Providing practical, clinical information to families and children's professionals

Healing™ MAGAZINE

2018 Vol. 23, No. 1

Getting lost in Techno Reality

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KidsPeace is a private charity dedicated to serving the behavioral and mental health needs of children, preadolescents and teens. Founded in 1882, KidsPeace provides a unique psychiatric hospital, a comprehensive range of residential treatment programs, accredited educational services and a variety of foster care and community programs to give hope, help and healing to children, adults and those who love them. Learn more at www.kidspeace.org.

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Are you interested in writing for *Healing Magazine*?

If you are a professional in the field of mental health, education or parenting, we welcome your submission. Healing articles should be about 1,200 words and consist of practical, clinical information about children's mental health that can be applied in the home, classroom, community and/or office setting.

Ideas for articles can be sent to healing@kidspeace.org. ***Healing Magazine*** reserves the right to edit all manuscripts.

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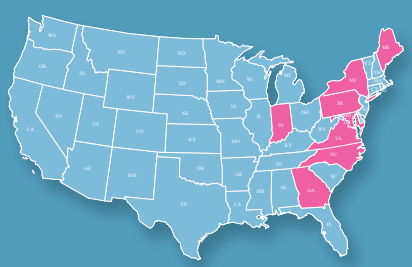

Dear Friend of KidsPeace:

Go into any public place today -- a park, a stadium, a restaurant, you name it – and you're bound to see a communications revolution in action. Smartphones, smart watches, and tablet devices are ubiquitous in our society and, while they deliver undeniably positive impacts, they often seem intrusive and a barrier to engaging and enjoying the real world. But could their effects actually be **harmful** to their users – especially children and teenagers?

In this issue of *Healing Magazine*, we offer a variety of voices advising us to pay attention to how our kids are using screens. We feature first-person stories about individuals and families who have been caught in a cycle of addiction to social media and Internet and video gaming – this, as the World Health Organization began 2018 by defining gaming addiction as a formal diagnosable mental health condition. We also present the views of mental health professionals on what is involved in such situations from a clinical point of view, as well as advice for parents on ways to break the hold of these ubiquitous screens on the attention and time of their children.

In this issue, we also take an in-depth look at a key approach therapists can use to reach patients who are resisting recognition of the need to change destructive or counter-productive behaviors. We also discuss the particular educational needs of foster children, and highlight how "child life specialists" can be an important aspect of families dealing with the trauma of a child's hospitalization. Finally, we showcase a successful case among our clients covered by TRICARE, the insurance program for military families.

As you can see, Healing strives to provide a range of topics and perspectives that offer practical, clinical information to families and child-caring professionals – highlighting not just the problems but, where possible, the paths to solutions. We welcome your thoughts, criticisms and suggestions for future issues – just send your thoughts to healing@kidspeace.org. (We especially want to encourage those of you who may have an idea for an article to reach out and let us know; we'd love to add your voice to those who are reaching our audience through *Healing Magazine*!)

Remember, you can see all current and back issues of the magazine at our website www.healingmagazine.org, and learn all about what we're doing at KidsPeace at www.kidspeace.org.

As always, thank you for your interest in KidsPeace and in *Healing Magazine*!

Will Isemann

Motivational Interviewing:

Motivational Interviewing (MI) is a clinical approach useful for working with clients that are not currently motivated to change in their treatment. Through MI, a counselor works with the client to help them explore and resolve ambivalence and to find internal motivation for changing behaviors. MI is especially useful with certain populations that have been historically categorized as "treatment resistant," such as individuals with addiction, individuals on probation, and individuals in in-patient treatment such as residential treatment programs (RTF) and hospitals.

MI was developed by clinical psychologists William R Miller and Stephen Rollnick in the 1980s and 1990s, originally for treatment of problem drinkers. It was found that lasting motivation to change had to be elicited internally from the client, rather than from outside forces. The main goals of the counselor in MI are to create a therapeutic relationship resembling a partnership, and to provide information and content that the client has not previously expressed.

Key Elements

It is the spirit of MI that drives the relationship between counselor and client. This spirit is encompassed by four key elements: *collaboration, evocation, autonomy and compassion*.

- The therapeutic partnership between counselor and client is **collaboration**. The client is seen as the expert on themselves, their histories, their circumstances and their prior attempts to change. Collaboration builds rapport and establishes trust. This does not mean that the counselor must agree with everything that the client states; this process is focused on mutual understanding, not on "being right."
- **Evocation** is the act of helping the client draw out their own thoughts and ideas, rather than imposing opinions on them. The motivation to change is most durable when it comes from the client.
- Empowering the client to make their own lasting change is called **autonomy**. The counselor's role is to provide all of the options and consequences so that the client can choose their own actions.
- **Compassion** encompasses the counselor's commitment to encourage their client's welfare and to seek to understand their experiences, values and motivations. Compassion is being respectful of the client's path and choices and understanding that difficult emotions will be experienced along the way.

Stages of Change

Clients are often in a state of flux in regards to their motivations to change. This concept is summed up in the stages of change found in the Transtheoretical Model of Behavior Change (TTM):

- **Pre-contemplation** is marked by the client not seeing any reasons or motivations to change.
- **Contemplation** occurs when a client is willing to consider the possibility of a problem, but has no desire to change.
- **Preparation** is marked by the client making a commitment to change and creating a change plan.
- The **Action stage** takes place when the client has identified that there is a problem, has committed to making a change, and has taken the first steps in actively changing the baseline behavior of concern (BOC).
- The **Maintenance** stage can be identified when a client has shown some proficiency in their changed behavior, and have shown consistency in their choice to use these changed behaviors over their previous BOCs. (Note: **Relapse** is a sub-stage of both Action and Maintenance, marked by a return to the previous BOCs.)
- **Termination** occurs when a client has made a lasting change and has shown proficiency in their changed behaviors. While this stage may identify as termination, most clients will agree that change, and the idea of support, will continue.

Many clients will fall within the first two stages when first entering treatment. MI will be useful for working with clients in these early stages.

Phases, Principles and Skills

MI has two phases. In the first phase, the motivation to change is built primarily through eliciting *change talk* - when the client actively discusses change and their commitment to do so. Change talk is heard in five categories: desire, ability, need, reason and commitment. Change talk is elicited by adhering to the *principles* and *basic interaction skills* of MI.
The four principles of MI can be summed up with the acronym **RULE**:

- **R**esisting the "righting reflex" - The righting reflex is the tendency of those

A Clinical Overview

By Dominick DiSalvo and Jason R. Frei

in the helping profession to want to actively fix the problems of our clients. However, this has a paradoxical effect: because of ambivalence, the client is apt to point out the problems with the solution or provide reasons not to change the behavior. Furthermore, the client may not see change as possible. Therefore, it is important for the counselor to resist this reflex so that the client can come to their own reasons and motivation for change.

- **U**nderstand the client's own motivations - Since change must occur from the client's own motivations, it is the counselor's responsibility to openly explore the client's interests, concerns and values and to understand them, in order to help the client identify motivations and possible barriers to change.
- **L**isten with empathy. Listening to the client is the counselor's most essential tool to identify change talk. In addition, active listening skills will portray empathy and will allow for a greater alliance between the counselor and client. Finally, listening will allow the counselor to better understand and accept the client's feelings and perspective.
- **E**mpower your patient - Change and motivation can only occur if the client feels that they play an active part in their treatment. Empowerment leads to hope that change is possible, paves the way for more ideas, and makes the realization that change is in the control of the client.

These four principles are the backbone of MI, but it is the four basic intervention skills that build the motivation to change. The acronym here is **OARS**:

- Ask **O**pen-ended questions
- Make **A**ffirmations
- Use **R**eflecting Listening
- Provide **S**ummary statements

Open-ended questions give the counselor the opportunity to learn more about the client's values and what may or may not motivate them. They are imperative in eliciting change talk so that the client can talk more and make the realization that their current behaviors are not working or are not good for them.

Affirmations help validate and support the client as they see reasons for motivation. Affirmations are crucial when the counselor hears change talk, in order to support strengths and efforts for change.

Reflective listening involves the skill of rephrasing statements in order to amplify or reinforce efforts to change. Reflections seize upon the implicit meanings and feelings of the client's statements. This allows the client to continue personal exploration and understand their motivations toward change.

Summary statements ensure mutual understanding of the conversation by providing check-ins of what was said. They allow the counselor to introduce discrepancies between what the client says and the observed or reported actions, as well as their current situations and their future goals.

In MI's second phase, the therapist and client focus on strengthening the commitment to change. This is done by summarizing the client's current situation, laying out the reasons for change, providing asked-for information and advice, creating the change plan with the client's commitment to that plan, and then putting the plan in action.

At its most effective, MI works in tandem with the client, bringing their needs and interests to the forefront in order for them to discover their own motivations for change. By discovering this internal motivation, they will be able to make lasting change in their lives. This then leads to the benefits of increased client self-efficacy and engagement in treatment, and a greater likelihood for long-term success.

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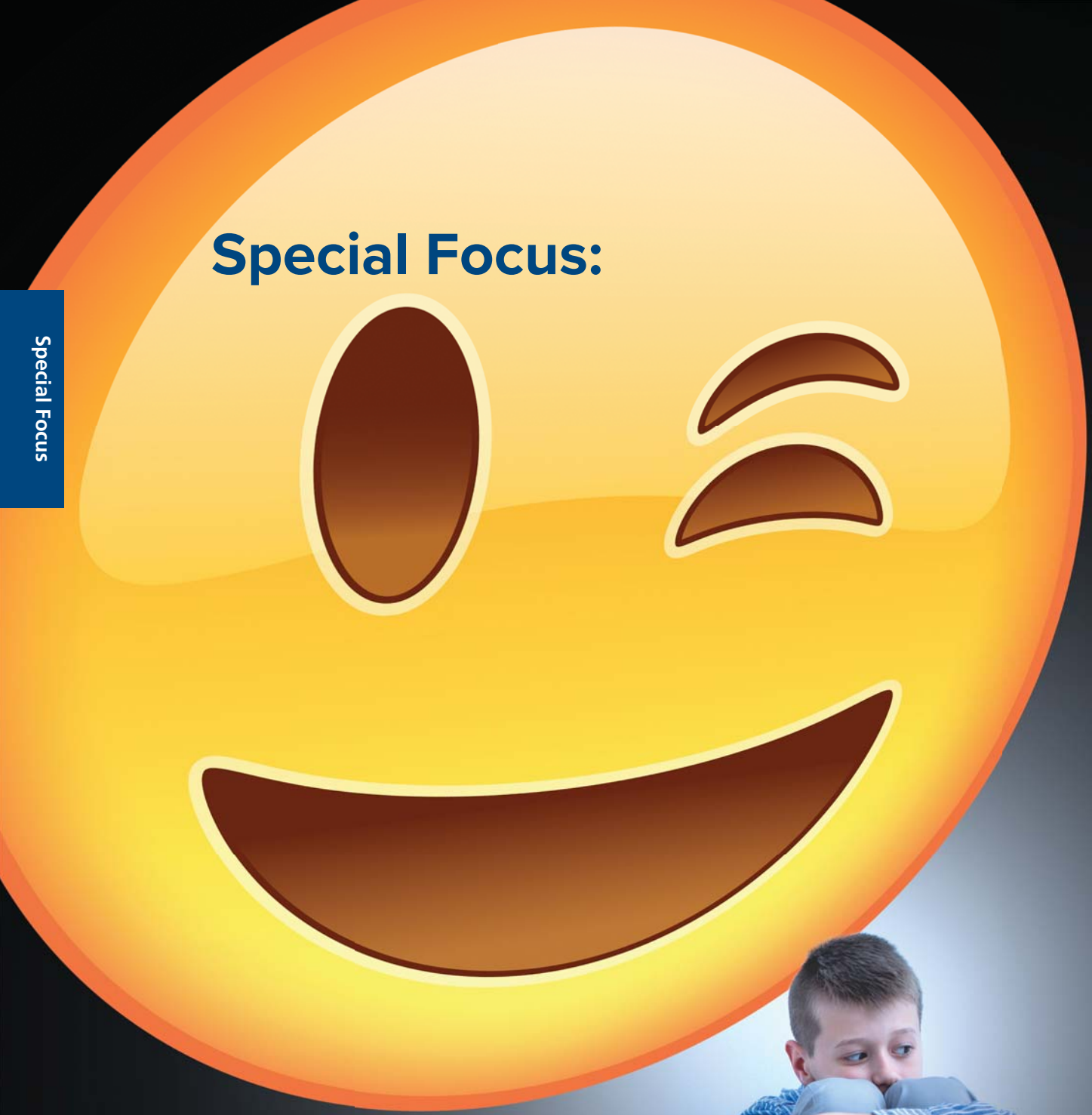
Special Focus:



Getting lost in Techno Reality

Perspectives on social media use and internet game playing

By Michael Rich, MD and Kristelle Lavallee

When TV Was Our Biggest Concern

Twenty-five years ago, pediatricians, educators, and parents began to voice concerns about the effects of watching television on children's health. Was the dramatic increase in childhood obesity linked to the parallel increase in screen time? Did the sex, violence, and drug use available on cable television influence health-related risk behaviors among youth? As a former filmmaker turned pediatrician, I was asked by both patients and health organizations like the American Academy of Pediatrics to assess and respond to these concerns.

Children's Environmental Health in a World of Screens

The understandable reflex of many was "Turn it off!" Since Congressional hearings in the early 1950s that questioned whether *"Gunsmoke"* led to juvenile delinquency, there had been a values-based, polarized discourse about the effects of television between advocates for children and proponents of free speech. After four decades of debate, it was clear that, despite the concerns, screen media were becoming an increasingly

prominent part of our environment. As a pediatrician and a parent, I realized that the same rigorous research that we had brought to bear on nutrition and injury prevention was needed for us to learn to live with screen media in healthy and safe ways. We needed to replace the heat of controversy with the light of science.

Reframing the Paradigm

Approaching screen media as a public health influence rather than a social threat, I founded the Center on Media and Child Health (CMCH) in 2002 at Boston Children's Hospital and Harvard Medical School. CMCH is the first (and so far only) academic center of excellence that builds on rigorous scientific evidence to understand and respond to the positive and negative effects of media as a powerful environmental influence on the physical, mental, emotional, and social health of children, adolescents, and the adults they will become.

The work of the Center's interdisciplinary team, including experts in developmental psychology, information science, cultural anthropology, education, and medicine, is focused around its mission of "nurturing children's health and development in media-rich environments." Building on a comprehensive library of international scientific findings, CMCH conducts clinical research to provide all stakeholders, from children and families to health professionals to producers of media and technology, with unbiased findings on the positive and negative ways that children and adolescents are affected by the media they use and how they use them. This research is translated into effective tools for parents, educators and clinicians to direct those influences toward positive outcomes. CMCH shares information and strategies with professionals and the public through its web and social media outreach, as well as through academic and popular press publications, formal research presentations, and educational lectures throughout the world.

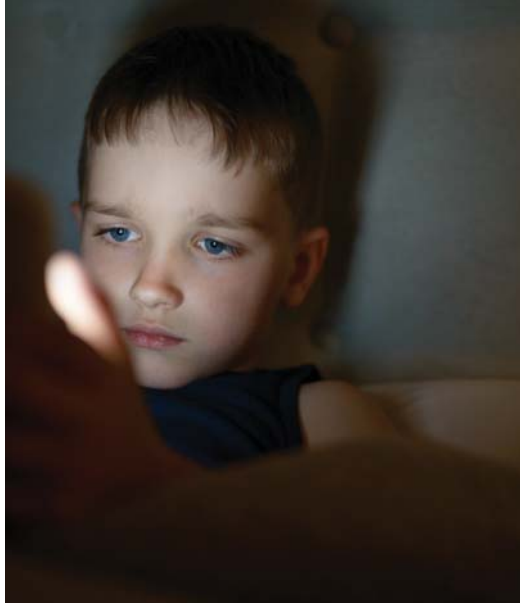
Lost and Found in our Googleable Globe

It goes without saying that our media environment has evolved dramatically since CMCH started to bring science to our lives with screens. Now, screens are *everywhere*; unsurprisingly, today's 8- to 12-year- olds are exposed to six hours of media daily, while 13- to 18-year-olds are exposed to an average of nine hours—more time than they spend in school or with parents (Rideout, 2015). Many children, even very young children, now have smartphones, using them effortlessly to connect, to learn, to communicate, and to never be bored. The ubiquity of mobile devices and the infiltration of screens into virtually every aspect of human society has created an environment in which we all move seamlessly between the physical and the digital worlds.

CMCH seeks to understand screen media effects as an environmental health issue, using evidence to develop best practices for introducing these powerful tools to children and for using them in ways that help and do no harm.

Growing Up Healthy in a Screen-Saturated World

History has proven that a Luddite approach of "turning off" is a non-starter. Experience with screen time limits has shown that restricting screens makes them the even-more-desirable "forbidden fruit." And at a time when homework is assigned online and kids



have multiple windows open on multiple devices, determining how much time is spent with "good" vs. "not so good" media is frustrating and practically impossible. We must accept that screen media are completely integrated into the environment in which children are growing up.

CMCH is translating our scientific understanding of how children's health and development are affected by their screen use into best practices for children and families to use these very powerful tools. CMCH's research and clinical experience does not support handing these mobile devices to children at any age, nor does it point to today's tech use as the sole cause of children's problems. Instead, it reveals the importance of moving past our long-held preconceptions and fears to build on science-based understanding of the complex interfaces and influences of three moving targets: the developing child, the evolution of media technology, and the transformation of human behaviors in our use of these innovations. With rigorous understanding of how children's health and development are affected by the media we use and how we use them, we can make informed decisions to introduce these digital tools to children when they *need* them, and once they have demonstrated their ability to utilize them in ways that will benefit who they are and where they are developmentally.

When Connectedness Becomes a Clinical Concern

In my research at CMCH and my medical practice at Boston Children's Hospital,

it became clear that there was a need for identifying and treating children who have health issues related to their media use. Not only were we treating children with medical issues such as obesity which were exacerbated by their media use, we began seeing increasing numbers of young people who were unable to self-regulate their use of screen media:

- Some were sleep-deprived because they stayed up late texting.
- Social media users were increasingly anxious and depressed.
- All-night gamers would sleep through school.
- Porn users were struggling with sexual dysfunction.
- Teens would opt out of family meals, social events, even basic hygiene because they were watching endless online videos.

We saw impairments in academic, social, and emotional functioning akin to those seen among young people with serious psychiatric illness or substance use disorders.

"Internet Addiction Disorder" is a recognized diagnosis in Korea and China, and *"Internet Gaming Disorder"* is noted to require further research in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association, 2013), and *"Gaming Disorder"* appears likely to be included in the World Health Organization's (WHO) International Classification of Diseases (ICD-11) (World Health Organization, 2016). But **none** of these descriptions accurately characterizes the scope and specifics of what we are seeing in the clinical setting. As a label, *addiction* is both inaccurate and stigmatizing, resulting in parents not recognizing a developing problem until it is much harder to manage. The forms of dysregulated media use we have seen have not been limited to gaming or even the internet. The problem is not created by the device or application, but by young people's behaviors with them. Children and adolescents can become just as out-of-control offline as online - it is the interactivity that draws them in and holds them.

As a result, we have found *Problematic Interactive Media Use (PIMU)* to be the most accurate descriptor of dysregulated use of computers, mobile devices, or consoles, online or offline, which results in functional impairment of the individual.

We have observed four distinct manifestations of PIMU:

- gaming (predominantly boys)
- social media (predominantly girls)
- pornography
- and information-bingeing, linking from site to site watching videos or reading text.

Although the interactive activities differ, PIMU is a unifying description of a behavioral syndrome characterized by compulsive use of, increasing tolerance, and negative reactions to being removed from interactive screen media which impairs the individual's physical, mental, cognitive, and/or social function. While uncontrolled use of screen media can cause problems at any age, children and adolescents are more vulnerable than adults to develop PIMU due to still-developing executive brain function (Rich et al, 2017).

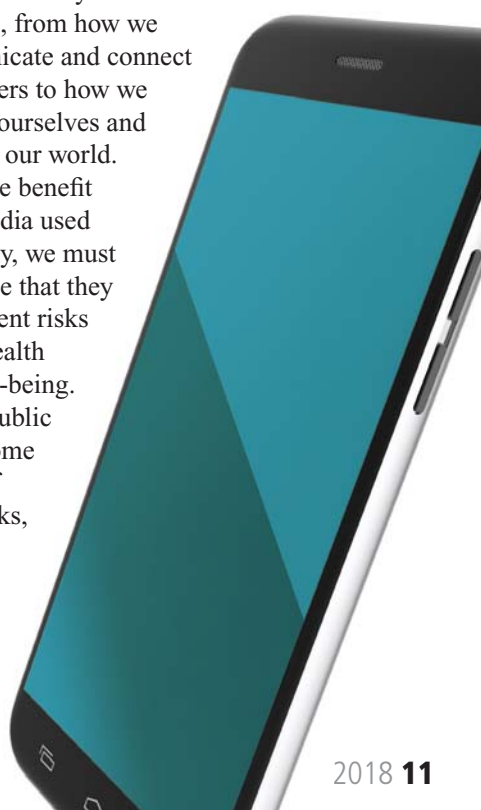
Intervening and Preventing

In response to observed increases in PIMU and other media-related health problems, CMCH has built on its evidence base to provide diagnosis and treatment at the Clinic for Interactive Media and Internet Disorders (CIMAID - http://cmch.tv/cimaid/), based at the Adolescent/Young Adult Clinic of Boston Children's Hospital. CIMAID is a multidisciplinary team of psychologists, psychiatrists, and medical doctors who evaluate patients presenting with media-related health concerns and develop treatment strategies for them. Because PIMU is yet to be fully characterized, the CIMAID team is collecting clinical data on our patients and finding that many have an underlying disorder such as Attention Deficit-Hyperactivity Disorder (ADHD), anxiety, or depression, often previously subclinical and unnoticed, which has manifested itself in the interactive screen environment. Young people with social anxiety sought connection through social media, but got caught up in competitive self-marketing that exacerbated their anxiety. Kids with ADHD took refuge from the chaotic world in the predictable confines of gaming, but then saw no reason to leave the environment that they had mastered for one in which they felt inadequate and out of control.

When CIMAID has identified and treated the underlying dysfunction, PIMU symptoms have frequently subsided, allowing these young people to manage their media use in functional ways and succeed in school, at home, and with friends. What our ongoing clinical research appears to show is that while PIMU may be a more accurate description for this problem, in fact it may not be a new diagnosis but a syndrome - a group of symptoms that uniquely present themselves in the interactive screen environment. In addition to developing and evaluating treatments, CIMAID has focused on identifying predispositions and vulnerabilities to PIMU, information that can be incorporated into pediatric care, education, and parenting strategies for how to introduce and use these powerful interactive tools in children's lives.

We Need an App for That

Media and technology have profoundly changed the way we live our lives, from how we communicate and connect with others to how we educate ourselves and navigate our world. While we benefit from media used mindfully, we must recognize that they can present risks to our health and well-being. As the public has become aware of these risks, ranging from PIMU and



other health issues to personal data being hacked, we are now experiencing a "techlash", in which even internet and social media industry pioneers are questioning what they have unleashed. Google faces public distrust after thousands of disturbing videos were posted (and watched) on their "safe" YouTube Kids channel. Facebook is undergoing Congressional scrutiny for sharing personal data, and Apple must respond to major shareholders about negative effects their smartphones may have on children.

Parents, clinicians, educators, policymakers, indeed most of us who have ever felt beholden to our phones, are worried by what we see, read, and even how we find ourselves acting in our new "connected" and "smart" environment. But we have the science and clinical experience to understand how we are being affected, to prevent and intervene on problematic uses of interactive media, and to teach our children and ourselves to use these media in mindful, focused ways so that they, and the society that they will soon lead, develop to be healthy, happy, productive and caring.

We have and must cultivate an inborn app for that – the ability to think critically about why and how we are using these powerful tools, and the awareness that when we use them, we are always displacing something else, something that might be as valuable as a conversation, a human touch, or a moment simply being present.

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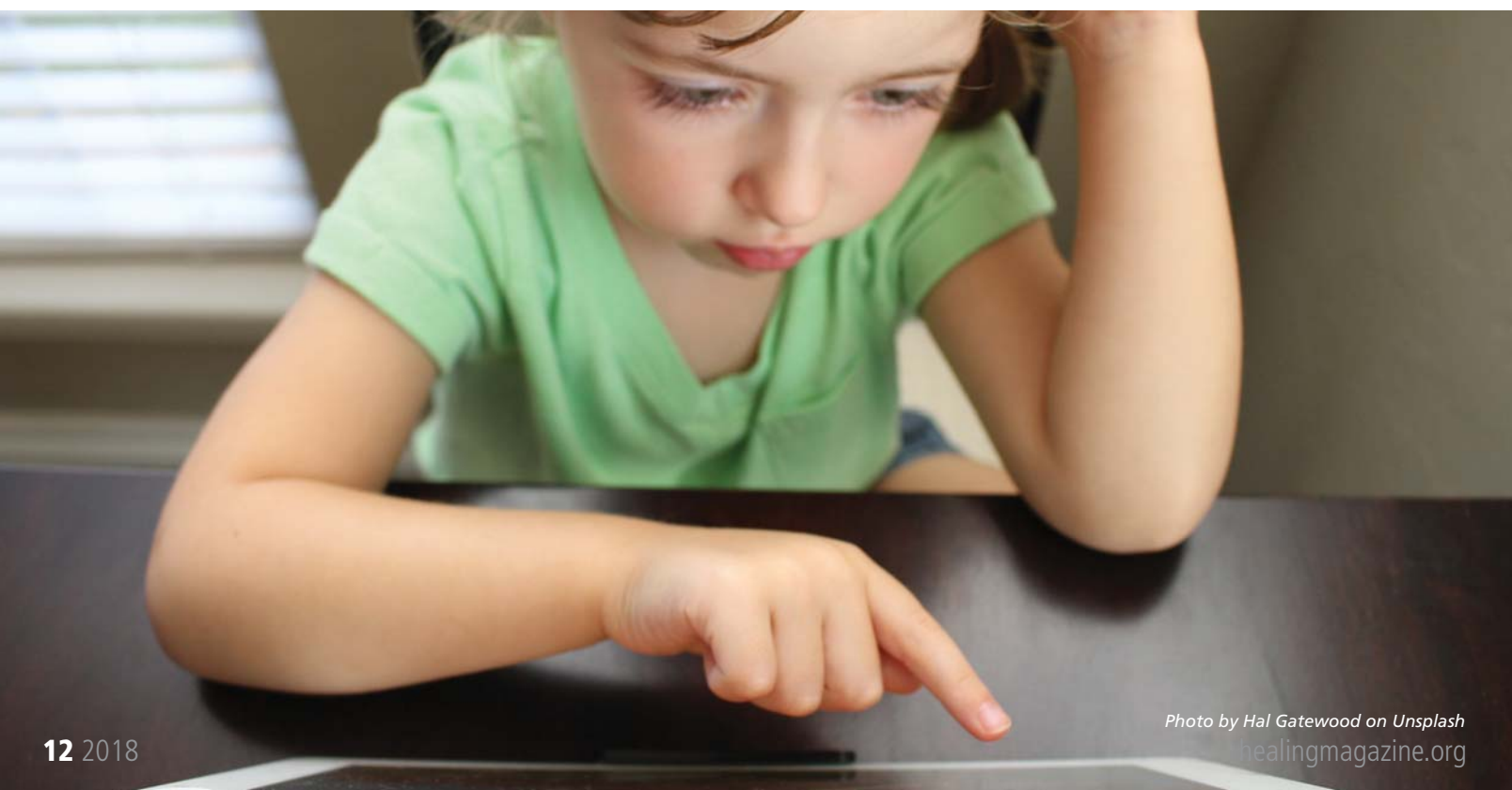
Jill R. Kavanaugh, MLIS, AHIP

Michael Rich, MD, MPH, FAAP, FSAHM, Founder and Director of the Center on Media and Child Health (CMCH) at Boston Children's Hospital, Associate Professor at Harvard Medical School and Harvard School of Public Health, came to medicine after a twelve-year career as a filmmaker. As Director of CMCH, Dr. Rich combines his creative experience with rigorous scientific evidence about the powerful positive and negative effects of media to advise pediatricians and parents how to use media in ways that optimize child development. Recipient of the AAP's Holroyd-Sherry Award and the SAHM New Investigator Award, Dr. Rich has developed media-based research methodologies and authored numerous papers and AAP policy statements, and has testified to the United States Congress.

Kristelle Lavallee, MA, is the Content Strategist at the Center on Media and Child Health in the Division of Adolescent and Young Adult Medicine at Boston Children's Hospital. A former educator and media producer, Kristelle's current work focuses on translating CMCH and other relevant interdisciplinary research into actionable advice, practical health resources, and through curricula that promote children's healthy and developmentally optimal creation and consumption of media.



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The Ethical Dilemma of Our Online Lives

By Jessica Racine

Photo by Olloweb Solutions on Unsplash

The wealth of information available at our fingertips with the advances of our online world is astonishing. In seconds, we can find a long-lost high school friend and see pictures of their spouse, their children, learn where they work and how they fill their life. It's easy to access, and quickly renders other forms of research and communication obsolete.

As we struggle with how to teach our children to manage this powerful tool responsibly, therapists are faced with their own struggles of how to manage their online boundaries and use social media in an ethical and responsible manner. When a client misses multiple appointments, or a therapist doubts the validity of a story told in therapy, it can be very tempting to anonymously search online for that client. Just "Googling" a client or looking at their Facebook page to get some information won't cause any harm, will it?

A therapist might look up information about their clients for a variety of reasons. Some are more common than others - fact checking, checking for delusions of grandeur or reality testing, and general monitoring for well-being, to name a few. When a client misses several appointments and doesn't return calls, would you feel relieved if you saw pictures posted online of your client with their family on a vacation out of town? But is it your business? If you follow through and search that client, you may feel relieved, but at what cost to your therapeutic relationship with that client?

How do we decide if – or when - searching for information outside of the therapy session is a betrayal of the therapeutic process?

It is not an easy decision to choose not to access readily available information when there is doubt about a client's safety. A study in 2014 of 200 clinicians evaluated how therapists encountered information about their clients online and their opinions about that access.[1] Of the 200 clinicians:

- 76% encountered or sought information online without client awareness
- 90% believed there was no effect on their ability to provide services
- 61% considered it a slight to small boundary crossing
- 22% did not consider it a boundary crossing at all.

Surprisingly, only 4% of those same therapists reported that they shared in treatment that they had searched their clients online or the information they discovered in such searches. Most therapists in this study thought there was, at most, a slight boundary issue, but only a small minority admitted to their clients that they had information about them from the internet. The real danger seems to lie in a failure of communication. If you address information discovered online in therapy and the client realizes this is not something they have shared, the trust and the relationship you've built with them may be over.

Ethics boards for social workers, counselors and other helping professions are taking on this question of accessing information and providing guidance for licensed professionals to guard against unknowingly stepping into an ethical dilemma. Overall, the recommendation is to avoid online contact with clients outside of a professional context, including searching for information. For example, the American Counseling Association has adopted standards into their Ethics Code to address safeguarding professionals' presence online. Standard H.6 recommends maintaining separate online accounts for professional and personal online profiles, clearly explaining limitations in online contact to their clients, respecting the privacy of their clients' presence on social media and avoid disclosing confidential information. Additionally, therapists should utilize stringent privacy settings to protect against contact with clients other than professionally.

As technology brings our worlds closer than ever, we need to keep informed of changes in our respective boards' codes that follow these advancements and guide our professional practice.

[1]Kolmes, K. and Taube, D. (2014). Seeking and Finding Our Clients on the Internet: Boundary Considerations in Cyberspace. Accessed from www.apa.org/pubs/journals/features/pro-a0029958.pdf.

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Special Focus

Rethinking Screens. Reclaiming Kids. Reconnecting Families.

By Melanie Hempe

Editor's Note: In 2011, Melanie Hempe uncovered the dark world of video game addiction when her oldest child dropped out of college due to his gaming addiction. She set out to help other struggling families; to her surprise, more than 100 parents attended her first meeting at a local school – evidence that families everywhere were unprepared for the tidal wave of technology that was flooding their homes, and that children and teens were being lost in the world of video games and smartphones. Most importantly, parents were looking for answers. From that meeting, Families Managing Media (FMM) was born. In this article, she reflects on what she has learned over the last seven years...

Many parents are at a difficult crossroads regarding which screens to allow in their kids' lives. But, this decision doesn't have to be as hard as we make it.

Imagine no more arguing with your kids over screen time, no meltdowns about losing phone privileges, and no secret gaming until 3 a.m.

Next, imagine how peaceful it would be to never worry about what your kids are posting or seeing on social media. Imagine how stress-free it would be for them never to worry about their "personal brand." Wouldn't it be nice to move past the daily screen drama in your home?

I've heard all the reasons parents have for giving their kids personal screens:

"Screens are part of today's youth culture, they make our kids smart and we need to teach them how to manage them."

"Teens will be social outcasts without their games and social media. Plus, we moved recently, and it is the only way for them to stay connected with their friends."

"I have to let him play his video game; he is very gifted, and he is going to be a game designer when he grows up."

"Only overprotective parents restrict screens; if you do, your teen will overuse them in college."

I now know that all these reasons are just dangerous myths.

We have made many screen mistakes in our home. Since our family has lived through our oldest son dropping out of college due to a gaming addiction, we made some changes with our second child, and now our youngest twins. They get to reap the benefits of our newfound parenting knowledge, coming from the mistakes we made with our oldest. But beyond just learning through trial and error, getting our arms around this issue has required us to learn about the long-term physical and emotional effects of screens on child development.

Here are a few things that stand out:

1. Screens are not a neutral activity for kids. Games and social media are designed to stimulate the "feel good" brain chemicals that kids will continue to crave. These chemicals are the same ones that lead to addiction. Over time, our children's developing brains will rewire themselves to need these chemicals more and more, putting into motion an addiction pathway in their brains.

2. It takes 25 years for a child's executive function to mature. I was setting my kids up for failure by expecting them to manage their screen use in a healthy way - a task that they were not physically capable of doing. Don't confuse "high grades" or "smart kids" with being mature. Maturity takes time to develop in real life and cannot happen through a screen.

3. Face-to-face communication and social skills are more important for our child's future success than screen skills. It is difficult (if not impossible) to teach these life skills when your child's first love is a screen.

4. Our screen culture is here to stay but childhood isn't. Once that short window of time and great potential is closed in your child's life, it can never be opened again. You don't get a "redo!"

5. Early exposure to adult themes and content will form lasting emotional scars on a child. As parents, we want to be the first ones to shape their hearts and values so we must be the first ones to guide, educate and protect them.

6. According to research, social media makes the user more anxious, stressed and depressed. Teens are less stressed without video games or social media, which are simply a form of distracting entertainment. The evidence suggests, after a few months of a screen detox, teens are happier and less anxious as well as more independent, confident and connected to their families.

Parents have a much higher calling than to lower the bar to keep up with every cultural norm. If we want the best for our children, then why do we keep putting the worst our culture has to offer in their pockets hoping they won't be harmed? It is time to put your children's devices down—because they can't—and help them reclaim the life they are losing.

Do not allow a screen-stressed home environment or anxious children to become the new normal for your family.

Instead, with a coach's heart, go back to the basics: study, evaluate and learn from mistakes. A good coach knows when it is time to make changes and they are not afraid to make the call. They also know that it will take plenty of hard work and determination to get their team back on track. Put on your parent-coach hat and adjust your game plan with confidence:

- If video games are causing conflict in your home, throw them out! Today's video games are much more addictive and harmful than the video games of the past.
- If you gave that smartphone too early, acknowledge your mistake, and take it away or replace it with a less addictive basic phone (There are good reasons why you have to be 18 to even buy a smartphone from any phone company.). Give their phone back to them when you are confident that their life skills are strong and they are more mature.
- Finally, show your children how to have in-person social lives, real hobbies, and most importantly, a balanced childhood that includes plenty of free play, creativity, screen-less down time, and connections with your family and friends. They will have technology the rest of their lives; give them the gift of an uncluttered childhood to enjoy for now.

Today when our boys come home from school, I will not hear about their new level on a video game (yes, their peers play during classes at school). They will not be crushed over the middle school social media drama. They will not run up to their room to watch two hours of mindless YouTube videos, and they will not slip into a phone-coma as they keep up their Snap-Streak. Best of all, there will be no arguments and no screen negotiating on my end; thankfully, those days are history.

Instead, there will be lots of conversation in the kitchen. They will be hungry, they will have mud on their shoes, and they will be very loud as they explain all the stories from the day about who was the fastest at cross country and about a particular girl who sat with them at lunch (*"Mom, FYI, she isn't my girlfriend. She's 'cool'—she likes football."*). They will jump on their bikes and head out to gather as many neighborhood friends as they can for a quick game of cul-de-sac football before heading to their baseball game.

When they get home tonight, they will throw in a load of their laundry, and finish their homework quickly (because there is no group text pinging for their attention). They might complete the crossword puzzle they started this morning or read a chapter in their new favorite book. Then they will fall into bed to get that 9 hours of sleep their adolescent brain needs.

While there is a lot to be gained in our adult world when technology is used responsibly as a tool, there is much to be lost in our kids' world when we allow it to crowd out their childhood. Maybe it's time for parents to rethink whether this is one of those times when less really is more. We're so glad we did.

Melanie Hempe, RN is the founder of Families Managing Media, and delivers hundreds of seminars throughout the Charlotte, NC area, writes for Charlotte Parent Magazine, is seen regularly on local TV and has a national presence in radio, print and online magazines.

Families Managing Media helps parents reset their kid's screen habits and reconnect their families. More details and contact information are at www.familiesmanagingmedia.com.

...imagine how peaceful it would be to never worry about what your kids are posting or seeing on social media. Imagine how stress-free it would be for them never to worry about their "personal brand."

Finding My Purpose by Fighting My Video Gaming Addiction

By Cam Adair

Editor's Note: Cam Adair is the founder of Game Quitters, an organization dedicated to helping people who are addicted to playing video games. The following first-person narrative is adapted from their web site www.gamequitters.com

My name is Cam, and by the age of 21 I had been addicted to playing video games for over ten years.

I don't blame video games for why this happened, nor do I think video games were the problem. What I do want to share with you is how the decision to move on from them has taught me more about living a meaningful life than anything I've done before.

I was a fairly normal Canadian kid. I went to school, I played hockey and then I would go home and play video games. I was happy, I felt smart, and I had friends. That all changed in the 8th grade when I began to experience intense bullying, both at school and on my hockey team. The less I went to school and the less I went to hockey, the more I played video games. They were a place for me to escape to, a place where I had more control over my experience.

Eventually I dropped out of high school, and for the next year and a half I was depressed, living in my parent's basement, playing video games up to 16 hours a day. Every morning my dad would drop me off at a restaurant where I was a prep cook. As soon as he drove off I would walk across the street, and catch the bus back home. I would sneak in through my window and go to sleep—I had been up all night playing video games. A few weeks later my parents would wonder where my paycheck was, so I would make up an excuse that I quit, or I got fired, then I would "get another job."

Unfortunately, games didn't fix the problem, and things only continued to get worse, until one night when I wrote a suicide note. Thankfully I didn't go through with it, but it made me realize that I needed to get professional support. So I started to see a counsellor, who made me a deal: either get (and keep) a job, or go on anti-depressants. So I got a job.

What the job gave me was structure and stability. It was an opportunity for a fresh start. And I could make this new life anything I wanted it to be. When I thought about what I wanted, I became curious about what my life would look like if I

really committed myself to my life, if I applied all of my talents and potential to realize my dreams… what would be possible? But I knew if I was really going to do this, then I couldn't play video games. So I quit cold turkey and for two years I didn't touch a game.

Then I relapsed. I had just moved to a new city, and one of my new roommates was a professional poker player named Ben. My first night at the house Ben and I started talking about our past gaming histories, and we realized we used to play the same game—*Starcraft*. Ben said he was going to go to the store and buy it for us to play.

I told him I had quit, and really didn't want to play video games anymore. He just laughed it off.

"Just one game," he said.

I sighed, and agreed to play. Over the next 30 minutes he absolutely destroyed me.

Humiliated in defeat, I committed to doing everything possible to improve so he could never beat me like that again, and for the next five months I played 16 hours a day, and did nothing else but game.

Then again I realized my gaming was out of control, and I needed to quit again.

Four Needs

I took time to reflect on why I was so drawn back to games, and I realized there were **four main needs games fulfill:**

1. Temporary Escape: With games I could escape. When I was feeling stressed out or needed a break from the day, I could just game and forget about the situation.

2. Social Connection: Gaming is a community, and it's how you interact with a lot, if not all, of your friends. It's where you feel welcome and safe. It's where you feel accepted, despite the stigmatizing stereotypes of gamers as nerds, loners and losers.

3. Constant Measurable Growth: Games give you a feedback loop. You get to see growth and progress, and it happens immediately through instant gratification.

4. Challenge: Games give you a structured sense of purpose, a mission and a goal to work towards. And they are specifically designed this way. You have to beat this boss, get this weapon, achieve this level. You always know what to do next, and "real life" isn't as simple as that.

It's important to know that gaming is just an activity. You don't game just because you "love video games," or because games are fun; your drive to game comes from your desire to fulfill these four needs. And if you stopped playing video games, you would need to fulfill these needs in alternative activities—otherwise you will continue to be drawn back to games, just like I was.

A Need for Advice

After I learned these reasons I figured if I struggled to quit playing video games than surely there were many others out there in the world who struggled as well, so I looked online to see what the current advice was about how to quit playing video games.

But instead of getting practical advice that can help, you get advice like "Study more"(when the whole reason you're playing video games is to avoid studying),or "Hang out with your friends" (when all of your friends play). Is there anything more frustrating than being courageous enough to admit you have a problem (and need help), and then assertive enough to actually search for an answer… only to get one you **know** is wrong?

So I felt called to share what I had learned through my journey as a hardcore gamer who struggled with the same question, and what helped me recover from my addiction. Today I'm seven years clean and my life has never been better.

In May of 2011, I published my story and what I had learned in a blog post online titled *How to Quit Playing Video Games FOREVER* and the article (more of a rant) went viral and instantly became the go-to resource online for those in the gaming community looking to quit. Every day I woke up to new comments. And these weren't comments just saying "thank you", they were thousand-word essays of fellow gamers sharing their life story. It was an outlet for them to finally speak up about their experience. And they were young. I received comments from gamers as young as 10, 11, 12 years old - young people opening up and being vulnerable.

In January 2015, I launched Game Quitters, and it's been an incredible ride ever since. Today Game Quitters is the largest support community for people who struggle to overcome a video game addiction. We have members in over 85 countries. We have a YouTube channel with more than two million views. We have over 50,000 members, a community forum with over 30,000 journal entries – where members share their journey and support their peers.

My dream is to ensure that if someone out there is struggling with a video game addiction, or simply wants to stop playing for any reason whatsoever, that they have the best support available for them. That's why I created Game Quitters and that's why I wake up every day to do the work I do.

When I thought about what I wanted, I became curious about what my life would look like if I really committed myself to my life, if I applied all of my talents and potential to realize my dreams...

Cyber Detox – Go "No Electronic" Once a Week

By Chris Ferry

Tuesday morning at the Ferry household … The boys are eating cereal and actually having a discussion. The content of the topic isn't as important as the fact that an 8- and 11- year old are engaged in real-time, real-life dialogue. The dog senses a disturbance in the force as I smile peacefully over the scene …. That night the family plays a board game and we ask each other about our day – a day in which phones, tablets, computers and video games remain unused.

I like Tuesdays, or "No Electronic Tuesday" as it is dubbed in our house. Our entire family gets a "cyber detox," and for one day we all realize that there is life beyond the screen …

Without question, social media has revolutionized the way people communicate. From re-connecting with old friends and making new friends, to sharing content and participating in campaigns, the ease and power of social media is massive in scope. The impact is undeniable, but is the constant exposure and use too much?

First, let's take a look at some statistics.

- The number of worldwide social media users is expected to reach some 2.95 billion by 2020 – that's about a third of the Earth's entire population.
- 78% of the United States population have a social networking profile and 90% of young adults (ages 18 to 29) use social media.
- Over 60% of 13-17 year olds have at least one profile, many spending more than two hours per day on social networking sites.
- 60% of social media time is spent on smartphones and tablets.

The statistics speak for themselves and carry a double-edged sword. Being "connected" makes people happy; 65% of teens report social networking makes them feel good about themselves. Social media platforms can help with political change, disarm stigmas, and spread news faster. However, the negatives are just as clear. Hacking, identity theft, sexting, and cyberbullying are just a few of the potential outcomes many teens face through social platforms.

Studies show that 69% of teens regularly receive personal messages online from people they do not know, and most of them do not tell a trusted adult about it. 64% of teens post photos or videos of themselves on social media, while 58% post information about where they live. Females are far more likely than male teens to post personal photos or videos of themselves (70% vs. 58%) and one in 10 teens has posted their cell phone number online.

And anyone with a teen or tween will tell you that social media has hijacked everything from dinner nights to face-to-face conversations. So how does a parent fight back?

The good news is that parents CAN combat the cyber overload and protect children. Simply put, most things in moderation don't pose a threat, but moderation is the key:

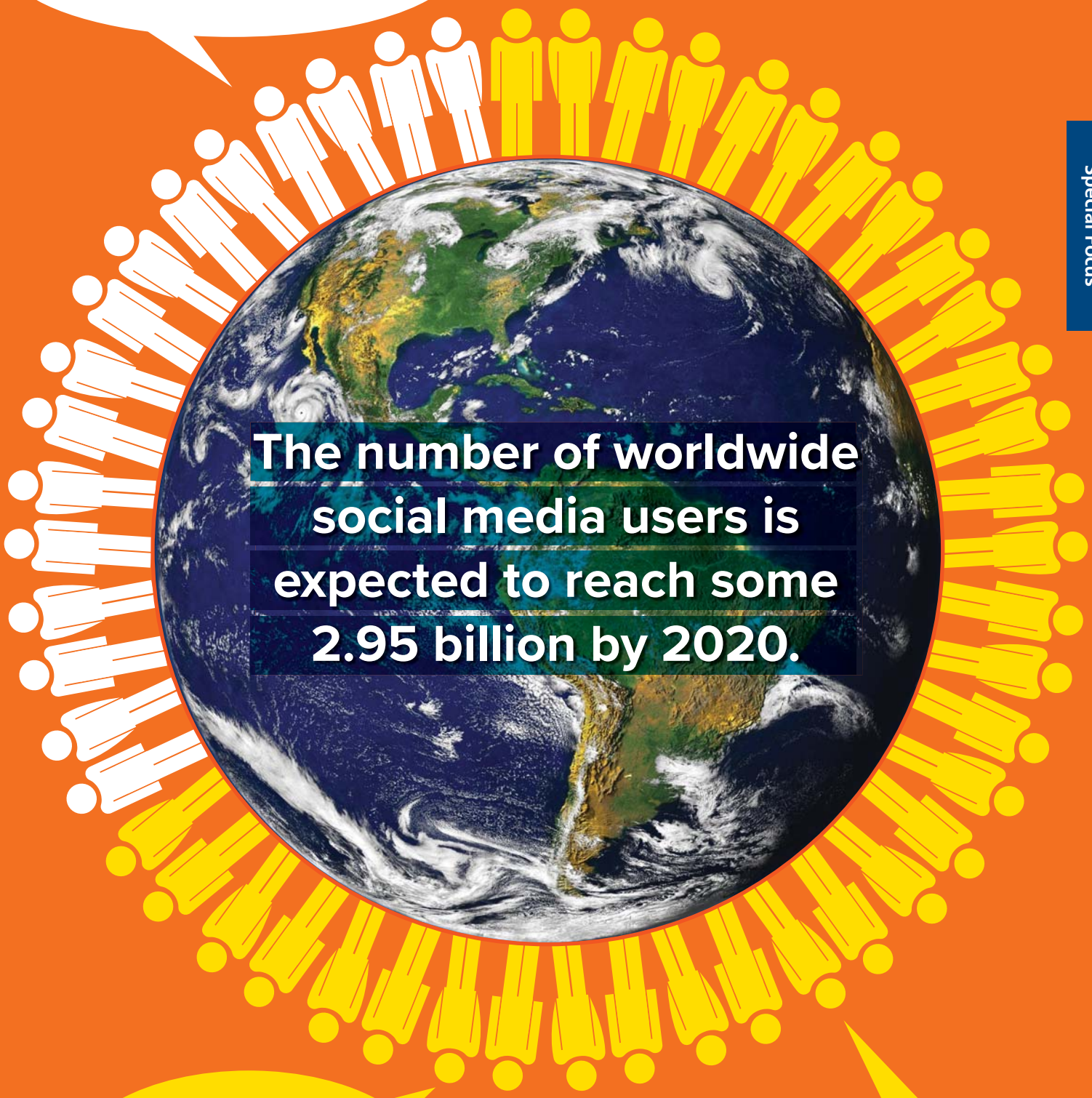
- Start with establishing guidelines for how long your child can spend on social media per day.
- Find the middle ground where your child feels empowered to make good decisions without having to hide from you.
- Communicate and educate about the positive and negative aspects of social media. Discuss real-life situations in which social media can pose harm, like stories in the news about cyberbullying.
- Help your children understand that when something is posted or shared it never goes away, hence the need to use caution when adding photos or videos.
- Check privacy settings and monitor via talking with your child instead of using Internet software programs to remotely monitor their use. Kids are more tech savvy then we think, so it's always best to gain trust and have open conversations versus installing spyware.
- Finally, set limits and give the brain a rest. Try the cyber detox and pick a "No Electronic" day in your household. Trust me, kids will fight you on this and you will also be tempted to check out a media platform to see what's trending. However, repetition and perseverance win, so stay with it and win back family time.

Remember, social media isn't all about selfie-taking narcissists, cyberbullies, and killing productivity. When used in moderation with the right intentions, it really can achieve what it was first set out to do: connect people. Social media puts an interesting lens on the creation of the self, and how this construction affects our mental well-being. The ideal self is the self we aspire to be.

"Everything in moderation. Nothing in excess" – Socrates

Chris Ferry, MA, NCSP is a school psychologist who currently serves as KidsPeace Executive Director of Pennsylvania Community Programs. In this role he oversees four outpatient, three partial hospitalization and four autism-specific programs – which together provide services to more than 5,000 individuals each year. He has been on the KidsPeace staff since 1998.

That's about a third of the Earth's entire population.



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90% of young adults (ages 18 to 29) use social media.

Over 60% of 13-17 year olds spend more than 2 hours per day on social networking sites.

By Dr. Andrew Clark

Attention eParents:
Follow Up on Social Media

Editor's Note: In the Fall/Winter 2012 issue of Healing, Dr. Andrew Clark provided parents with guidance on navigating their children's social media use – from the perspective of both a practicing child and adolescent psychiatrist and the father of three young children. For this issue, Healing asked Dr. Clark to revisit the topic, given changes in his situation and the society at large.

In my earlier article, my aim was to increase parental awareness of the dangers of excessive social media overuse, cyberbullying, and sexting/soliciting via social media. In fact, these remain the most significant issues. But in this article, I want to emphasize that parents must take responsibility for providing the necessary supervision and support in this digital age.

When it comes to social media, most parents have heard of "sexting" but have never heard terms like "catfishing" or "rinsta." (For the record, "catfishing" is creating fake profiles to lure individuals; a "rinsta" is a real Instagram account, as opposed to a "finsta" - a fake one teens create to keep parents off their backs.) According to studies with Common Sense Media, 30 percent of teens who are online believe their parents know "a little" or "nothing" about what social media apps and sites they use. Decades of research show that parental lack of supervision and a child's exposure to deviant peers remain the two greatest factors leading to risk-taking and adolescent problem behaviors. Attention to a teenager isolating on their device may lower substantially a general risk for teenage depression due to overuse. The detrimental effect of neglect and competition of parental attention due to parental social media use is being closely examined, but harm can be substantial, especially in regards to infants, toddlers, and young children. Young toddlers frustrated for attention from a parent glued to Facebook may be most at risk for indirect harm from social media.

Since 2012, the most significant update in expert recommendations is for parents themselves to put down their smartphones. In my first article I emphasized: **Don't avoid the technology you don't understand,** but now I have to add: **Don't overuse the technology you DO understand**.

Many parents have questions on when to intervene with restrictions for access/content or monitoring applications, and when to address your adolescent with knowledge of gained private or public social media information. I recommend a developmental and individualized approach, considering your child's past response to limit setting, degree of impulsivity/risk taking, and actual severity or evidence of your safety concern when making these decisions. Start using apps together when your kids are young, openly monitor and avoid spying, and discuss with your kids any concerns and various options (like setting three levels of increasing interventions dependent on compliance) to be communicated to the early teen in a joint plan for safe social media behaviors.

I can't believe how, more than ever, these tips apply to my middle schooler who has his own smartphone and Instagram account, as well as my two elementary

children playing increasingly social online video games like Roblox and searching the Internet. It takes time and attention to share the same media, play the games, and search the internet alongside them. Relying on authentic, positive parent-child relationships and conversations are the strongest recommendation for "getting the scoop" and setting limits on social media. Basically, parents who have taken the time to engage with their children frequently and openly will likely be kept in the loop of emerging dangers - instinctively noticing changes in mood, anxiety, and self-esteem and engaging the kids about these concerns to discover if they relate to social media use.

Many clinically severe situations of depression and anxiety in teens arise long after parents were initially aware of conflicts with peers on social media that left their child feeling excluded or bullied. Early parental follow up is important so the pattern does not fester into larger clinical issues. In addition, parents must have a general idea of the amount of time that their kids spend online, especially in isolation. Excessive screen time is strongly associated with obesity, sleep disorders, and academic difficulty. In 2016 the American Pediatric Association set recommendations for isolated screen time at one hour a day for children 2 to 5 years old, to emphasize the developmental importance of face-to-face social interactions. They did not recommend a specific time amount for older children, recognizing the many positive aspects to screen time at that age. Instead, the guidelines emphasize:

- Supervising content
- Having a family media plan
- Encouraging shared media moments
- And setting device curfews and "no device zone" places/times such as during dinner and family activities.

Even interacting with social media together on the same device provides greater positive family influence than individuals on separate devices in the same room. (Given that some parents reading this article may be in situations regarding inappropriate social media use and safety, more aggressive interventions like strict controls on WiFi routers, random smartphone audits, and ghost monitoring applications may be needed to get a kiddo back on track.)

In the case of my twelve year old, I have been actively engaging him about his Internet use for a few years now. According to a Pew research study, only 39 percent of parents report using parental controls for blocking, filtering or monitoring their teenager's online activities, while only 16 percent use parental controls to restrict their teenager's use of his or her cellphone. Most parents in the study report an increased amount of monitoring in late childhood to early adolescence then a gradual stepping back. I recommend this approach; children feel less conflicted when they know they are monitored into middle adolescence. By middle adolescence (14-15 years old), more isolation from parents is expected and normal as the focus towards peers shifts to build independence with increasing demand for privacy.

To a large degree, prioritizing peers and taking social risks is necessary to move toward young adulthood. Digital social interactions have just become more immediate and consequential to experiment with these age-old strategies and unfortunate stupidities. This virtual reality is not always forgiving when reality sets in with embarrassing posts, sexting, and harassment that can be "screen shot" and "go viral" with consequences.

My best recommendation is to let them know early that *you are there, aware, and care* about their digital footprint.

So in preparation for a teenager, I took my own advice and talked to him about "catfishing" and "finstas." I got up to speed with the best safeguards for younger kids and pre-teens such as *"Circle with Disney"* and the *"Clean Router"* that automatically blocks Internet pornography. A number of intense undetectable monitoring applications do exist, but I recommend avoiding them if possible to rely on the "talk early not the tech late" approach.

A number of tricks are used by teens to counter parental monitoring - such as hiding contra-apps in file folders or having password protections for privacy embedded into certain social media sites like Facebook private groups. Storage apps like Vaulty have various passwords for different levels of access and fool a parent demanding "the" password. Meanwhile, parents may look for "red flags" such as a cleared search history or an unexplained spike in data usage. Certain apps such as Bark can monitor 20 different social media platforms to alert parents to potentially risky behavior. Another app called TeenSafe links parents' and their teens' phones monitoring phone calls, emails, texts, social media use and geolocation.

Whether using tools or not, the point is to be engaged not to control. Remember, the goal is to guide the teen to become an adult who can control themselves. If tools are needed to inform the conversation, go ahead and use them, but realize your attention is still going to be the code to unlocking the teen brain, at least for now.

Andrew R. Clark, M.D. is a board-certified psychiatrist in adult and child & adolescent psychiatry. He earned his medical degree from Drexel University and did his residency and fellowship at the Medical University of South Carolina. Based in Orefield, PA, Dr. Clark is affiliated with KidsPeace Children's Hospital.

Relying on authentic, positive parent-child relationships and conversations are the strongest recommendation for "getting the scoop" and setting limits on social media.

Child Life Services – Easing the Trauma of Going to the Hospital

By Sharon Granville

Parenting

No family starts their day thinking, *Let's visit the pediatric emergency department today!* And even in situations when a healthcare appointment is scheduled in advance, or when hospitalization is expected for well care or management of a chronic illness, any trip to the doctor can be an anxiety-provoking experience. Children anticipate painful experiences, while parents are concerned about updates from the medical team; this is in addition to the variety of stressors for the family in dealing with management of chronic illness or hospitalization.

In children's hospitals, large pediatric centers, community settings and affiliated outpatient pediatric centers across the country, an ally for families is present and ready to provide support. ***Child Life Specialists*** are certified healthcare professionals who guide families through healthcare experiences and challenges.

As stated by the Association for Child Life Professionals (www.childlife.org):

We, as child life professionals, help infants, children, youth, and families cope with the stress and uncertainty of illness, injury and treatment. We provide evidence-based, developmentally appropriate interventions including therapeutic play, preparation and education to reduce fear, anxiety and pain.

History of the Profession

Dating back to the 1920s, child life services were developed to improve healthcare experiences for children by providing play, preparation, and educational programs. These child-centered services were deemed necessary to assure the emotional stability and healthy development of hospitalized children and to mitigate the fear and pain associated with their medical treatment. Often at this time, children were hospitalized for extended periods with restricted visitation from family. The child life specialist became an early and ardent advocate of frequent family visits and parental participation in the care of their child. This progressive philosophy was the precursor of family-centered care.

In 1965, the *Association for the Care of Children in Hospitals* (later named *Association for the Care of Children's Health*) was formed. The goal of the organization was to create child and family-friendly hospital environments. From this organization, the *Child Life Council* was formed. In the 1970s, the group defined the theoretical basis for child life work, the essential elements of the professional practice, and the goals of educational programs to prepare students. In 2016 the Child Life Council re-branded and became the *Association of Child Life Professionals*.

Today there are more than 400 child life programs in North America, and child life programs operate in Europe, Middle East, Asia, Africa and Central America as well.

American Academy of Pediatrics Support

According to the American Academy of Pediatrics, the provision of child life services is a quality benchmark of an integrated child health delivery system, and an indicator of excellence in pediatric care. Child life programs and the kind of services provided are considered an essential component of family-centered care. An experimental evaluation of a child life program model showed that child life interventions resulted in less emotional distress, better overall coping during the hospital stay, a clearer understanding of procedures, and a more positive physical recovery and post-hospital adjustment for children enrolled in the program. In addition, patients spent less time on narcotics, the length of stay was slightly reduced, and parents were more satisfied. Other studies have found that child life interventions calmed children's fears and resulted in higher parent satisfaction ratings of the entire care experience.

Child Life in Action in New York

At NewYork-Presbyterian Komansky Children's Hospital in Manhattan, a dedicated team of 25 child life specialists, creative arts therapists, teachers and child life assistants work in a variety of inpatient and outpatient pediatric settings, including:

- General pediatrics
- Pediatric intensive care unit
- Pediatric stepdown unit
- Neonatal intensive care unit
- Burn intensive care unit
- Perioperative surgery
- Pediatric procedures
- Pediatric hematology/oncology
- Pediatric outpatient services
- Pediatric radiology
- Neurological surgery
- Pediatric emergency department

By forming a relationship with a child or adolescent, we explore his/her understanding of the reason for his/her healthcare visit, talk about upcoming procedures when necessary, and utilize play for teaching, expression, and (most importantly) fun!

As members of the interdisciplinary team, child life specialists bring a unique child development perspective to help in treatment planning and facilitation of healthy coping. Research shows that children cope best when information is presented in a timely manner and is developmentally appropriate to allow for questions and understanding. We often take challenging information and help children to understand it through a playful, educational lens.

For example, we may use a doll to teach about a device a child will need or to demonstrate how a child can anticipate to wake up after a surgery, where bandages will be or if a urinary catheter is needed. We teach children tricks on how to swallow pills and how to anticipate side effects. Once education has been provided, a child life specialist will then explore coping skills and ensure a plan is made to best support a child and family for the upcoming procedure or outcome.

Child life specialists supplement a parent's expertise on his/her child with the knowledge of healthcare experiences. Hospitals are often described as "foreign countries," as staff wear uniforms, speak a "different language" and have specific routines that are expected to be followed. It is one of the few environments that a parent does not have full control over his/her child. Child life specialists honor the unique challenges that illness, injury and treatment can present, and we are equipped to support the developmental, educational, emotional and recreational needs of pediatric patients and their families.

Future of the Field

As the scope of the child life profession continues to grow, many specialists are striving to make child life services a standard of care in all medical environments involving children. It is now very common in large academic teaching hospitals to have child life staff who also support children of adult patients.

Often child life specialists are consulted to support families on how to talk with children about a parent or loved one that is critically ill or dying. Child life specialists have the expertise to provide guidance on developmentally appropriate language, choices and ways to support children during such a difficult time. Specialists will also facilitate a bedside visit, building in time for family to be together in saying goodbye.

In addition to medical environments, many child life specialists now work in non-profit support centers for bereavement or coping with chronic illness as well as agencies that support "wish making," specialty camps, quality of life and foster care placement.

Sharon Granville, MS, CCLS, CTRS, NCC has been helping children and their families cope with the stressors of illness, injury and end of life for more than 25 years – expressing her passion to provide play, education and patient and family centered care that enables coping and healing. She holds a bachelor's degree in therapeutic recreation/child life from Springfield College and a master's degree in school counseling with additional course work in mental health counseling from Long Island University CW Post. She is currently an adjunct professor at the Bank Street College of Education, and bereavement group volunteer for the Center for Hope in New Hyde Park, NY.

According to the American Academy of Pediatrics, the provision of child life services is a quality benchmark of an integrated child health delivery system, and an indicator of excellence in pediatric care.

Please note: Handling a Hospitalization on page 24

Handling a Hospitalization

You learn that your child has an upcoming doctor appointment, hospital stay or needs to go to the pediatric emergency department. Here are tips and suggestions that will help to ease the experience:

- **Tell your child about the upcoming appointment/hospital stay.** Explain why it's needed, what will happen and who he/she will see. If you are unsure of all the details, be honest and say you'll learn together. Not telling the child is a short-term fix that can erode their trust in what parents say.
- **Bring all of your child's medications** (including herbal supplements), in original bottles if possible.
- **Bring your/child's insurance card;** this will need to be presented to medical staff.
- If your child lives with chronic conditions, **keep a journal of recent symptoms or start to type/write up your child's full medical history.** Having a prepared document or history supports the medical team in treating your family efficiently and safely.
- **Arrange for care of your other children.** Unfortunately for some hospitals it can be challenging to accommodate additional children along with the patient. During doctor visits you can focus on the conversation with care providers if the other children are at home. At the hospital once a child is admitted and in a patient room, their siblings are welcome to visit as long as they are feeling well.
- If anticipating vaccinations at a doctor appointment, **request ahead of time a prescription for numbing cream.** This cream may be applied to a small area of the skin with a non-absorbing dressing to ease the pain of injections. Many pediatrician practices also support parents **"hugging" or sitting with their child** to provide comfort and stability to ease vaccinations.
- **Bring your child's own pillow, pajamas and comfort item** to the hospital. Hospitals will have pillows, blankets and pajamas, yet nothing is as comforting as your own.
- **Pack a few easy-to-use toys or electronic devices.** While hospitals often have toys and devices that may be borrowed, it's also nice to have full access to your own. You may be admitted during hours that the playroom is closed.
- **Pack your phone charger.** Many hospitals have phone charging stations, but many parents do not want to leave their children to go charge a device.
- **Consider bringing a favorite snack item.** Hospitals will provide meals and it may be some time before one is delivered to you. Depending on your child's need for medical care, he/she may need to refrain from eating or drinking. **ALWAYS check with the medical team** before giving your child something to eat or drink. A snack can also be a calming experience after a doctor appointment.
- **Alert your support network.** A hospital stay or emergency room visit is a stressful experience for all, including parents. Support for you will ensure your stress level is managed - enabling you to be at your best for your child.

-Sharon Granville

Keys to Success in Education for Foster Children

By Dr. John DeGarmo

There are many perils and pitfalls for teens who age out of the foster care system. Since many foster children do not graduate from high school, they find it difficult to obtain a job that will be able to provide for them financially. Adding to this, most simply do not have the skills, training, or tools necessary in procuring a stable job. Many foster children who age out also turn to drugs and even crime. It can be a bleak future that most foster children face as they age out of a system that may have failed them by not providing the resources, training, and support they sorely need in order to be a success and make a positive contribution to society.

Foster parents can help to prevent many of these problems by attending to some tasks while a child is in their care. As soon as a foster child is ready, begin teaching the child the fundamentals of personal financial responsibility by helping to develop simple money skills. Help the child by opening up and managing a personal bank account, as well as how to balance a budget. Allow a foster child to learn how to cook for himself. Teach the child how to clean and take care of a household and general first aid. Practice filling out job and college applications. Perhaps most importantly, stress the importance of education and encourage the child to graduate from high school.

The development and use of appropriate and healthy social skills is one way foster parents can help their children in foster care. Certainly, these are important skills that the children will need, not only in school and in their foster home, but also in the future when these skills will be relied upon as they grow up and seek a job, a place to live, or assistance in some way. Along with this, positive social skills will also help those foster children to withstand difficult times. While some children prefer higher levels of social interaction with others and others prefer less, all children in care will need their foster parents to help guide them in developing these important skills.

To begin with, it is important for foster parents to remember that they are the role model, and that the foster child will learn the most from simply watching and observing how their foster parents interact with others. Let us not forget that foster children will be silently watching their foster parents in all they say and do, and that foster parents are often the best role model the child may have ever had in his life.

Foster parents also need to set realistic expectations in the area of social skills, remembering that many children in foster care came from homes where they were not taught these basic skills. It may take quite some time, and at times it may seem that the child might never learn these skills. Yet, patience and understanding by the foster parent in this is crucial if the child is to better adjust in the school setting, and later in his life.

Along with this, foster parents should teach their foster student the importance of using good manners at all times, such as saying “please” and “thank you” to others - words that might be foreign to the child’s previous home environment.

Along with this, the student may not appreciate the importance of using only positive words towards others. Foster parents may need to teach the child the old and timeless adage, "If you have nothing nice to say, don't say anything at all."

Demonstrate the importance of having and showing respect for all others:

- Instruct the child how to make and maintain eye contact with others during a conversation, including with teachers and fellow students.
- Help the child learn how to focus on paying attention to conversations, and not letting his mind wander off.
- Teach them the value of knowing how to begin and end appropriate conversations, and the significance of not monopolizing an entire conversation, nor of interrupting when another is talking.
- The importance of personal space, and learning how to not invade it, is another skill that may be lacking with the child.
- The child may also need to be taught how to manage and control his emotions, and the simple art of counting to ten when he is feeling anger, frustration, or provoked by others.
- He may also need to be shown the importance of being patient with others, another trait he might not have experienced in his previous home.
- Encourage him to also express his feeling to others, instead of containing them within, and building up inside of him until they release in a negative and harmful fashion.
- Finally, help him to develop skills regarding problem solving, and how to effectively confront challenging situations in a healthy and positive way.

Foster parent can also help their foster student in the development of these skills by encouraging the child to participate in activities outside the classroom. Many schools have extracurricular organizations, and activities with various school sports, music, and clubs; together with community sports organizations these experiences will allow him the opportunity to not only participate and develop these skills, but to learn new skills, develop talents, and to exercise.

Volunteering in school activities is another method that foster parents can use when attempting to help their child in school. Volunteering in the child's school does not need to be extensive, as foster parents can volunteer their time for as long or as little as they like in many schools. Studies have shown that those children who have parents volunteer generally have better grades, score higher on tests, show better social skills, and have improved behavior.

For those foster students who have learning disabilities and challenges, a world of educational resources is available to them. From books and resources in public and school libraries, to countless websites and resources found online, as well as those that can be provided by the teachers and educators at the foster child's school, there is something available for every student - including songs, games, study tips, products, behavior management tips, and much more. After finding out what the unique learning challenges that their foster child faces, foster parents should seek out and locate the appropriate academic and educational resources for their child in foster care.

Perhaps the biggest impact one can make with those who have aged out of the system is becoming an advocate of change. By contacting community and political leaders, one can bring attention to the needs of these young adults who are facing a series of challenges after leaving the foster care system. Along with this, these advocates of change can also post information in editorial letters, websites, public forums, and so forth. By lobbying for change, new laws can be introduced, and information can be brought forward to the general public.

Without the full support of the foster parent, children in care are likely to struggle, and may even fail in both academics and behavior. For the child to not only to do well, but to succeed in these areas, he will need his foster parents to be included, invested, and involved.

(Adapted with permission from *Helping Foster Children in School*, 2015, by Dr. John DeGarmo, Jessica Kingsley Publishers)

Dr. John DeGarmo has been a foster parent for over a decade, and he and his wife have had over 50 children come through their home. He is a consultant to legal firms and foster care agencies, as well as a international transformative speaker and trainer. He is the author of several foster care books, including The Foster Parenting Manual, and writes for several publications. He can be contacted at drjohndegarmo@gmail, through his Facebook page, Dr. John DeGarmo, or at The Foster Care Institute.

By Lisa Eckert

Treating to Heal

Oftentimes when a client comes into KidsPeace for treatment, our multidisciplinary treatment team is tasked with prioritizing and addressing the issues of concern (mostly related to safety). We collaborate with all disciplines, the client, their family, and other stakeholders such as TRICARE to establish a course of treatment that results in increased safety and stabilization, and allows for improved functioning across all areas and strengthened relationships with family, peers, and their communities. In this way, the residential treatment team identifies areas of opportunity, implements strategies to foster change, and assists the clients and their families in maintaining the improved level of functioning.

However, what determines the likelihood of long-term success? Instead of supplying strategies and interventions that will act as a Band-Aid to the wounded and fragmented individuals and relationships, how can we instead help them to truly heal? By definition, to "heal" means to alleviate, to cause (someone, something) to become sound and/or healthy again. When we treat to heal, we significantly improve the chances of long-term success.

Last summer a TRICARE youth entered the female Residential Treatment Center at KidsPeace following two hospitalizations for increased self-injurious behaviors. She was a frequent cutter, using razor blades to cut and carve herself. She had experienced multiple complex traumas in her life, including ongoing sexual abuse from her biological father, and physical abuse from her biological mother. Her grandparents were awarded custody of her, and grew concerned because her behaviors intensified, including a constant preoccupation with death and dying and hypersexualized behaviors toward older men with whom she was communicating online. Upon her admission, she demonstrated a significant avoidance of her past trauma, and casually explained that she had consented to have a relationship with her father, and reported that she still wanted him in her life.

In addition to this avoidance, she also used her intelligence to keep others at arm's length. She was drawn to research and data of various topics, from religion and witchcraft to the blood types of various animal species. She often used her analytic mind to attempt to discount the therapeutic process. However, as a trauma-informed approach, her clinician used her love of research to join with her, and build trust. Thus began the process of recognizing, processing and overcoming her trauma, which eventually led to healing of herself and her relationships.

For the first time, she and her family learned about various concepts of trauma and how trauma generally impacts everyday life and functioning. In the safe therapeutic environment, she worked with her clinician to develop her personal trauma narrative, which allowed her to finally connect with her past, and all the feelings that she had been holding down for so long.

Simultaneously, her clinician worked with her grandparents to help them understand her past, and how those experiences led to the current behaviors. In the final sharing, the client shared her story from beginning to end with her grandparents, who listened, validated, and supported her. The family confirmed that this was the first time that there was open and honest discussion of her past experiences, and all were grateful for the opportunity for deeper understanding and connection.

In addition to coping skills, and strategies to improve communication and relationships, this young lady and her family were given the gift of healing. With the support of the treatment team, they were able to confront the past, and develop individual and collective strategies to manage and overcome it. They successfully completed treatment as an intact family with a deeper bond. Their experience of healing has prepared them for whatever life has to offer.

Lisa Eckert is a clinical manager in KidsPeace's residential treatment program in Pennsylvania.









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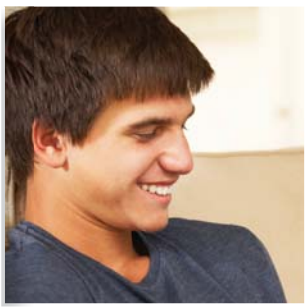
HELP MAKE A DIFFERENCE



www.kidspeace.org/donate

KidsPeace now offers TRICARE adolescent hospital and residential treatment programs on our Orchard Hills Campus in Pennsylvania. TRICARE certification allows us to provide a complete continuum of care for our clients whose families are in the military.

www.kidspeace.org/tricare

Best of the Blogs

Best of the Blogs features highlights from the posts on our websites. In January, we offered visitors to fostercare.com some tips on starting the New Year off right:

10 NEW YEAR'S RESOLUTION IDEAS FOR FOSTER PARENTS

- **Say "Yes" More.** Try saying "yes" to spending quality time doing things together along with setting aside some individual time for each child.
- **Say "No" More.** As parents we hear "I want", "I need", and "Everybody else has/does it". Be empathetic to the child's needs before saying "no". Give a reason to help the child understand your rationale. Look at alternatives or compromises. Say "No, and…" to encourage more cooperative behavior.
- **Worry Less.** Keeping kids safe should be a priority, but don't let your large and small worries drive your life. Take care of yourself and the things you can control. Provide ways for children to safely explore what's around them.
- **Listen More; Talk Less.** Ask your child questions – What do you think? What are you feeling? What would you do? Tell me about it.
- **Negotiate Less; Explain More.** Kids deserve to know the thinking behind our decisions and expectations, but should not be equal partners at the bargaining table. We are the parents.
- **Read a Little More.** Reading is a good way to spend time together. Reading with your child, and in front of your child, will also help them grow as readers. Grab books, magazines, and newspapers and have them available for children.
- **Write a Little More.** Get in the habit of writing notes of encouragement, love, recognition, and daily appreciation of life.
- **Expect a Little More.** In the New Year, expect more from your children, like good behavior, responsibility, manners, and kindness. When we place limits and restrictions, we get the minimum. When we expand our expectations, we may be pleasantly surprised.
- **Expect a Little Less.** Be okay with a little less constant scheduling and activities. Slow down, you move too fast. Children need a lot of slow to grow. Create a daily schedule that is more balanced and realistic. Teach kids how to relax and model the behavior for them.
- **Connect More.** Take steps to maintain personal friendships, and stay connected with family, other parents, the community, those less fortunate, and the natural world.

-Bryan Hoffstetter, Family Resource Specialist, Bethlehem, PA

KidsPeace has launched a new podcast series, "Conversations with KidsPeace." Join us as we explore key issues with experts from the leading provider of mental and behavioral health for children, adults and those who love them.

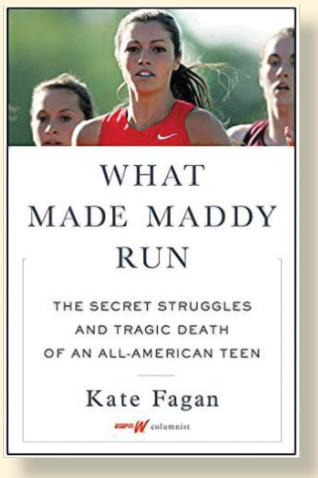
Listen to episodes at www.kidspeace.org/conversations-with-kidspeace-podcast, or subscribe at iTunes or Google Play.

Healing MAGAZINE
High Fives

What Made Maddy Run, by Kate Fagan

(Little, Brown and Company, 2017)
Review by Thespina Godshalk, MS, LPC

"Breaking on the inside." This is how journalist Kate Fagan describes nineteen-year-old Madison (Maddy) Holleran in the opening pages of her book, *What Made Maddy Run.* Maddy was an accomplished athlete in her first year at the University of Pennsylvania, on a scholarship for track. Her social media reveals a vibrant young woman, with a loving family and close group of friends. She seemed happy. But on the inside, something very different was happening. On a January evening in 2014, after a hidden struggle with mental illness, Maddy lost her life to suicide.



In her book, Kate Fagan immerses herself in Maddy's life to understand what went so wrong. She finds that Maddy faced issues familiar to many young people; a difficult transition from high school to college, the struggle to thrive in a new environment, pressure to succeed academically and perform as a college athlete. Fagan recounts similar struggles in her own experience as a college athlete. But, as she points out, Maddy also struggled with feelings of depression, anxiety, inadequacy, and hopelessness, which were likely intensified by these stressors. Unlike the physical conditions an athlete might face, these feelings were invisible to others. But they were very real for Maddy; and they worsened as her time at school passed.

Maddy revealed some of her feelings to her family and friends, and even sought therapeutic support, but the true depth of her pain was unknown. Social media pictures show Maddy smiling. Her mother recalled how she "transformed" for the camera, even when she was sad or exhausted. There are numerous excerpts from text messages and emails with family and friends in which Maddy would camouflage her true feelings between emojis and LOLs - showing that sometimes digital communication can be so superficial that it really isn't communication at all.

Amid the pieces of Maddy's story, Fagan weaves conversations with survivors of suicide, and mental health professionals. The book offers an honest perspective of a young adult struggling with mental illness, and illustrates a few concepts for discussion:

Depression is often an invisible illness. Madison looked happy, she maintained relationships, academics, athletics and a joyful presence on social media, even while she suffered deep despair. People who struggle with depression and suicidality often learn to mask their pain from those around them, even the ones who know them best.

Taking time for yourself is healthy. Madison felt intense pressure to continue running track; she tried to quit but felt social pressure and feared being perceived as a "quitter." Taking time for self-care is not giving up. Hard work and commitment must be balanced with emotional intelligence and self-care.

Having an honest conversation can save a life. Several times in Maddy's story, family and friends recounted their desire to speak openly with her, but they felt they could not find the right words. Concern over saying the "wrong" thing can lead to saying nothing. The simple acknowledgement that someone is hurting is a powerful tool. Having an honest conversation about suicide can open dialogue and help a hurting person feel safe enough to share their suicidal thoughts.

Maddy's death is tragic, and as a reader I was left saddened by a young life lost. But, as Kate Fagan writes in her dedication, the book is for those seeking hope. Through her story, Maddy teaches us to be better supporters of people with mental illness, to increase dialogue, and decrease stigma. And to give more hope.

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