

West County Psychological Associates

The WCPA Newsletter

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Building a Child's Self-Esteem: Helpful Tips across Age Groups Jacqueline Siempelkamp, MS, NCC, LPC

Positive self-esteem has a powerful influence on mental health. It can help us seek healthy relationships, boost self-confidence, and feel secure in our abilities to make decisions. On the flip side, having poor self-esteem can contribute to having problems with addiction, depression, and anxiety. Now more than ever, young people are experiencing heightened levels of stress and anxiety due to the effects of COVID-19. Since the pandemic, children and youth have reported significant increases in feelings of fear and panic to their parents, school personnel, and mental health professionals. We know that having positive self-esteem can help them cope with these stressors... so how do we understand and support children's healthy self-esteem?

There are several experiences in childhood that may lead to poor self-esteem later as an adult: disapproving authority figures, conflict in the home (witnessed or experienced by the child), lack of support (academic, emotional, etc.), trauma, and/or experienced invalidation. Children seek safety and refuge in their families, and if these needs aren't being met, it can understandably result in greater struggles later in life. But what about children who are safe and have parents who meet their needs? Youth can have the most wonderful parents and still experience feelings of inadequacy and invalidation. Parents and other caring adults certainly want what is best for children and desire for them to have confidence and good self-worth. Sometimes, however, we are unknowingly missing opportunities to encourage independence and self-efficacy.

Let's talk about what we can do to boost children's self-esteem and give them a foundation to lead happy and healthy lives in the future. These tips can also be helpful for adults as well! It is never too late to learn how to nourish our own sense of self-worth.

- **Validate feelings:** Humans naturally seek connection and it is incredibly important to feel understood by those with whom we surround ourselves. Even if we are unable to fully empathize with our child's emotions, we can ask questions and try to put ourselves in their shoes.
 - Infant and toddler: This age group is notorious for meltdowns over seemingly small occurrences. However, the emotions your child is experiencing are very real for them and it is crucial to reflect to how they are feeling to show care and support. "You're feeling sad," or, "You must be feeling hurt," are great ways to show you understand their experience. Reflecting these emotion words will help children learn to express themselves better and discover there are no "wrong" feelings.
 - Elementary age and pre-teen: Regularly reflecting feelings is important in building empathy and emotional intelligence. This age group can begin to self-reflect and will become more aware of the "how" and "why" behind their emotions. Conflict resolution is a common skill exercised in this age range. If there is conflict between siblings, friends, etc., it is important to learn your child's point of view and extract those emotions out of the situation.
 - Teenager and young adult: Feeling understood is incredibly important to this age group, and can be a defining factor in developing closeness and vulnerability. Teens especially may misinterpret your misunderstanding of their feelings as dismissing their emotions or even disagreeing with them. Model the behavior you seek by

- continuing to validate their experiences and provide support. For example, you don't have to agree with a choice they made, but can still affirm the emotions they were going through at that time.
- **Encourage competence and mastery:** People build confidence in themselves by learning to master tasks that can be initially challenging for them to complete. It is important to encourage trial and error, even if there is frustration related to not getting it quite right the first time.
 - Infant and toddler: Although still reliant on their parents, this age group is learning to complete tasks on their own and enjoys exploring their own abilities. It is encouraging to this age group to help with tasks that adults are doing—whether it is putting away toys, feeding or grooming a pet, or assisting with making a meal (i.e. mixing ingredients, etc.). The tasks may not be done perfectly, but with practice the young child will do it more accurately and feel a sense of accomplishment.
 - Elementary age and pre-teen: Children in this age group generally want to be given the freedom to do some things on their own and make some of their own decisions. With guidance and support, allow children at this age to make some decisions, based on choices you are okay with. This age group may be trying new things they have not done before, like a new sport or instrument. Encourage them to stick with the activity and they will come to find that with consistency they'll develop a skill they didn't have before.
 - Teenager and young adult: A youth in high school or college is practicing independence and defining themselves as individuals. It is important to allow self-exploration and give them the space to figure out what works best for them. It can be difficult to let them take ownership of their school work or extracurricular activities, but doing so will help them develop responsibility and confidence in being able to master the work on their own.
- **Strengthen internal self-worth:** We often compare ourselves to others to see “how well” we are doing. These comparisons can then be mistranslated into determining how good of a person we are based on these external markers. It is crucial to model and encourage internal validation versus external to promote positive self-worth that is not based on others’ opinions of us.
 - Infant and toddler: This age group may often show us their natural ability to affirm themselves. Echo the positive attitudes they express by reflecting what they share with you: “You feel proud of yourself for stacking those blocks on top of each other,” or “You did that all by yourself.” This can also be an important time to show the importance of looking within to determine our worth. A child may draw a picture and ask your opinion. Before exclaiming what a great job they did, ask what they think of the picture. Your encouragement is just as important as letting them share their own excitement as well.
 - Elementary age and pre-teen: Comparing ourselves tends to start in this age group. We begin to notice differences among our peers and can mistakenly link our strengths to self-worth. You may hear comments like, “Jimmy is better at soccer than me,” or “I stink at math—I am bad at school.” Help challenge these thoughts by saying something like, “I see you putting a lot of effort into soccer,” or “Math is tough, but you are still a great student.” Help children this age adjust their internal dialogue to highlight their strengths and not base their self-worth on how they think they rank among peers.
 - Teenager and young adult: This age group experiences external pressure to perform well and it can be difficult at times for them to see how great they really are. Encourage teens to come up with positive statements about themselves they know to be true: “I am a caring friend,” or “I know I am trying my best.” Helping adolescents remind themselves of their positive attributes helps to internalize these messages and develop positive self-worth.



Jacqueline Siempelkamp, MS, NCC, LPC enjoys working with clients of all ages presenting with a range of concerns, including depression, anxiety, LGBTQIA+, adjustment or phase of life transitions, relationships, substance abuse, behavioral concerns, and school/academic issues. Jacqueline supports collaboration with parents and other professionals to achieve goals and facilitate change.

Good self-esteem can make a positive impact on our mental health—being confident in our own abilities can get us through difficult situations that we will inevitably go through at one point or another. The current health crisis has been stressful and difficult on our nation’s adults, and definitely on our young people too. Now is the time to help kids strengthen skills to cope with heightened stress and anxiety. Parents, teachers, and other caring adults offer a strong support for developing children’s self-esteem, and using these skills create a foundation for healthy and confident adults in the future.

From the Director

One of the most challenging things about this pandemic for me personally is that I have not been able to be as social as I usually am. For years, my calendar has been full; dinners with family and friends, dates with my grandchildren, volunteering at my church. It was and still is a struggle, but as I think it is important during difficult times to find opportunities to be grateful, I've noticed a positive side to this social slowdown. These past months have given me the opportunity to focus my energy on a passion of mine that I had set aside for a long time. Years ago, I had been interested in the topic of what motivates children. What behaviors or attitudes create a self-motivated child and what happens to a child who is unmotivated? At that time, I had created a number of presentations for teachers and parents, and actually started working on a book on the topic. I never lost interest in it, but as life got busier and time passed, I put the project aside and focused on using my theories to help my clients.



It now occurs to me that during this time of uncertainty, the issue of motivating young people may be more important than ever before. Certainly, the decision to return to school vs. on-line learning is beyond my ability to advise. I believe it is the greatest social dilemma of my lifetime. When I think of how many children will have been out of the classroom for the last six months, I certainly worry about their social-emotional development and the academic impact this has had, but I also wonder how it may affect a child's motivation to learn.

As my interest in this topic was reignited, I began to do some research as to what is in the literature today. Unfortunately, there wasn't much except for one author who came up repeatedly. His name is Robert Deci, and he is a former Science and Health Editor of the New York Times and professor of Psychology at the University of Rochester. He wrote a book in 1995 called *Why We Do What We Do*. In this book, he discusses the three factors that are critical to a child's ability to become internally motivated. They are: competency, autonomy and relatedness. This made a lot of sense to me. His book really provided the language for what I have known intuitively for many years. His research proves that these three factors lend themselves to developing an internal capacity for motivation as opposed to being externally motivated. Children (or adults) who are internally motivated:

- Are inclined to take responsibility for their actions
- Are often more intellectually and emotionally engaged
- Tend to do better at tasks when they can work at their own pace
- Possess good self-esteem with an attitude of success. They expect to win but can cope with failure as they see it as a learning curve.
- Are able to delay gratification and can rise above adversity

Those who are externally motivated:

- Tend to blame outside circumstances for their mistakes
- Credit their successes to luck rather than to their own efforts
- Tend to seek out tasks that are low in degree of difficulty
- Can be satisfied with just getting by
- Will tend to perform based on rewards and/or pressure or to avoid punishment

There is no question that young children are internally motivated. Imagine a child learning how to ride a bike. There is no reward for this activity other than learning to ride the bike. There is joy in this process that comes from within that child. As children get older, and external motivators like rewards and punishments enter into their world, they tend to lose that sense of internal motivation and the joy that comes with learning something new. But if we can foster and inspire children to maintain that which comes naturally to them, they can stay motivated as they grow and mature, whether it is at school, work, or relationships. Once they are on this positive protectory, and they begin to feel the positive feelings one experiences with success, it becomes a lifelong process.

The question is: how do we instill internal motivation in another person? What Deci tells us through his research is that it does not come with rewards, punishments or micro-managing. I have always believed that we must teach our children that:

- They are accountable and responsible for their actions
- They need to be allowed the consequence of good or poor choices so that they experience the joy or pain of their decisions.

- They need to experience the good feelings they have when they accomplished something done well.
- We need to be cautious in using external rewards to motivate them. This most often produces the opposite affect by enhancing external motivation and diminishing internal motivation.

Other factors critical to building internal motivation are the assumption that the child has the capacity to do the work and a strong connection or a relationship between the adult (whether it is a parent or teacher) and the child. The child needs to feel that the person teaching them is emotionally supportive. In fact, on a secondary school level, it has been found that a positive teacher-student relationship predicts strongly for positive classroom behavior and academic success.

Deci's research would agree with these factors. But he puts the greatest weight on the child's ability to freely make the choice as to whether they want to do well. His contention is that external rewards or punishment will diminish the capacity for a child's success because it takes away from the autonomy that is essential for internal motivation. When I freely make the decision that doing well in school or work is my decision, then it increases my ability to pursue my goals, stay with it and then eventually achieve.

The issue of unmotivated students has always and will always be with us. My fear is that, given the irregular way schools are having to be conducted in this next year and the struggles that so many of our families are experiencing, there may be an increase in the number of students who fall through the cracks. I believe that this is a topic that needs to be addressed in our families and our schools, and we have to get beyond the idea that rewards and punishments are the only way to inspire motivation in our kids. The fact is, they simply don't work. And, I think we know this in our hearts, but we feel like there is nothing else we can do. But there is; we can work hard to inspire internal motivation in our children, so that they can learn again what they once knew.

~ *Mary*

Preventing Student Suicide ~ School Programs Available

- ~ Training can be provided "live online," by recorded webinar, or live with social distancing.
- ~ CEUs are available for licensed Missouri and Illinois social workers and counselors.

Suicide among American youth continues to increase and is now responsible for more deaths of adolescents each year *than all natural causes combined*. It is vital that all school personnel have up-to-date information regarding suicide warning signs and prevention strategies. Professional development training, as well as parent presentations, are available through West County Psychological Associates. Programs include:

Key Staff:

Suicide Prevention, Intervention, and Postvention in Schools (Full day - 6 hours)

Suicide Risk Assessment in Schools (2 hours)

Safety Planning and Counseling Strategies (2 hours)

Postvention: What to Do after a Student's Suicide Death (2 hours)



All School Staff:

Suicide Awareness and Prevention (2 hours)

NEW: Youth Suicide Awareness and Prevention in Schools (1 hour online webinar program)

For more information or to schedule, please contact **Amy Maus, MSW, LCSW**
the West County Psychological Associates office, 314.275.8599, or visit www.wcpastl.com.

Kid's Say the Darndest Things

Tales from the Principals' Office

Dr. Carol Hall-Whittier



For our seasoned readers, you may remember Art Linkletter's program, "Kids Say the Darndest Things." Viewers gathered each week to see what funnies the kids had to say. Those of us in education, who work with the most interesting, inquisitive students, share those viewers' appreciation for the thoughts and words of our young.

A teacher once shared with me this story about a kindergartener who was escorted into the classroom by her mom on a very snowy day. The teacher told the young student to put her coat and boots in the closet and come to join her classmates on the rug. At the end of the day, all the students went into the coat room to get their coats and belongings, excited about going home to slosh about in the snow. That young student whose mother had escorted her in earlier that day was sitting by the door to the coat room crying. The teacher said, "What's wrong?" The student said, "I can't find my boots." The teacher said, "There are a pair of boots left in the coat room. Do they belong to you?" The child said, "No. My boots had snow on them."

What precious words come out the mouths of babes. It is powerful for the human experience to remember those positive experiences that make us smile.

Many times, the funny comments of children are also embarrassing comments. Usually something they have seen or heard at home. And they don't know the cultural restrictions associated with sharing the information.

One teacher shared a funny experience in her classroom. The students were studying vocabulary/spelling words in second grade. The word was weed. (You are cringing a little now, aren't you?) The objective was the introduction of double vowels for the long vowel sound. A little boy used the word in a sentence. "My father smokes weed." The students all laughed hysterically. Class was paused and the student was taken aside for a lesson on how to consider family privacy when sharing with others.

It was around Halloween when another kindergartener joyfully ran to the teacher on yard duty and asked her if she knew who invented miniskirts. When she didn't know, he was quick to tell her: "Seymore Hiney!" This teacher was left with her mouth dropping to the ground.

Another child was involved in a writing assignment. She wrote, "My teacher told us to brush our teeth every day. But my mother has to brush her tooth."

Then, of course, every teacher has experienced the students asking about her age. Kids always want to know how old you are. Many teachers share their age, but it does not matter how old you are, students always think you are old. In one second grade class, the students were studying the first president, George Washington. One student asked, "Mrs. Rudolph, did you know George Washington?" As she answered no, she laughed to herself and thought, "My, I'm not that old!"

Finally, I will share a poignant comment by a student whose family was moving to another city and this was his last day with Mrs. Saunders. They exchanged their goodbyes and he turned to say, "If I don't see you before, I will see you in heaven Mrs. Saunders." Mrs. Saunders said even though this happened many years ago, she can still see his little round face and his bright red hair. That was a comment from a student so impactful that she will never forget it as long as she lives.

I hope these stories put a smile on your face and uplift you during this exceedingly difficult time. Remember to laugh! Finding reasons to smile, to laugh, and to see the positive and the poignant in the world around us today can make a real difference in our emotional and physical health.

“You are So OCD!”
Understanding Genuine Obsessive-Compulsive Disorder (OCD)
Angela Cook, MSW, LCSW

I’m the first one to admit that I love a good acronym and have even created several of my own. However, one acronym that gets thrown around way too much is the one that stands for Obsessive Compulsive Disorder (OCD). People who have it know all too well that it’s nothing to joke about. The symptoms not only torment them endlessly but also wreak havoc on their loved ones.

People get accused of “being OCD” if they are overly clean or excessively cautious when it comes to safety. But it’s not a personality description – OCD is a serious mental health issue. Does being clean or cautious necessarily make someone OCD? No. Plus, using the term in that way can minimize the intense inner turmoil that an individual with true OCD is experiencing. Without proper treatment, OCD can be debilitating and drastically decrease one’s ability to be happy. It’s important to shed some light on what OCD actually is, to help break down the stigma, so that sufferers will be more willing to reach out for the help they need and begin their journey to more peaceful times.

OCD DEFINED

There are two parts of OCD that make up the diagnosis. The first part is obsessions that manifest as unwanted, intrusive thoughts or images that are often continuous and disturbing. The second is compulsions in the form of actions, thinking loops, or behaviors that are carried out over and over to bring relief from the distressing obsessions. Both parts are fueled by fear of something bad happening, such as getting sick or harming oneself or someone else.

OCD is a serious mental health condition that is neurologically based. According to Neuroscience News, researchers at the University of Michigan discovered that there are often misfires between the signal to stop a behavior and being able to actually stop. In other words, you want the bike to stop but nothing happens when pressing on the brakes. For diagnosis, a minimum of one hour per day is spent engaging in obsessive thoughts and compulsive actions in an attempt to bring relief. According to the National Institute of Mental Health (NIMH), OCD affects one in 40 adults and one in 100 children in the United States. The average age of onset is 19, though a third of the people who have it first experienced symptoms in childhood.

HOW CAN YOU TELL THE DIFFERENCE?

One of the main differences between people who are extremely particular about where they want to place their belongings or how clean they are and people with diagnosable OCD can be explained this way: Someone with OCD will spend an excessive amount of time consumed in obsessive thoughts and compulsive behaviors that interfere with what they need to get done at work, home or school. A great deal of mental energy goes into the ‘what ifs’ and trying to gain control over the uncertainty of not knowing for sure if something is completely safe, sanitary or morally appropriate. Examples include: repeatedly checking to see if a person was hit while driving by turning around multiple times after going over a bump; or repeatedly obsessing over whether a door is locked, while worrying about the possible dangers if someone breaks in. When it’s OCD, a simple check of the lock is not enough... because what if it malfunctions?

4 COMMON TYPES OF OCD

HOARDING:

Some people have significant difficulty parting with objects they no longer need or use. This becomes pathological when serious health hazards erupt due to being surrounded by trash, bugs, unsanitary conditions and fire hazards with the threat of eviction looming, due to not being able to throw things out or part with unwanted items. Questions and doubts arise: Will I need this item again someday? I can’t throw this out because it might be worth a lot of money. There’s constant fear revolving around the thought of not having something and worry that something bad could happen if it’s discarded.

Symptoms include: thinking harm will follow if you throw something out; constantly reviewing what you have; buying multiple items due to fear of not having what you need; and feeling fear that you might need something later.

CHECKING:

This type of OCD revolves around the fear of something bad happening if not done properly. Individuals go to great lengths to make sure there are no safety hazards by repeatedly making sure everything is off, doors are locked, and all appliances are turned off, in order to avoid a major catastrophe. There's constant fear that someone will break in or a fire will start unless they check over and over. Someone with this type of OCD can't just drive home and check the door; they think about it all day and are able to do very little else.

Symptoms include: constant doubt about whether the door is locked or the iron is off, or repeatedly turning a light switch on and off to verify it still works.

ORDERING & SYMMETRY:

This type of OCD is fueled by the need to have control over every aspect of life in order to make it perfect. Compulsions consist of spending a great deal of time placing objects in a certain way in order to get that "just right" feeling. There's also an incessant need to keep everything symmetrical and balanced visually, cognitively and/or physically. Oftentimes, the person recognizes that their thinking behind the need for order is illogical but still thinks, for example, that if everything isn't perfect for the party, their friends will no longer hang out with them. Life is consumed with maintaining order and control by doing things like constantly moving papers and decorative items, or reorganizing drawers. An excessive amount of time is spent obsessing over every detail that creates barriers to time management and seeing the big picture. Compulsive behaviors interfere with spending time with loved ones, who often feel neglected.

Symptoms include: arranging items in a certain way over and over; constant anxiety about something bad happening if not in the right order; feeling that symmetrical body parts have to be used equally, such as when picking something up or stretching; and putting an inordinate amount of emphasis on visual symmetry, i.e., making sure that pictures being hung aren't crooked.

CONTAMINATION:

Most people are familiar with this form of OCD, in which people are obsessed with decreasing their obsessive thoughts and images of being contaminated from germs, blood or toxic chemicals, while engaging in compulsive behaviors that help them or their belongings feel clean. The difference between someone who takes frequent showers and someone with contamination OCD is that a hot shower will help someone feel clean without the need to think about it again. But people with Contamination OCD will take a two-hour shower a couple times a day. There's a preoccupation with the fear of getting themselves or a loved one sick from touching something that is suspected of being contaminated with blood, germs or hazardous chemicals.

Symptoms include: going to great lengths toward feeling safe by avoiding touching certain objects, or cleaning excessively to avoid feeling contaminated.

There are many more subtypes of OCD, which will be covered in future articles. Remember, it's important to get treatment sooner rather than later, because if left untreated, OCD can be debilitating and impair one's ability to function at home, work, school and/or in social settings. If you or a loved one is struggling with chronic and intrusive thoughts and engaging in distressing, ritualistic behaviors over and over, then start the process and reach out to a mental health practitioner for help today. A trained therapist whose area of focus is OCD can do an initial assessment and begin the process of helping you find peace within and overcome the obstacles that are holding you back.



Angela Cook, MSW, LCSW has 25 years of experience and is constantly fine-tuning her skills as a therapist. She is passionate in her craft of empowering people of all ages, families and couples help themselves find the peace within and break down the barriers that are holding them back. Areas of focus: OCD, Trauma, ADHD, Mood Disorders and Binge Eating.

Lockdown Uplift: Tips to Enhance Connection with Loved Ones in Senior Communities

Amy Neu, MSW, LCSW



Families are finding themselves in difficult situations during this pandemic. One common issue is how to best support loved ones who are in senior living communities. Many communities tasked with protecting their residents' health across the continuum of care (independent senior living, assisted living, and skilled nursing) have implemented various restrictions. These policies often include very limited access in or out of the community, which is for the safety of the residents. However, a natural consequence is that loneliness and isolation are increasing among residents in many communities. As family members, what can we do to help our loved ones under these circumstances?

As restrictions and social distancing measures continue, we must remind ourselves that we are not fated to become emotionally distant as well. We can make choices that enhance our connection even from a distance. Below are a variety of ideas that family members of any age can do with a loved one in a community. Keep in mind, if your loved one has a grandchild or great-grandchild, hearing from them is precious.

- **Coordinate a care calendar.** If your loved one struggles to reach out on their own, it can be nice to coordinate a care calendar. It can be as simple as creating a google calendar for people to sign up to call and check in with your loved one each day. As more communities begin to allow outdoor visits with more than one family member, you can communicate that message through the care calendar to see if anyone wants to go for a visit during their scheduled day.
- **Drop off an activity kit.** Most senior communities are accepting items to deliver to their residents at the reception desk. Call your loved one's community and ask if you could bring a package for them. Everyone has different interests and abilities, so you make an activity kit especially for your loved one. For instance, if they enjoy art or crafts, include some coloring books, clay, or paint by number books. Readers may appreciate new books to read, while puzzlers may like a new crossword or jigsaw. If your loved one enjoys sending cards or letters, include stationary or blank cards and stamps.
- **Reminisce together.** Bring up a photo album of old pictures up for your loved one and reminisce together over the phone. Legacyproject.org has a wonderful list of life review questions to prompt conversations. If your loved one has some good responses, you can start writing them down and preserving their memories too. Reminiscence is also a pleasant activity for individuals with mild-moderate dementia, as long-term memories often remain intact longer than short-term memories.
- **Use technology to connect.** There are so many options for virtual visits, whether it is Zoom, Facetime, Google Duo, etc. Many senior communities have a tablet that a staff member can take to your loved one's room for a virtual visit if they do not have their own device. While it is not the same as an in-person visit, virtual visits give us the opportunity to connect more fully than a phone call alone. We can see each other's facial expressions, gestures, and other non-verbal cues to create a more meaningful conversation.
- **Create opportunities for intergenerational activities.** If there are children involved in your loved one's life, be sure to include them in your plans. There are wonderful options, such as writing to each other as pen pals, drawing pictures for each other, singing songs together (over the phone or virtually), or reading favorite books to each other. Children are amazingly tech savvy and often enjoy sharing these skills with adults. Ask kids how they would like to connect with their loved ones, and they will likely have their own wonderful ideas as well.
- **Prioritize mental health for yourself and your loved one.** This is an incredibly stressful time for family, caregivers, and residents of senior communities. There are various emotions to process during this pandemic, and many people hesitate to talk with family or friends about difficult feelings for fear of being a "burden" or a "downer." It is crucial for us to have conversations about these difficult emotions and how we are coping. These deep conversations with each other secure our bonds even while being physically distant. If you or your loved one is struggling to cope, it is valuable to seek guidance from a mental health professional to enhance wellbeing.

While social distancing is necessary to contain the spread of the COVID-19 virus, it does not mean that our emotional connections with others are doomed to diminish. We can make small decisions each day to cultivate our relationships and enhance our connections with others. If you or a loved one are struggling with isolation, depression, anxiety, or loss of connection, our therapists at WCPA are here for you. Please reach out to connect with us and schedule a telehealth appointment. Our office number is (314) 275-8599.