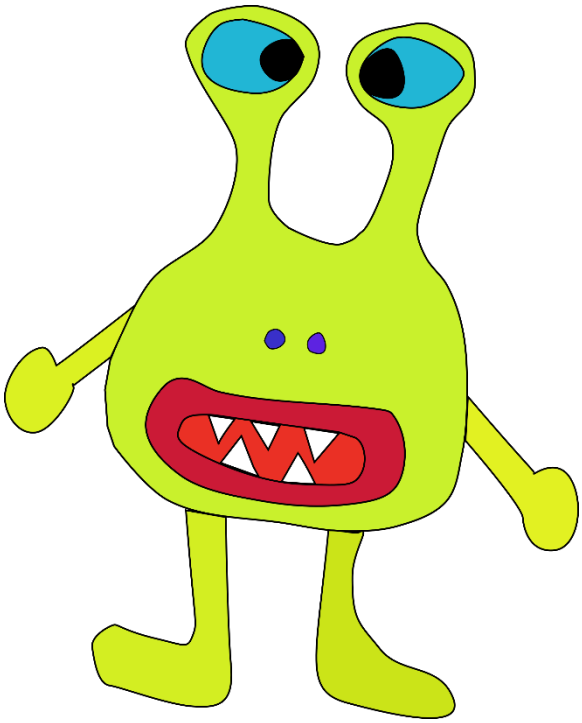
It's okay to feel upset.
It's okay to get mad.
It's okay to feel scared.
It's okay to be sad.

But sometimes these emotions
make our bodies do strange things.
Our hearts begin to pound,
And our ears may even ring.

Together as a team,
I'm here to help you through it,
and though it may seem scary,
I know that we can do it!"

She told him that she loved him,
And wiped his tears away.
After a couple deep breaths,
He began to feel okay.

Then they sang a happy song,
and instead of being tearful,
before he even knew it,
monster cub was feeling cheerful!



CAPTVRE Imagination

Fall 2017

Dr. Jason Steadman
Johnson City, TN 37614

All photos in this newsletter used by permission.

Image in "GRE: It's not your worst nightmare" from Cham, J. (2002). Piled Higher and Deeper. Retrieved from http://phdcomics.com/comics/archive_print.php?comicid=324

To subscribe to our newsletter, click here or scan the QR code below: