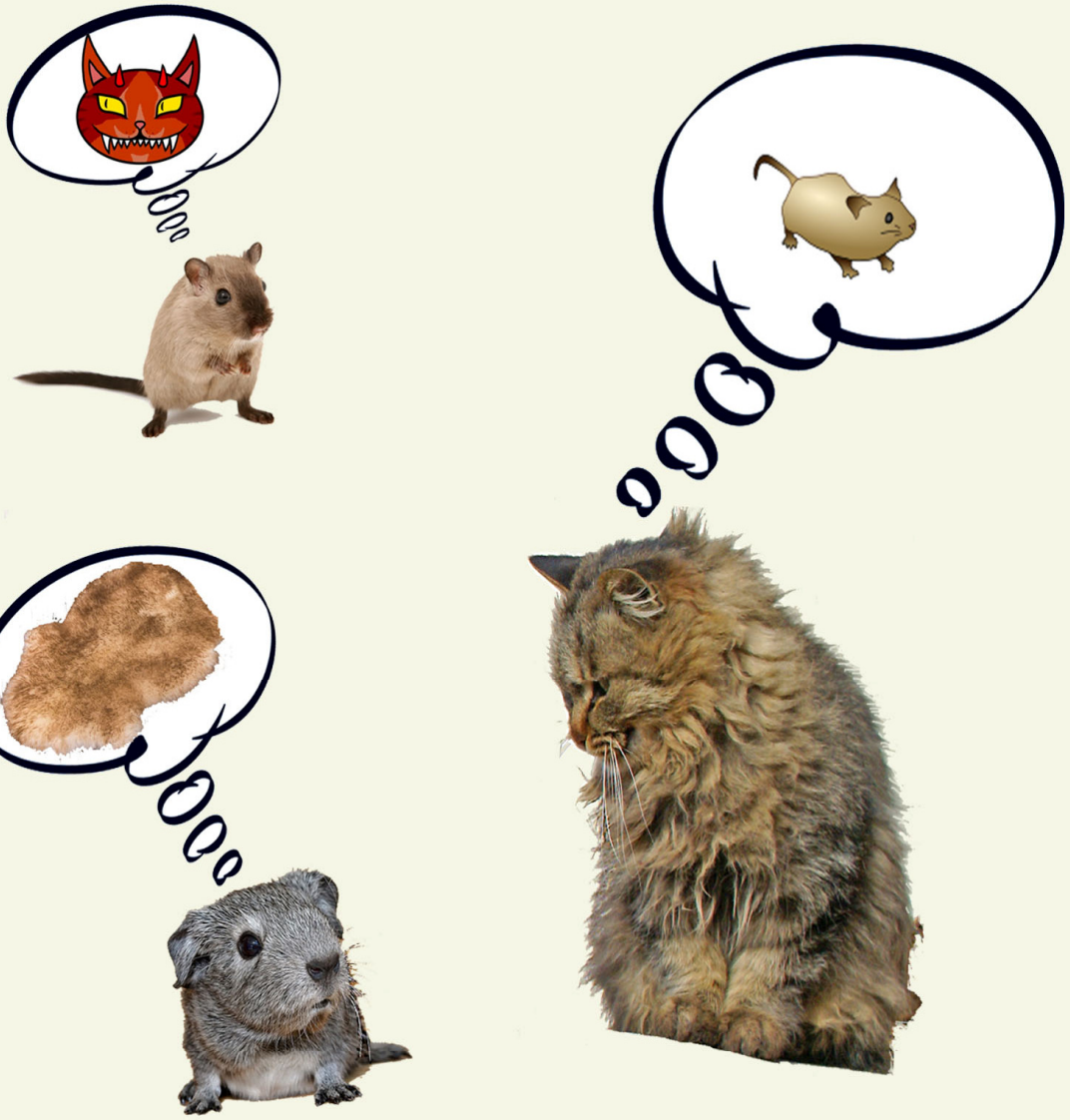
The *Savvy* Therapist

Issue 5



TRANSFERENCECOUNTERTRANSFERENCETRANSFERENCECOUNTERTRANSFERENCE

Feature The Beginnings of Transference and Countertransference

Interview with Dr Matthew Woo

The Anti-Social Social Media

How to look for Reference Material about Counselling?

The Monetary Authority of Singapore (MAS) predicts a growth of 2.5% for Singapore's economy this year, and yet, it doesn't feel like the economy is recovering when you walk on the streets. Many shops had closed down, malls are empty, and around me, I hear of many people who are losing their jobs or contracts. This is the time when people for people to seek counsellors to find opportunities and hope, yet many still hold the mindset of saving the money (during the rainy day) and allowing themselves to slip into depression and anxiety. As a mental health practitioner, are you also feeling the effects of recession? Some of us may be overworked as more and more people seek for free counselling services provided, while others who are giving paid service find their income dwindling. I empathize if this is a trying time for you, and hope that you will be able to centre yourself, and find what is important, meaningful to sustain yourself. We present this new issue of The Savvy Therapist. Enjoy!

SAC Comms Team

Do you have any comments that you like to share on the article? Email us at savvytherapist@gmail.com to connect with us. Your comment may be published in our next issue.

SAC
Singapore Association for Counselling

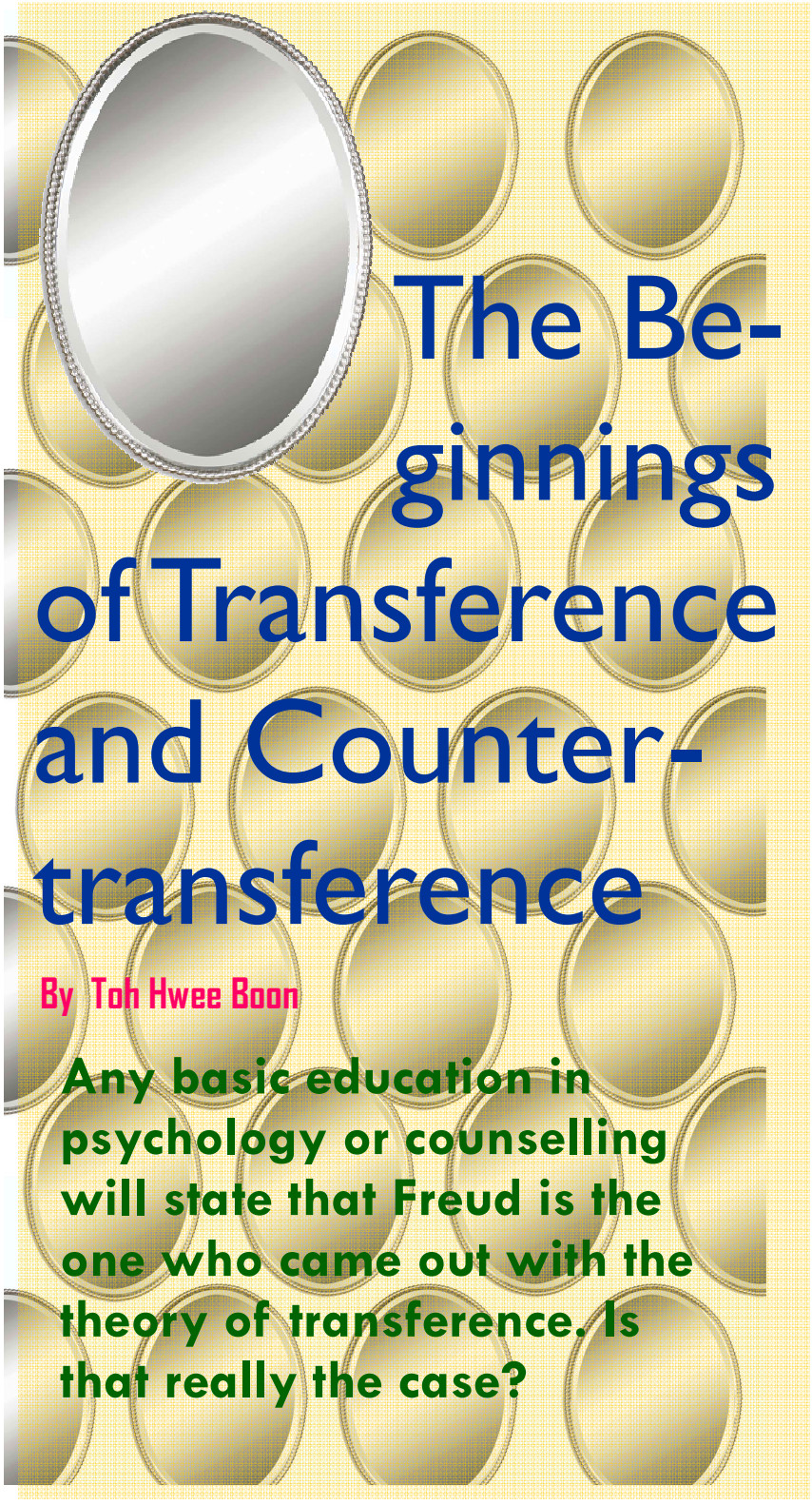
The Savvy Therapist is a biannual e-magazine produced by the membership subcommittee of the Singapore Association for Counselling (SAC) for all its members.

Chief Editor
Toh Hwee Boon

Writers and Contributors
Toh Hwee Boon
Silvia Wetherell
Joshi C
Au Hoi Ting
Sam Roberts
Alan Yeo
Siva Mahendran

The Savvy Therapist

Content



The Beginnings of Transference and Counter-transference

By Toh Hwee Boon

Any basic education in psychology or counselling will state that Freud is the one who came out with the theory of transference. Is that really the case?

In Year 1876, physician and mesmerist Victor Jean-Marie Burq received a commission by the Paris Society of Biology to investigate how metals affect people's well being. The board found the investigation favourable, and the commissioners, including Jean Martin Charcot who was the chairperson, wrote about the concept of *transfert*, a principle consistent with Mesmer's earlier theory of magnetic reciprocity (Gravitz, 2010). It is this theory of the a magnetic mobile fluid flowing from one person to another, between magnetizer and patient, that will become what we call 'transference' and 'counter-transference'. (Incidentally, the term 'rapport' came from Mesmer and magnetizers as well, in that the receiver of the magnetic fluid is 'in rapport' with the magnetizer.) (Giora, 1991).

Alongside with the popularity of Mesmerism and magnetic treatment, many magnetizers come to realize the intimacy of the magnetic rapport, and start to take advantage of the sexual undercurrents of this rapport. Pierre Marie Félix Janet, a psychologist studying magnetic rapport, writes about how the patient feels relieved or happy in the initial phase, followed by a second phase which he called a somnambulic passion phase. This is when the patient starts to feel a strong need to see the hypnotist and to be guided by him/her, and feels an irresistible passion that may be sexual, filial or maternal in nature. Janet suggested that the hypnotist can use this development to teach the patient to live without the presence and help of the hypnotist, by confronting and helping the patient become aware of the meanings of his/her demands, and gradually widening the intervals between sessions (Janet, 1897; Giora, 1991).

While Janet articulated what we recognize as the current day therapeutic relationship and processes, it was Sigmund Freud who develop the theories of the disturbances of the friendly alliance. The three disturbances are due to 1) improper behaviour of the therapist towards the patient, 2) the patient's fear of becoming dependent on the therapist, and 3) the patient transfer feelings and expectations of another person onto the therapist. Freud would later coin the term *Übertragung* in describing transference, and write that alongside the patient having feelings that is not based on any real relation between him/her and the therapist, the patient also re-experience parts of the emotional life that he/she had forgotten, but is brought up based on his/her interactions with the therapist. Freud also come to see the universality of transference

" *Transference arises in all human relationships just as it does between the physician and the patient. It is everywhere the true vehicle of therapeutic. . . . Psycho-analysis does not create it but merely reveals it to consciousness and gains control of it in order to guide psychical processes towards the desired goal. (Freud, 1910, p. 51)*"

With these new insights, Freud developed his theory of psychoanalysis and redefined the task of psychotherapy to digging up remnants of the past, and that the therapist should be present and impersonal like an opaque mirror in order to prevent any transference by misalliance (Freud, 1912).

According to the literature located, Freud's theory of transference did not remain static in his day. The idea of transference in 1910 looks at it as repressed fantasies and impulses, a disturbance, and "a resistance in service to the repression", but in 1925, it had appeared in Freud's writings as something that "dominates the whole of each person's relation to his environment". Transference in 1925 had become something due to the suggestibility of the patient. In 1937, the meaning of transference had yet again changed in Freud's mind when he writes that "not every good relation between an analyst and his subject during and after an analysis was to be regarded as a transference; there were also friendly relations which were based on reality" (Freud, 1937). This last interpretation of transference was disregarded by the psychoanalytic circle who then continued to be distant and neutral to decrease transference (Langs, 1976).

While Freud was rethinking transference, other therapists came out with their own view of transference. Karen Horney rejected transference as a reaction to the past, and instead sees it as an expression of the patient's present personality and conflicts. Glover felt that the transference could be a displacement of all that the patient has learnt or forgotten in his mental development, rather than that of just infantile conflicts. Interestingly, the development of client-centered therapy seemed to have developed as a method to avoid transference. If the ambiguity in psychoanalysis encourages projection, then one sits up facing the client and does not use free association. If by assuming the role of the expert or authority figure one fosters an attitude of dependence, then one assumes a position of support in a non superior manner to develop the independence in the client. If the client feels threatened causing him/her to either regress or become defensive, then adopt an attitude of acceptance and unconditional positive regard, so the client can feel safe and supported. Even if the client were to readily transfer feelings to the therapist, the therapist accepts and understands these attitudes, causing the client to recognize that the projections comes from himself (Patterson, 1959).

Counter-transference

Like transference, the definition of counter-transference also changes now and then, depending on who is doing the defining. Freud introduced the term in "The Future Prospects of Psycho-Analytic Therapy (1910)",

... We have begun to consider the "counter-transference," which arises in the physician as a result of the patient's influence on his unconscious feelings, and have nearly come to the point of requiring the physician to recognize and overcome this countertransferrence in himself...Anyone who cannot succeed in this self-analysis may without more ado regard himself as unable to treat neurotics by analysis.

Freud maintained this position, and in his publication in 1915, warns physicians on how patients tend to fall in love with them, and thus it is important not to gratify these urges and to carry out the treatment in abstinence (Freud, 1915). Adolph Stern wrote about how having previous training, theoretical knowledge and actual clinical experience can reduce the amount of countertransference due to unanalyzed problems in the analysts (1924), and Sandor Ferenczi and Otto Rank talks about narcissistic countertransference in which the analyst may encourage the glamorization of himself by the patient (Ferenczi and Rank, 1924). Wilhelm Reich felt that countertransference occurs from the personal difficulties of the analyst, and Healy, Bronner, Bowers and Fenichel felt that it is due to the impulses to respond to the patient's affectional trends, or libinal strivings that the analyst may try to satisfy in the analytic relationship (Reich; 1933; Healy, Bronner, Bowers, 1931; Fenichel, 1941). During this period, there seemed to a be split of ideas as to what countertransference includes. For

Fig. 1. Magnetic fluids escapes most actively at the end of fingers, and especially thumbs. For that reason, the magnetizer will often touch the patient at various spots with the thumb. Other times, the magnetizer will use magnetic friction— touching with the whole hand and with some pressure. Credit: Light Hearted Services.Com

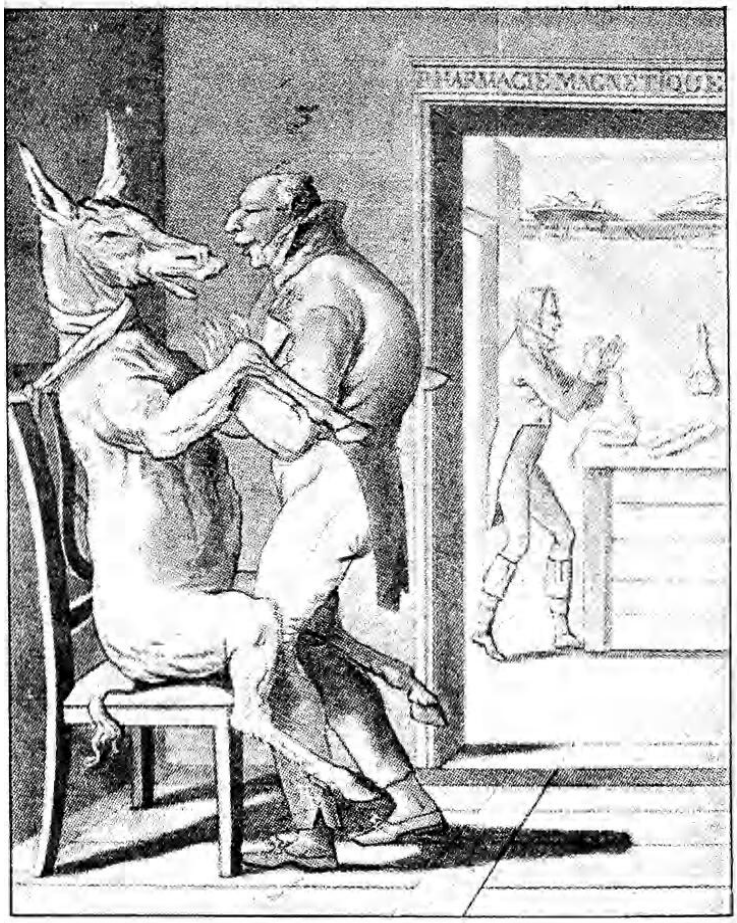


Fig. 2. One of the satirical comics drawn in the era of Animal Magnetism. This comic depicts the ass receiving magnetic fluid, and being 'in rapport' with the magnetizer. Rapport is made by the magnetizer touching the problem spot in the body, then making stroking movements away towards the extremities. Credit: Wellcome Images

English and Pearson (1937), everything the analyst feels towards the patient is counter-transference, while for Karen Horney, Glover, Ferenczi and others, not every reaction to the patient is caused by unresolved infantile conflicts. In the 1940s, the scope of countertransference has been redefined by the new generation of psychoanalysts. Sharpe (1947) extended the scope of countertransference to include both conscious and unconscious reactions of the analyst to the patient. For Winnicott, countertransference includes abnormal reactions of the analyst to patient, reactions due to the personal experience and narrative of the analyst, as well as the love and hate of the patient's personality and behaviour in what he call objective countertransference (Winnicott, 1949). Gitelson qualifies countertransference as reactions of the analyst when he reacts to partial aspects of the patient. The reactions to the patient as a whole is seen as transference (Gitelson, 1952). Annie Reich (1951) took the narrow definition and rejected the conscious reactions of the analyst, and in the same manner, Fliess excluded qualities of counteridentification and any positive or desirable out of his term of countertransference. In contrast, Michael and Alice Balint took the extremely broad view to suggest that instead of being an opaque mirror, every single way the analyst impresses himself to the patient, be it his diction, office decor, and frequency of sessions, affects the patient's transference and qualifies as countertransference (1939). Margaret Little also took a broad view, but included everything on a pick and choose basis. Her definition of countertransference includes any or all of the following:

> ***a) The analyst's unconscious attitude to the patient***
> ***b) Repressed elements, hithero unanalyzed, in the analyst himself which attach to the patient in the same way as the patient "transfers" to the analyst affects, etc., belonging to his parents or to the objects of his childhood: i.e., the analyst regards the patient (temporarily and varingly) as he regarded his own parents***
> ***c) Some specific attitude or mechanism with which the analyst needs the patient's transference***
> ***d) The whole of the analyst's attitudes and behaviour towards his patient. This includes all the others and any conscious attitudes as well. (41, p. 32. Little, 1951).***

As it should be apparent now, the concept of countertransference is too broad to be useful. Mabel Cohen felt the same and proposed an operational definition:

When in the patient-analyst relationship, anxiety is aroused in the analyst with the effect that communication between the two is interfered with by some alteration in the analyst's behaviour (verbal or otherwise), then countertransference is present.

Cohen went on to qualify anxiety arousing scenarios to include situational factors (reality factors, social factors and achievement), unresolved neurotic problems of the analyst, and communication of the patient's anxiety to the therapist (Cohen, 1952).

Below is a list of Cohen's signals of anxiety as reworded by Patterson (1959):

1. Unreasonable dislike for the client
2. Inability to empathize with the client, who seems unreal or mechanical
3. An overemotional reaction to the client's hostility
4. Excessive liking for the client
5. Discomfort with the client; dread of sessions with him
6. Preoccupation with client's behaviour trends, including fantasying about responses to the client
7. Difficulty in paying attention to the client, with mind wandering to personal affairs or drowsiness
8. Beginning appointments late or running over the established time
9. Getting involved in arguments with the client
10. Defensiveness or vulnerability to the client's criticism

11. Repeated misunderstanding of the therapist by the client, or disagreement with his responses
12. Provoking affect in the client
13. Over-concern about the confidential nature of his work with the client
14. Sympathy with client regarding his treatment by others
15. Feeling impelled to do something active for the client, such as giving advice or suggestions.
16. Appearance of the therapist in the client's dreams as himself, or the appearance of the client in the therapist's dreams.

Even though Cohen's list is useful, it does not state what to do with the counter-transference. A point to note is that Cecil Patterson was an important professor and proponent of person centered therapy, and looking at the list, I can already imagine how other schools of thought would debate about how transference and counter-transference should be dealt with. We will look at this, specifically how each modality deals with transference and counter-transference in a next issue.

REFERENCES

Cohen, M. P. (1952), Countertransference and anxiety. *Psychiatry, 15:231·243.*

English, O. S. & Pearson, G. H. J. (1937). *Common Neuroses of Children and Adults.* New York: Norton.

Fenichel, O. (1941). Problems of [sychoanalytic technique. *Psychoanal. Quart., 10:71-75.*
Ferenczi, S. & Rank, O. (1925). *The Develo[ment of Psychoanalysis.* New York: Nervous and Mental Disease Publishing Co.

Freud, S. (1910), The future [ros[ects of [sychoanalytic thera[y. *Collected Pa[ers, 2:285*296. London: Hogarth Press, 1949.

Freud, S. (1912). The Dynamics of Transference. *The Standard Edition of the Com[lete Psychological Works of Sigmund Freud, Volume XII (1911-1913): The Case of Schreber, Pa[ers on Technique and Other Works*, 97-108

Freud, S. (1915), Observations on transference love. *Collected Pa[ers,* 2:377-391. London: Hogarth Press, 1949.

Freud, S. (1937). Analysis Terminable and Interminable. Int. J. Psycho-Anal., 18:373-405.

Balint, A. & Balint, M. (1939). On transference & countertransference. International Journal of Psychoanalysis, 20, 225 - 230.

Gitelson, M. (1952), The emotional [osition of the analyst in the [sychoanalytic situa*tion. Int.]. Psycho-Anal., 83:1-10.*

Glover, E. (1955), *The Technique of Psychoanalysis.* New York: International Universities Press.

Gravitz, M. (2010). The Historical Role of Hy[nosis in the Theoretical Origins of Transference. International Journal of Clinical and Ex[erimental Hy[nosis, 52:2, 113-131. doi.org/10.1076/iceh.52.2.113.28096

Giora, Z. (1991). The Unconscious and Its Narratives. Buda[est: T-Twins Publishing House.

Healy, W., Bronner, A., and Bowers, A. M.: The Structure and Meaning of Psychoanalysis. New York, 1931

Horney, K. (1939). New Ways in Psychoanalysis. New York: Norton.

Janet, P. (1897). Lílnfluence somnambulique et le besoin de direction. *Revue Philoso[hique,* 43,1, 113-143.

Langs, R. (1976). *The bi[ersonal field*. New York: Jason Aronson.

Little, M. (1951). Counter-transference and the [atient's res[onse to it. International Journal of Psychoanalysis, 32, 32 - 40.

Orr, D. W. (1954). Transference and counter-transference.]. *Amer. Psychoanal. Assn.,* 2:621-668.

Patterson, C. H. (1959). Counseling and [sychothera[y: Theory and [ractice. New York: Har[er & Row.

Reich, W. (1933). Character-Analysis. New York: Orgone Institute Press.

Reich, A. (1951). On Countertransference. International Journal of Psychoanalysis, 32, 25 - 31.

Shar[e, E. F. (1947), The [sychoanalyst. *Int.*]. *Psycho-Anal., 28:1-6.*

Stern, A. (1924). On the counter-transference in [sychoanalysis. Psychoanalysis Review, 11: 166 - 174.

Winnicott, D. W. (1949), Hate in the counter-transference. *Int.*]. *Psycho-Anal., 30:69-74.*

Hwee Boon is currently a counsellor and clinical supervisor. Apart from her private practice, she also does counselling in a secondary school.

...Continued from page 19

groundbreaking information, how do we go about getting them on hand? Unfortunately, unless you are a staff or student from a university, there is very little way to get your hands on these articles free, unless the journal is free in the first place. The European Journal of Counselling Psychology is a free peer-reviewed open access journal and can be accessed from http://ejcop.psychopen.eu/index.php/ejcop. For other journals that needs subscription, the only option besides buying them, is to find them on the National Library e-resources via databases such as EBSCO, JSTOR and Proquest. To access the databases, login onto your library account and see if the articles you want are there. Most of the time, I will have difficulty finding the latest articles, but it will be possible for your to get your hands on articles like 'The Function of Counter-Transference' by Robert Moody, published in 1955. There is one other way to get articles though, and that is to look at what is posted on Science Daily, and see if the links to the authors or publishers allow you to download a free pdf of the file. Sometimes some journal publishers will allow the free view and download of certain highly cited papers at different points of time. Below are some of the links:
http://www.apa.org/pubs/highlights/sample/index.aspx
https://www.omicsonline.org/ArchiveJPPT/mostly-viewed-articles-psychology-psychotherapy-open-access.php

Hwee Boon is currently a counsellor and clinical supervisor. Apart from her private practice, she also does counselling in a secondary school.

...Continued from page 13

SW: And I think also maybe just from my own experience, using EMDR in counselling sessions doesn't mean that you have to completely change the way you work. EMDR is a therapy that you can find ways of gently integrating it into the way that you already work as it is very compatible with other therapeutic approaches.

Silvia Wetherell is an expert in maternal mental health work. She currently works as a consultant at Choolani Clinic in Mt Elizabeth Novena Hospital.

...Continued from page 17

laptop of the client or therapist is stolen then what happens? In an in-person therapy session, these issues are of less concern for confidentially and data protection of the client.

The debate within mental health field about, 'is therapy transmitted through pixels in a video conference as effective as in-person therapy?' continues to rage on with opinion very much divided. Given that video conferencing technology now is so commonplace, with webcams present in almost all of our laptops, tablets, and cell phones, it's widespread accessibility is not extremely new but research on this topic is still in its early stages. There are concerns whether the trust and interpersonal bonds experienced between clients and therapists will diminish through the use of technology, and how could this affect the outcome of counselling. There are also concerns as to whether a lack of technology literacy may put some groups of people at a disadvantage.

On the other hand some research have shown promising results. In 2008, in the Journal of Technology and Human Services, a statistical examination of 92 result studies containing almost 12,000 clients, testing various online psychotherapeutic interventions for a range of conditions, mostly showed some success and only a handful showing little or no success. Overall, it was reported that the effectiveness of the online interventions seemed to be almost in the same range as in-person interventions. But what mattered was the details in the intervention method. online interventions seemed to be almost in the same range as in-person interventions. But what mattered was the details in the intervention method. Online interventions were not equally successful for all conditions. Treating posttraumatic stress disorder and anxiety disorders showed larger effects than other conditions. The age of clients also seemed to matter, with relatively very little treatment success reported for older adults compared to those in the age group of 25-39.

Although online therapeutic support may not be as effective as real, human contact, it's worth considering whether virtual communities, linking people who might never actually meet may genuinely help some to cope with adversity. Some smartphone apps like PTSD Coach and Breathe2 Relax are intended to be used in tandem with traditional psychotherapy; but when geography, physical ability, or stigma prevent in-person treatment, these apps could make the difference. However, these apps don't intend to replace needed professional evaluation, treatment and care.

Nonetheless, technology is offering increasing hope and alternatives in the field of mental health and psychotherapy. The amazing plasticity of technology mirrors our own potential as human beings to be strong in the face of challenges that we face in a complex world of technology advances. Sorry

Sam Roberts, is a Professional Counsellor in practice and is the Director of Olive Branch Counselling Services. He is a Technology enthusiast and heads OMEGA Apps a software development company'

...Continued from page 15

becomes an integral part of you. You would travel back if you left it at home by mistake. In no time, you will be using truncated words LOL, AFK(away from keyboard), ICYMI(in case you missed it), YOLO in your text. And when the messages come fast and furious, you omit the 'Thanks', 'Sorry', the emoticons. These nuances are necessary to good relationships. I have heard of clients keeping long threads of text arguments, which they re-read, looking for faults (rarely one's own), evidence, mulling over, analyzing, and over-thinking. Yet, the option of talking, or meeting up face to face, where the facial cues and body language can guide us to better communication, seems to be less used. Perhaps, we don't know how to use them anymore.

IT is said, in gambling, the only winner is the casino. We want to be more mindful that the only winner is not Facebook, or other SM. We need to have a better balance between the useful and the harmful, the latter of which is not always immediately obvious. With the comfort of SM, some children, and parents, are denied the opportunity to build skills of negotiation for making compromises, of learning shame and embarrassment in public. These are essential for proper social development and maturity. As teens, they may have more difficulty working at group projects, because that entails seeing other members' perspectives, using verbal and interpersonal skills to engage is a purposeful negotiations, managing self and others' emotions in the process. They seem to have the option of complaining to their lecturers to reassign the group. The lecturer often yields because at this stage it is too tedious to start with basic life skills. I have heard some students get a diagnosis from their psychiatrists to excuse them from further unpleasantness in working in groups. One shudders to think how they would navigate their career upon graduation. Don't think any diagnosis would be in their favour then. Sorry

Alan Yeo is a certified Solution Focused Therapist and Coach, and is appointed as a Staff Counsellor in NTU from 2009. Alan has been in private practice at Balanced Consulting for 13 years.

NurtureSG Task Force To Publish Action Plan in June 2017

Led by Minister of State for Health Dr Lam Pin Min and Minister of State for Education Dr Janil Puthucheary, the NurtureSG Task Force was formed in April 2016 to look into plans and strategies to enhance health outcomes among the young. Some of the objectives include developing new programmes to address worrying trends in our children and youth, improve preventive health services for disadvantaged children, and promote healthy living into family, communities as well as tertiary institutions. After an 8 week long public consultations with over 900 Singaporeans across various platforms, it seemed that insufficient physical activity, poor nutrition, lack of sleep, and lack of information on mental resilience are important points to tackle for the young. The team then worked with stakeholders and experts, and submitted their list of recommendations in mid-February 2017. Many of the recommendations have been implemented, including the set up of an Inter-Agency Research Workgroup for Youth Suicides led by Associate Professor Dr Daniel Fung, Chairman, Medical Board, Institute of Mental Health (IMH). The Health Promotion Board will engage students in the National Steps Challenge to increase their exercise, and also promote the importance of sleep to parents and children. This will be supported on the schools' end where pre-schools, mainstream schools and even institutes of higher learning (IHL) will have more opportunities for physical activities. On the mental health end, HPB will also train pre-school educators and equip them with skills to build social emotional competencies in young children. As children often seek help and support from friends. MOE and HPB will start to build peer support structures in mainstream schools, so that children who sought help will be supported. Students in IHLs will also be trained and will be able to look up for signs of distress among their peers. Lastly, to support better nutrition, MOE will be implementing a new programme to cultivate healthy eating habits in schools. The Early Childhood Development Agency (ECDA) will cover healthy eating in the younger children, and will enhance nutritional requirements to ensure nutritious, balanced and varied meals at the pre-school level. All these changes and more will be consolidated in the NurtureSG Action Plan, which is expected to be published in June 2017.

Ministry of Health (A[ril 13, 2016). Launch of Inter-Agency Taskforce to Enhance Health Outcomes Among Our Young. Press Release. Retrieved from htt[s://www.moh.gov.sg/content/moh_web/home/[ressRoom/[ressRoomItemRelease/2016/launch-of-inter-agency-taskforce-to-enhance-health-outcomes-amon.html

Ministry of Health (February 23, 2017). Healthy Bodies, Healthy Minds: Recommendations by the NurtureSG Taskforce. Press Release. Retrieved from htt[s://www.moh.gov.sg/content/moh_web/home/[ressRoom/[ressRoomItemRelease/2017/healthy-bodies--healthy-minds--recommendations-by-the-nurturesg-.html

Ministry of Education (December 7, 2016). Physical Activity, Nutrition, Mental Wellbeing and Slee[Identified as Key Concerns for Children and Youth. Press Release. Retrieved from htt[s://www.moe.gov.sg/news/[ress-releases/[hysical-activity--nutrition--mental-wellbeing-and-slee[-identified-as-key-concerns-for-children-and-youth#sthash.k51ELS4b.d[uf

Funding and New Initiatives to help people with Disabilities

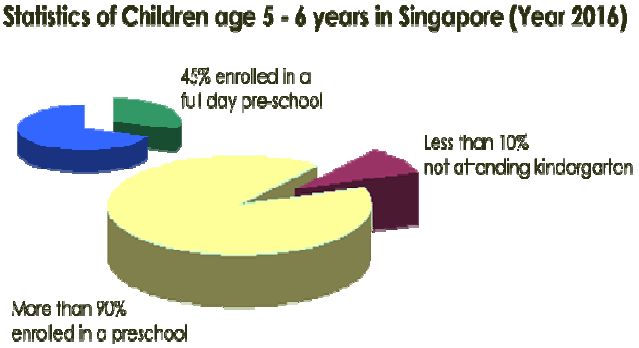
With new funding to help the disabled in Singapore, people with disabilities and their caregivers can look forward to new initiatives by the government. The school-to-work transition programme that was only available for people with mild intellectual disabilities and autism is now open for people with moderate intellectual disabilities and those with multiple disabilities. Mr Victor Tay who is the president of the Association for Persons with Special Needs (APSN) welcomes the initiatives, but hopes that there can be more incentives to attract firms in employing the students.

Besides the programme, a new disability support centre will be set up next year, to provide caregivers with information, training as well as links to peer support groups and other relevant agencies for further assistance. There will also be services like respite care to help caregivers take a breather now and then. National Council of Social Service (NCSS) predicts that the support centre and network will be able to reach out and benefit 2000 caregivers over the next five years. As part of the third Enabling Masterplan in Singapore, the government will be spending $400 million per year from now on initiatives to help the disabled.

The Straits Times (March 8, 2017). Parliament: New centre and network of su[ort for caregivers of those with disabilities. Retrieved from htt[://www.straitstimes.com/[olitics/[arliamentnewcentreandnetworkofsu[[ortforcaregiver-softhosewithdisabilities

Goy, P. (Feb 21, 2017). More hel[for the disabled and their caregivers. The Straits Times. Retrieved from htt[://www.straitstimes.com/singa[ore/morehel[forthedisabledandtheircaregivers

Statistics from MSF



IMH Begins the Four Year Long Singapore Wellness Study with SSHSPH

With the signing of the Memorandum of Understanding between the Institute of Mental Health and NUS Saw Swee Hock School of Public Health on 23rd May 2017, researchers from the two organizations will begin to work on the nationwide study entitled the 'Singapore Wellness Study' over the next four years. Led by Associate Professor Rob van Dam, researchers will sample 10,000 multiethnic participants recruited in a previous SSHSPH Population Health Studies five years ago, and conduct interviews as well as follow up physical examinations to assess their level of wellness alongside their medical history, lifestyle and state of physical health. Questions related to wellness will be adapted from The Wellness Living Laboratory (WELL) study questionnaire, and include questions that assess physical health, emotional health, stress and resilience. When the study completes in 2021, researchers hope that they will have a better picture of the aspects of wellness in the local population, as well as factors that enhance wellness in people living in Singapore. Besides comparing the wellness levels of the local populations to those in California, Taiwan and China, researchers will use the findings from the Singapore Wellness Study to suggest behavioural modifications and interventions that can improve the positive mental and physical health of Singaporeans.

Institute of Mental Health (2017). Nationwide study on connection between positive mental health and physical health to improve wellness in Singapore. Press Release. Retrieved from https://www.imh.com.sg/uploadedFiles/Newsroom/News_Releases/Media%20Release_Singapore%20Wellness%20Study_IMH-SSHSPH_FINAL_30May17.pdf

Go to a Polyclinic for Psychiatric Services

The Ministry of Health has announced its plan to have one in every two polyclinics in Singapore providing services for mental health, or having dementia care, or both by Year 2021. According to the newspaper report in The Straits Times on 2nd May, seven out of the 18 polyclinics in Singapore offer mental health services, with Geylang Polyclinic being the first to do so in 2003 and Jurong Polyclinic being the latest one to start its Health and Mind Service from last year. The information is slightly different on the websites of the National Health Group (NHG) listing all their polyclinics having psychology services, and the SingHealth group having two polyclinics having community services. Additionally, one can speak to an addiction counsellor from NAMS at the Bukit Batok (CLUB HEAL) or Clementi (Rotary Family Service Centre) on Tuesdays.

Below is a list of the polyclinics with the services:

Geylang Polyclinic (Community Wellness Clinic)
Queenstown Polyclinic (Community Wellness Clinic)
Ang Mo Kio (Health and Mind Service
Bukit Batok (General Medical Services, Psychology)
Choa Chu Kang (General Medical Services, Psychology)
Clementi (General Medical Services, Psychology)
Hougang (General Medical Services, Psychology)
Jurong (General Medical Services, Psychology)
Toa Payoh (General Medical Services, Psychology)
Woodlands (General Medical Services, Psychology)
Yishun (General Medical Services, Psychology)

Teo, J. (May 2, 2017). Mental Health Cases Treated at Polyclinics. The Straits Times. Retrieved from htt[://www.straitstimes.com/singa[ore/health/mentalhealthcasestreatedat[olyclinics

National Health Grou[. (2017). Our Services. Retrieved on June 14, 2017 from htt[s://www.nhg[.com.sg/Our_Services/

SAC New Supervision Standards in a Nutshell

New Applications with Supervision Components

From 1 June 2018

- Hours must be clocked from a SAC Registered or Pre-registered Clinical Supervisor
- Log Sheets must be signed by a SAC Registered or Pre-registered Clinical Supervisor
- Minimum ratio of 30% individual and 70% group supervision

New Applications to be Clinical Supervisors

From 1 June 2018

- Currently a SAC Registered Member
- At least 5 years of experience doing clinical work (documented and supported)
- Clocked at least 1500 hours of face to face practice, (documented and supported)
- with at least 150 hours of supervision as a supervisor (documented and supported)
- Must have significant supervision training (at least 150 hours) (documented and supported)
- Will be granted Pre-Registered Clinical Supervisor until renewal in 2 years time

Renewal of Clinical Supervisors and Registered Counsellor Status

From 1 June 2018

- Minimum 100 hours of supervision as a supervisor (documented and supported)
- Another 300 hours of clinical work (documented and supported)
- Received 40 hours of supervision, of which 4 hours need to be individual supervision (documented and supported)
- Attended 50 hours of training (CPE), of which 5 hours need to be about supervision (documented and supported)

School Based Programme Effective in Promoting Resilience in Students

Developed specifically for deprived neighbourhoods, the SPARK Resilience Programme is a universal school based education programme to foster resilience and prevent depression in children between 10 - 12 years old in England. In a recent paper by Pluess et al (2017) ,this programme that uses CBT and positive psychology concepts is reported to result significant and persistent increase in resilience in the 200 students sampled one year after the programme. There is also a significant decrease in depression for the students up to 6 months after the programme as compared to students in the control group. Looking at how this highly effective programme only required teachers to go for 2 days of intensive training, and after which the programme is taught in 12 hour long sessions by the teachers, this model could potentially be adapted and used in other schools in different countries to build resilience in school age children.

Pluess, M., Boniwell, I., Hefferon, K., Tunariu, A. (2017). Preliminary evaluation of a school-based resilience-[romoting intervention in a high-risk [o[ulation: A[[lication of an ex[loratory two-cohort treatment/control design. PLOS ONE 12, 5. DOI: 10.1371/journal.[one.0177191

Group Mindfulness Therapy As Effective as Individual CBT, Study Shows

As the number of people afflicted with mental illness increase over the years, there is a need to reach out to large populations of people with affordable treatment. Professor Sundquist and his team solved this problem when they found that mindfulness group therapy over eight weeks has the same effect as individual CBT in the treatment of depression, anxiety, stress and adjustment disorders. Using a randomized controlled trial, Sunquist et al (2017) found no significant difference in the positive treatment outcomes using the Symptom Checklist-90 (SCL-90), and that the mindfulness group became somewhat more mindful than those treated with individual CBT. There is thus a potential use of Mindfulness Group Therapy for a more affordable and efficient treatment of mental illness.

Sunquist, J., Palmér,K., Johansson, L. M, Sunquist, K. (2017). The effect of mindfulness grou[thera[y on a broad range of [sychiatric sym[toms: A randomised controlled trial in [rimary health care. *Euro[ean Psychiatry*, 43, 19. DOI: 10.1016/j.eur[sy.2017.01.328

Listen to Nature Sounds Proven to Relax

When you are feeling stressed out, listening to sounds recorded from nature can help you to relax. The researchers from Brighton and Sussex Medical School (BSMS) teamed up with audio visual artist Mark Ware to record the brain activity and heart rate of participants when they were played sounds recorded from nature or from artificial environments that were 5min 25seconds long. What they found was that the brain reflected an outward directed focus when listening to natural sounds, and an inward directed focus of attention when listening to artificial sounds. Previous studies have shown that disorders related to psychological stress, such as anxiety, post traumatic stress disorder and depression all showed a dysregulated competition between the default mode network (DMN) and the anti-correlated task positive networks, and they seemed to be associated with self-referential thought processes. In exposure to natural sounds, fMRI readings showed a shift from the anterior to posterior midline functional coupling in the brain, alongside with more activity in the parasympathetic nervous system, which governs the body at rest, homeostasis and the rest-digest cycle. Instead of the PCC connecting to the mPFC which is related with metalizing, evaluative and self referential processing, PCC connects to the precuneus, which is associated with broad integrated monitoring and relaxed states of consciousness. The increased functional connectivity between the anterior insula and ACC also suggest an increase in emotional salience when one listens to familiar natural sounds. While people who are stressed will become more relaxed after listening to nature sounds, people who are already relaxed and have high baseline parasympathetic activity showed a relative decrease after listening to nature sounds. This suggests that the beneficial effects may be related to basal states of neural connectivity and also the person's current autonomic state.

Gould van Praag, C. D., Garkinkel, S. N., S[arasci, O., Mees, A., Phili[[ides, A. O., Ware, M., Ottaviani, C., & Critchley, H. D. (2017). Mind-wandering and alterations to default mode network connectivity when listening to naturalistic versus artiicial sounds. *Scientific Re[orts*,. 7, 45273; doi: 10.1038/sre[45273

Teens with PTSD and Conduct Disorder Cannot

There have been associations about emotional processing in teens with PTSD and conduct disorders which led to an impaired social functioning and aggressive behaviour. In this study, Javdani et al (2017) sampled 371 teens with emotional and behaviour problems, and got them to complete a structured diagnostic assessment as well as a facial affect recognition task. What the researchers found was that teens with higher levels of PTSD symptoms are more likely to mistake sad and angry faces for fearful faces, whereas teens with higher levels of conduct disorder symp-

Novel Method to Increase Insight of Schizophrenic Patients to Seek Treatment

Impaired insight is one of the problems of schizophrenia, and more than 50% of those plagued by the illness do not seek treatment nor take medication because of the lack of insight, and thus have poorer health, experience housing instability, and often need hospitalization. Dr. Philip Gerretsen came up with the idea of irrigating a patient's ear after he came across the ear irrigation procedure used to create awareness and insight in stroke patients who lack awareness of their paralysis. With his colleagues from the Campbell Family Mental Health Research Institute at CAMH, Dr Gerretsen experimented the water procedure with 16 patients, and used the VAGUS Insight into Psychosis Scale to assess any subtle changes in insight half an hour after the procedure. They found that cold water (4°C) in the left ear led to a significant increase in patients' insights, while flushing cold water in the right ear seemed to worsen insight. With the promising results, Dr Gerretsen is now testing a new vestibular stimulation headset with earpiece, so that patients can use it at home on their own. They will then conduct studies to see if having this form of thermal stimulation over several days leads to a sustained improvement in illness awareness.

Gerrestsen, P., Pothier, D. D., Falls, C., Armstrong, M., Balakumar, T., Uchida, H., Mamo, D. C., Pollock, B. G. Graff-Guerrero, A. (2017). Vestibular stimulation im[roves insight into illness in schizo[hrenia s[ectrum disorders. *Psychiatry Research*, 2017; 251: 333 DOI: 10.1016/j.[sychres.2017.02.020

Recognize Certain Facial Expressions

toms will more likely to mistake sad faces for angry faces. Using findings from this study, one can include the enhancement of certain facial expressions as an important treatment goal in future treatment for PTSD and Conduct Disorder.

Javdani, S., Sadeh, N.,Donenberg, G. R., Emerson, E. M., Houck, C., & Brown, L. K. (2017). Affect recognition among adolescents in thera[eutic schools: relationshi[s with [osttraumatic stress disorder and conduct disorder sym[- toms. *Child and Adolescent Mental Health*, 22 (1): 42 DOI: 10.1111/camh.12198

Good Recovery from Depression using Metacognitive Therapy

What kind of depression treatment gave patients a pleasant surprise about what they are going to do? Answer: Metacognitive Therapy (MCT). Rather than talking about the difficult and painful negative thoughts and challenging their validity, MCT focuses on the ruminative process and help patients learn to take control of their thoughts by encountering them with a detached mindfulness. Hagen et al reported how 10 week treatment using MCT led to 80% recovery after six months, which continue to persist after a year. This recovery rate is amazing when compared to many mainstream depression treatment, with a relapse rate of 50% after one year, and a 75% relapse rate after two years. Professor Roger Hagen hopes that Metacognitive Therapy, which had been developed by the University of Manchester in England over twenty years ago as a form of Cognitive Therapy, may become the mainstream method to treat depression.

Søum, V. (March 8, 2017). Getting Rid of De[ression by Changing How you Think. Gemini. Retrieved from htt[s://geminiresearchnews.com/2017/03/getting-rid-de[ression-changing-think/

Hagen, R., Hjemdal, O., Solem, S., Kennair, L. E. O., Nordahl, H. M., Fisher, P., & Wells, A. (2017). Metacognitive Thera[y for De[ression in Adults: A Waiting List Randomized Controlled Trial with Six Months Follow-U[. *Frontiers in Psychology*, 8 DOI: 10.3389/f[syg.2017.00031

Brain Scan Helps Depressed Choose CBT or Antidepressants

Due to the differences in which depression occurs in patients, it is uncertain whether patients will improve with talk therapy, or with medication. Using functional MRI to identify the degree of functional connectivity between the subcallosal cingulate cortex (SCC) and three other areas of the brain, namely the left anterior ventrolateral PFC/ insula, the dorsal midbrain, and the left ventromedial PFC, Dunlop et al were able to find correlations between connectivity scores and treatment outcome. Subjects in the 12 week long Randomized Controlled Trial who went through CBT and had positive functional connectivity, and subjects on antidepressants and have SCC that is not connected to the three brain areas have a 72 - 78% of remission. In contrast, subjects whose treatment did not match the connectivity measures tend to not respond to treatment. These results suggest that it is more reliable to choose a treatment for depression based on brain scans and biological characteristics, rather than looking at the symptoms or even preferences of the depressed patient.

Dunlo[, B. W. W., Rajendra, J. K., W. Craighead, W. E., Kelley, M. E., McGrath, C. L., Choi, K. S., Kinkead, B., Nemeroff, C. B., & Mayberg, H. S. (2017). Functional Connectivity of the Subcallosal Cingulate Cortex And Differential Outcomes to Treatment With Cognitive-Behavioral Thera[y or Antide[ressant Medication for Major De[ressive Disorder. *American Journal of Psychiatry*, 2017; a[[i.aj[.2016.1 DOI: 10.1176/a[[i.aj[.2016.16050518

Formerly working in the Institute of Mental Health as Senior Principal Clinical Psychologist for 19 years, Dr Matthew Woo is one of the foundling members of EMDR Singapore as well as the current President Elect of EMDR Asia. In this issue, our reporter Silvia Wetherell had a chance to interview Dr Matthew about what EMDR work is like and how it is used.

SW: How was EMDR Singapore founded?

MW: It all started out as a shared vision among the four founding members of EMDR Singapore which also include Linda Koh, Ip Lee Lee and Ben Ho. In those days I was still working at the Institute of Mental Health which was organizing EMDR courses, and so became the founding President of EMDR Singapore from 2010 to 2012. We recognized that there was a need for promoting EMDR because of the amount of trauma that we saw in the community.

SW: How is EMDR progressing in Singapore and what are your plans are for EMDR Asia?

MW: I think with regards to EMDR Asia, the on-going major task and process is to organize a conference in Shanghai in 2017. And I think very big on the agenda is this training of trainers that's coming up. So very much urgent on the Asian landscape is this need for more trainers from the respective countries. Through the years we've been very blessed by trainers from Europe, United States and HAP – that's Humanitarian Assistance Program. But the priority right now at this moment is to mentor some trainers from the countries that they come from. So we are looking at Singapore having our own trainers maybe in 2 to 3 years. Which is a good direction.

SW: What is the process of accreditation in EMDR like?

MW: EMDR accreditation requires 15 hours of post-basic supervision with 25 to 30 cases. So there are a few of us who are EMDR accredited and Institute Facilitators, now the next step up is to become trainers.

SW: Who is doing the EMDR training in Singapore?

MW: There is the same cohort that comes to Singapore every September and every year we have about 15 to 20 trainees for Weekend 1 and maybe 8 to 10 more for Weekend 2. These two Weekends are intensive training days that together form the basic training in EMDR. The EMDR community in Singapore includes around 1,900 people with ten to twenty of us being really active with regards to practice and training.

SW: Tell us a little bit about your background and how you came to integrate EMDR into your work?

MW: I've been a practicing psychologist for almost 20 years and I came across EMDR about 10 years ago. To be very honest I was rather skeptical about EMDR in the beginning but then began to see much quicker results with EMDR compared to other traditional forms of psychotherapy.

SW: What are some of the advantages of using EMDR compared to other modalities such as CBT?

MW: With EMDR the client doesn't need to be too explicit about the information. The therapist takes some indicators but doesn't need to know everything. So it saves talking about potentially very sensitive information on the part of the client and the therapist can still process past incidents with minimal information. Definitely with trauma processing, negative emotions and anger management, EMDR is a lot quicker compared to CBT.

SW: Could you share with our counsellors a little more information about how EMDR works in the brain?

MW: Upsetting events in the past which are charged with negative emotion are "frozen" in the right side of the brain. These "frozen" emotions are quite intense, so whenever you recall something, that's usually on the right side while on the left hemisphere there is more consolidated process. So when you're shifting material, you go from right to left and that's how the processing through bilateral stimulation takes place. In other words, EMDR stimulates the processing of this "frozen" material and brings it to a point of adaptive

resolution.

There are many studies that have compared EMDR processing to REM (Rapid Eye Movement) sleep. And exciting developments in the field of EMDR in terms of research and potential applications for using EMDR?

MW: For me it is fascinating that there are protocols being developed for EMDR for structural dissociation. That's very relevant for me because I see so many cases of dissociation and how they can be helped with EMDR. There's a marvellous study that has come up in the past few years about how therapists can deal with complex PTSD, structural dissociation and Dissociate Identity Disorders with EMDR.

Towards the end of last year, General EMDR published an article I authored about using EMDR to help with sleep disturbances, dream processing and nightmare processing.

SW: It's interesting you brought up the word trauma because sometimes when people think about trauma, they think about maybe a car accident, a suicide in the family or childhood sexual abuse. But a trauma doesn't always look that way.

MW: Trauma is in the eyes of the beholder. In EMDR we talk about the small things, the small traumas. And for a little boy or a little girl a trauma could be not doing very well for my math test last week. And it affected my confidence and my interest in the subsequent math assessments that I was going to do. I have seen a few kids who are a little more on the sensitive side and don't take setbacks very well. An outsider wouldn't normally consider that setback a trauma and yet, for the child, it is.

And the most important thing is, some of these memories, some of these negative experiences affect the present functioning of the individual and that's the key thing about it.

SW: Could you perhaps give an example?

MW: I can talk about an interesting case I'm currently working on. This is a curious case of chronic fatigue. The child would go to school for two days and would then miss school for three days because he felt very tired. The child had had a viral infection three years prior – chronic fatigue starts with a viral infection, and nothing seemed to help. Even the medication, according to the child, would only help him feel better by 10%. So he came in for EMDR, because I had this hypothesis based on what the parents told me that his viral infection, although cleared, the memory of the infection, of how tired he had felt, had not been fully resolved. I thought that by clearing the memories of the infection, he would get better. It's a little bit like gate control theory: the levels of pain you feel is really an experience of the memories that you have about the pain rather than the actual pain which has already cleared up. In this case it's not pain but it's tiredness.

This child has had about four sessions and reported improvement by 60%. He noticed that when he goes for a brisk walk he no longer needs to take a nap after that. So the problem in this case wasn't that he was experiencing a viral infection, the problem in this case was that he had bad memories of how tired he felt and it was impacting his body's ability to function. The mother is amazed and this is also an amazing encounter for me.

SW: What would you say to a counsellor who has looked into EMDR training but is not quite sure, what would you advise them? Is it worth it? For me as a counsellor, how am I going to use it?

MW: I think increasingly we have more counsellors in the community that do not have a psychology background. These counsellors can certainly do EMDR because it has a firm and robust protocol to follow. And that really helps in the beginning stages. If you're not sure what's happening, just follow the protocol and then you'll see the results. You get a little bit of supervision and you can move further. So EMDR is good in a sense for a person with a counselling background because of the tried and tested protocol that comes along with it.

EMDR is now known as EMDR therapy. EMDR is the old word, I think the reason for that is first of all the idea that EMDR also has elements to do with rapport building, relationship dynamics between yourself and the client. It is not just a mechanistic approach of "wagging your finger". So a lot of what has happened, what you have learned in your counselling, studies that you've done, are a very important part of this work. I think the second thing about EMDR that people can get stunned at is how something like wagging your finger can bring about results. Some people can get a little bit curious about how it works for them. In the same way I was also very curious about how it could work for me. But it worked and then subsequently it also worked for my clients.

So that's one way I explain it to my clients. But the beautiful thing about EMDR is that you don't need to quite believe in it to make it work.

...Continued on page 6

The Insidious Anti-Social Side of Social Media

By Alan Yeo Kong Leong, RegCLR, MMSAC

Social media (SM) are computer-mediated technologies that facilitate the creation and sharing of information, ideas, career interests and other forms of expression via virtual communities and networks. A distinguishing feature would be the transmission of many sources to many receivers. Popular examples are Facebook, Instagram, LinkedIn, Reddit, Twitter, WhatsApp, and YouTube. There are many advantages to SM, and some of the early promises of users managing their lives more efficiently, more connectedness, have been met. As a psychotherapist, I am more interested in the harming effects of SM, and how the evidence of such links to our clients' presenting issues is becoming more convincing with brain scans.

This article is drawn from selected TED & TEDx Talks on the topic of Social Media. I'm grateful for these "ideas worth sharing", and my engagement at times borders on addiction. I will relate the links with some common home, social, and work scenarios.

Scenario: During family gatherings, the grandparents often lavish praise on their grandchildren for being 'so clever' with their fingers, manipulating multiple buttons simultaneously with great speed on their tablets, and with intense concentration, texting or challenging a game with their friends,. The praises are genuine; these feats are often beyond the elders.

Comments: There is nothing clever about the ability to perform simple acts faster, to achieve higher scores, with repetitions. If a child is absorbed, often trance-like, in an activity of dubious benefit, that would be a cause for concern, not praise. In fact, the ability to break such concentration, to say 'that's enough', is what's worth modelling. It is one thing to concentrate on an important work or study, and something else to be engaged in game or chat with such fervour. It is insidious because the games usually have educational or intellectual benefits, and chats have a semblance of developing social skills. What could be so wrong being nannied by a familiar Disney-animated game or texting using cute emoticons? It is the psychology of engagement that is of concern.

Addictive nature: It seems SM use the same behaviour reinforcement techniques as the casino's slot machines (jackpot machines). The visual, the sound, the 'likes', 'pokes', the anticipations, the expectations, the fun, the excitement, the immediacy, the sense of winning, all adds to a very compelling need to stay engaged. And if you are not, you will feel left out, a loser.

Scenario: The child is so upset, throws tantrum, when the adult re--quests for them to stop such SM activities, to be more engage with real people around them. It's almost like cold turkey. Teens may lock themselves in the room, or not sleep at appropriate times because of the intense engagement the SM provides. They get very irritated, sometimes defiant, when parents checked in on them.

Comments: Parents' concern gets misconstrued as lack of trust. It is difficult to get the child to see the reasons for managing the habit, because their minds are still focusing on their needs, the sense of urgency, as designed by the immediacy nature of SM. Familiar strains include: 'You don't understand how important it is', 'if I quit now, I'll miss the chance of winning / being accepted'. Oh, but they often do not articulate their perspectives clearly. They may resort to lies, stealing, or turning to violence, much like a compulsive gambler.

Scenario: When a younger techy teen tries to help a less savvy adult with using SM, he often just fix it, as if explaining the process is a chore. It could well be – the elder did not grow up with SM.

Comments: It has been said that this is the first time a younger generation grows up with no (less) need for an adult because the adults' function as an information

source are more than adequately replaced by the internet. In the above scenario, the elder needs the younger more. And the adult doesn't have the bargaining chip to reprimand because the child holds the answer. Patience is not developed in the child. In fact, impatience is actively propagated. It has also been said that SM may provide the answers, but the answers need to be processed with adult guidance. Think of SM websites promoting suicides.

Scenario: Parents often allow this digital child-minder, perhaps with initial token reservations, as they (parents) get to spend more quality time with the rest of the family. Err, with the occasional interruptions from their own gadgets. Some adults actually prefer their own SM - less opportunities for family disagreement.

Comments: Before SM, there is less choice – you learn to get along with real people. SM can be anti-social media in this sense.

Scenario: At the family dinner at restaurants, you can see a table of 10, each texting away, presumably not with each other, unless there is gossiping about one of them, in which case, it need not be done behind the subject's back anymore. There is also the obligatory SM photo sharing of the dishes. Is it worse when there are just 2 persons at the table? At meetings or at a movie, some can be seen to attend to their messages. Most have learnt not to respond vocally these days, and the occasional ringtone is likely due to genuine forgetfulness. Nevertheless some adults appear too self-absorbed ('my message is more important the meeting, or others' enjoyment of the movie). Maybe the message is urgent. The chair of the meeting seems powerless to implement stricter decorum; in part because he may have to respond to his boss immediately.

Comments: Adults are no less im-mune to un-mindful automatic responses to their phone vibration, lit-up. My concern is what cognitive discipline are we encouraging, and how these multi-tasking could be contributing to anxiety and their related mental woes. With pagers (for those who remember, otherwise Google) there is a real option of when to return a call, or not at all. Basic interpersonal boundaries of time, space, respect, consideration, and empathy are blurred with SM. Indeed, words are often curt, even vulgar, hurtful, because some SM afford a shield of anonymity. In subtle ways, when you are sharing the occasion with others who are not there, perhaps we have lost the importance of being present, with those who are there. This is an important skill to model to the younger generation – the social etiquette of making conversations with all at the table. Alas, an evening can go by where you are communicating mostly with virtual friends, now that there is this choice. Also, when we WhatsApp to a group, are we being a bit insensitive? A friend received a photo of an elaborate Mother's Day celebration from a relative. She was sad as it reminded her that her own children did not bother. Does the sender care?

Addictive, even worse: Bear in mind, casinos used to be the occasional holiday cruise, with some sight-seeing or shopping in the package. The gambling would be interrupted by you needing to take a break, to eat, to pee, to get up and stretch, to sleep. Now you can do continue to do all these automatically, simultaneously, with the portable device. It is insidious because we only think of the convenience, not the harm. Because you can still go to work, are physically at your desk, you don't exhibit the obvious features of other vices. You don't reek of alcohol, you can silent your mobile, set it to vibration. However, you could be losing your ability to concentrate already – on your work.

Link to Anxiety: The frequent, almost non-stop use, checking in, responding to SM, with hardly any break or downtime, can create a highly anxious mind. You need portable chargers 24/7. I find this to be all too familiar. While we have breaks between meetings, or classes, such times are used for checking our mobiles without being discreet. The break for your mind to rest, to recharge for the next lap, is not used as intended. To enhance the effectiveness of the class or workshop, companies used to conduct workshops away from the office, to be uninterrupted by routine office work. SM put an end to that.

Scenario: More children, teens, are observed dozing off in class, usually not because they are taking on evening jobs to help with their family's expenses. Maybe you have observed your colleagues being more tired, edgy, restless, less productive, more 'mind going blank', more irritable, more worrying on more different topics, passing on anxiety to subordinates, constant checking with no corresponding effectiveness, putting less care into communication, using words that rub others the wrong way, lowering morale instead of encouraging effort, increased muscle aches, sweating, nausea, diarrhea, more unsatisfying sleep. Situation at home is not much better. I have heard children during therapy sharing that it is difficult to get a word in with their parents because the parents don't want to be disturbed while they are on their devices, or vices.

Comments: It is insidious because the parents are physically present, but not psychologically so . Addiction does not discriminate against age. Remember when you were fidgeting clumsily with your very first smartphone; this device soon

...Continued on page 7

AFFIXED TO THE SCREEN

By JOSHI C.

Children and screen time: how much is too much ? How much time does your child spend watching TV or movies, playing with a smartphone or computer, or enjoying video games ?

Although some screen time can be educational, it's easy to go overboard. Consider this guide to children and TV, including what you can do to keep your child's screen time in check. The American Academy of Pediatric's discourages media use by children younger than age two and recommends limiting older children's screen time to no more than one or two hours a day. Too much screen time can be linked to:

• **Obesity**. The more TV your child watches, the greater his or her risk is of becoming overweight. Having a TV in a child's bedroom increases this risk as well. Children can also develop an appetite for junk food promoted in TV ads, as well as overeat while watching TV.

• **Irregular sleep**. The more TV children watch, the more likely they are to have trouble falling asleep or to have an irregular sleep schedule. Sleep loss, in turn, can lead to fatigue and increased snacking.

• **Behavioral problems**. students who spend more than two hours a day watching TV or using a computer are more likely to have emotional, social and attention problems. Additionally, exposure to video games is linked with an increased possibility of attention problems in children.

• **Impaired academic performance**. Students who have TVs in their bedrooms tend to perform worse on tests than do those who don't have TVs in their bedrooms.

• **Violence.** Too much exposure to violence through media — especially on TV — can desensitise children to violence. As a result, children might learn to accept violent behaviour as a normal way to solve problems. • Less time for play. Excessive screen time leaves less time for active, creative play.

"Your child's total screen time might be greater than you realised "Start monitoring it, and talk to your child about the importance of sitting less and moving more. Also, explain screen time rules — and the consequences of breaking them."

In the meantime, here are simple steps to reduce screen time:

• Eliminate background TV. If the TV is turned on — even if it's just in the background — it's likely to draw your child's attention. If you're not actively watching a show, turn it off.

•Keep TVs and computers out of the bedroom. Children who have TVs in their bedrooms watch more TV than children who don't.have TVs in their bedrooms.

Monitor your child's screen time and the websites he or she is visiting by keeping TVs and computers in a common area in your house.

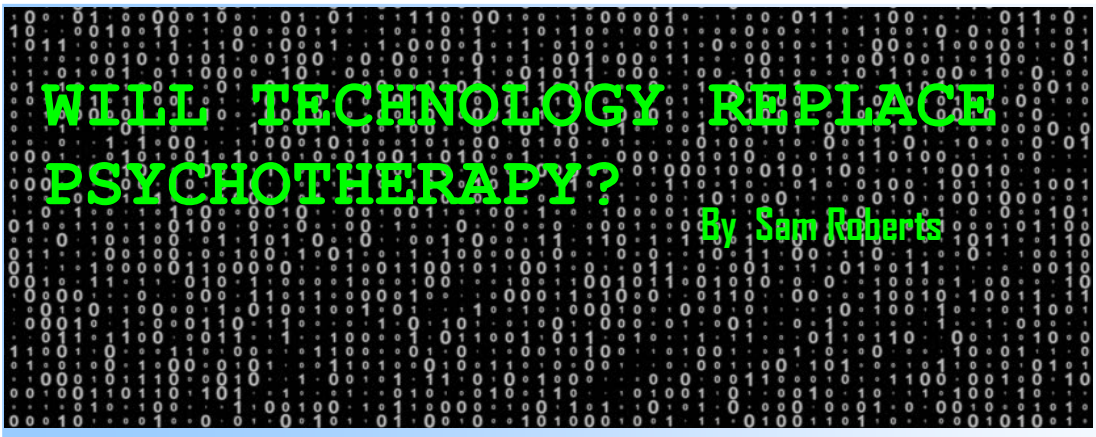
• Don't eat in front of the TV. Allowing your child to eat or snack in front of the TV increases his or her screen time. The habit also encourages mindless munching, which can lead to weight gain. When your child has screen time, make it as engaging as possible:

• Plan what your child views. Instead of flipping through channels, seek quality videos or programming. Consider using parental control settings on your TV and computers. Preview video games and smartphone applications before allowing your child to play with them.

• Watch with your child. Whenever possible, watch programs together — and talk about what you see, such as family values, violence or drug abuse. If you see a junk food ad, explain that just because it's on TV doesn't mean it's good for you.

• Record programs and watch them later. This will allow you to fast-forward through commercials selling toys, junk food and other products. When watching live programs, use the mute button during commercials.

• Encourage active screen time. Have your child stretch or do yoga while watching a show.



WILL TECHNOLOGY REPLACE PSYCHOTHERAPY?

By Sam Roberts

A Smart Nation

Singapore has a well-deserved reputation for first-class healthcare. It is believed that Singapore ranks second in the world providing its citizens with quality healthcare. However, with aging population and increasing mental health related issues it is believed that there is a need for 30,000 more healthcare workers by 2020, including specialised doctors

The government has eagerly embraced technology to provide innovative solutions to these challenges in order to improve productivity and reduce operational costs. The Internet of Things is driving a positive disruption worldwide in healthcare and other industries. A few institutions in Singapore are already examining how mobility might save time, money, and trouble for procedures that don't need an in-person visit. It is therefore no wonder then that healthcare has been a core focus of the Singapore government's plan to make the country the world's first Smart Nation through various technology-based initiatives.

Many private healthcare providers are already streamlining their workflow to move away from inefficiencies such as manually writing patient records or filling in appointment details on physical documents, which can be difficult to locate. To help improve the quality of service and patient experience, enable more efficient communications with patients, organise appointments, and ultimately allowing them to see more patients and achieve cost savings, healthcare providers are looking to software as well as specialised hardware tools and technologies.

Technology and Psychotherapy

Technology has replaced human beings on assembly lines, menu ordering, in-person book sales etc. And now, it appears larger by the day in the psychological treatment of individuals where there are technologies, now in the US that could replace certain treatments especially in case of trauma survivors. Should we be worried or thrilled?

In 2011, *Psychology Today*, highlighted concerns, suggesting that while there "has been some evidence for enhanced Cognitive Behavioural Therapy (CBT) efficacy using text messaging to deliver messages to those with Major Depression, and also for smoking cessation…there seem to be particular features and benefits of so called FTF (face to face) therapy that may not be present in video-therapy via Skype and similar mechanisms."

Nevertheless, these issues really haven't changed much since then. This has not stopped developers and practitioners from developing and publishing new technological tools and interventions. Research is beginning to show that, while technology may not replace in-person therapy, its advances are making life better for some like in the case of trauma survivors.

There are few video-conferencing software like Skype and Google+ Hangouts, for instance, which is allowing therapists and clients to connect across vast geographical distances known as tele-therapy or tele-mental-health. With the aid of this technology, a variety of therapeutic interventions with diverse populations have been delivered. The potential of this technology is great, particularly for bringing services to distant rural areas and in some parts of the world with few local therapists.

However, there are concerns, where the first and foremost is the issue of privacy. Given the stigma still attached to mental health difficulties, many people don't want their family, friends, or neighbours knowing they're in a therapy or counselling. If e-mail messages are exchanged between the client and the therapist, the question is, who else can access those messages? Could there be traces somehow left as information makes its way across other computer networks? In cases where the

...Continued on page 7

Challenge your family to see who can do the most jumping jacks during a commercial break. Choose video games that encourage physical activity.

"It can be difficult to start limiting your child's screen time. However, it's worth the effort," "By creating new household rules and steadily making small changes in your child's routine, you can curb screen time and its potential effects."

Article contributed by C.Joshi .CMSAC Faculty Lecturer @Kaplan

Joshi C. (PB, PBS) is currently a lecturer and supervisor for the Certificate and Diploma in Counselling courses at Kaplan Higher Education Institute . He is also an associate counsellor with many private counselling firms.

ASK The Savvy Therapist

QN: Are there any tips to look for books and publications related to counselling?

ANS by Ms TOH Hwee Boon:

Presuming that you are not asking about where to buy counselling books, I will recommend that you refer to libraries to look for published books and journals for information. The most accessible library to most would be the National Library (NLB), and you can find books that are relevant to counselling and mental health using their online catalogue system Spyros. NLB uses either the Dewey Decimal System to code and arrange their books, so find your books under the codes 15x (Psychology), 170 (Ethics), 361, 362 (Social problems, social work, social welfare) and 616.8 (Mental Disorders).

While many newer and smaller tomes are available in most libraries, some of the better and rarer books can only be found in the Reference Area located on Level 11 of the Lee Kong Chian Reference Library. It will be good to look through the catalogue before heading down to the right place to find the book. Alternatively, you can also use the library's general reference virtual platform to borrow and read e-books on Overdrive. Some of the books that are newly listed includes 'Explaining Suicide' by Meyer et al (2017), In Search of Madness by R. Walter Heinrichs, and The Survival Guide for Kids written by John F. Taylor. There are also smaller libraries including those in the various universities, Counselling and Care Centre (CCC), AWWA, and ECTA, but most of them are private libraries that cater only to their staff, members and/or students.

Having said so much about books, do note that it often takes more than a year for books that are written to go through editing, typesetting, printing and finally getting on shelves to be sold. It takes even longer for impactful books to be reviewed when it has to go through many hands for permissions, editing and decisions. Therefore, unless the book talks about issues that are more or less present and unchanging, most of the time the information would have been at least two years outdated by the time it reaches your hand. To get cutting edge information and development, you will have to look at journal publications.

DDS	Category
152	Emotions and Senses
152.3	Motor Functions
152.4	Emotions
152.5	Motivation
152.6	Challenges
152.8	Assessment
153	Cognition and Memory
153.1	Learning, Memory and Motivation
153.2	Association
153.3	Creativity and Visualization
153.4	Judgment and Reason
153.6	Communication
153.7	Perception
153.8	Decision Making and Persuasion
153.9	Assessment and Intelligence
154	Subconscious
154.2	Subconscious Per Se
154.3	Daydreams
154.4	Altered States
154.6	In Sleep
154.7	Hypnosis
155	Developmental and Differential Psychology
155.2	Individual Psychology
155.3	Sexuality and Gender
155.4	Childhood
155.5	Adolescence
155.6	Adults
155.7	Evolutionary Psychology
155.8	Cultural Psychology
155.9	Environmental and Situational
155.91	Physical Influences
155.92	Social Influences
155.93	Influences of Traumatic Experiences and Bereavement
155.94	Influences of Home, Dwelling, Community
155.95	Influences of Clothing and Nudity
155.96	Influences of Constraining Environment
158	Psychopathology
158.1	Personal improvement and analysis
158.2	Interpersonal relations
158.3	Counselling and interviewing
158.9	Systems and schools of Applied Psychology
158.5	Negotiating
174.91	Ethics for Psychologists and Mental Health Professions
361.3	Social Work
362	Social Welfare/Social Work
362.1	People with ailments
362.2	Mentally Ill
362.3	People with Learning Disabilities
362.4	Disabilities
362.5	Poor
362.6	Older people (care)
362.7	Child welfare
616.8	Mental Disorders

Fig. 1 Categories of books that will be of interest to a counsellor as represented by the Dewey Decimal System (DDS). Most public libraries, including the National Librray Board uses this system to categorize books.

In the land of journal publications, one of the systems of classification is that of the impact factor (IF). IF measures the frequency in which articles in the journal are cited in a year on average, so the more times articles in the journal get cited by other journal papers, the higher the IF will be. While this number means nothing much to laypersons like us, impact factors are the measure of success and eminence of professors and researchers all over the world. Without going too much into the academic discussion about IF, let's just accept that most of the time, the most important research publications will be published in journals that have a high IF, while smaller papers that are written by less known researchers, on subjects which may not be very novel, groundbreaking, appealing, may not involve large enough research samples, have important results, and is not assessed to have much impact to the scientific community currently.

Just to give some perspective, let's take a look at two journals that publishes counselling related material. Psychological Bulletin is a monthly journal, with an IF of 14.839. Looking at the contents page of the latest issue (June 2017), I see articles such as 'Does Gratitude Enhance Prosociality?: A meta-analytic review.', and 'The Effects of Acute Stress on Episodic Memory: A meta-analysis and integrative review.'. On the other hand, we have The Americal Journal of Psychology which is a quarterly journal and has an IF of 0.55 cited by Research Gate. Some of the articles listed in the Spring issue 2017 includes 'Reading aloud to children: Benefits and implications for acquiring literacy before schooling begins' and 'The Effect of Sleep Loss on Dual Time-Based Prospective Memory Tasks'. It would seem that I am promoting the branded, like how one should go for bags from Chanel, Prada and Louis Vuitton than go for normal functional ones, and this gets me slightly uncomfortable because I am not big on brands. While the article on the effect of sleep loss on dual time-based prospective memory tasks may suddenly be cited multiple times, raising its profile alongside that of the journal, sadly, it would be the article about acute stress and episodic memory which will likely get more citations and use. In retrospect, until a point of time when The Savvy Therapist will be cited in articles, papers, original research and etc, the current IF is zero.

Journal	Impact Factor
American Journal of Psychology	0.55
Applied Cognitive Psychology	1.481
Brain and Cogniton	2.399
British Journal of Clinical Psychology	2.224
British Journal of Developmental Psychology	1.719
British Journal of Educational Psychology	2
British Journal of Guidance and Counselling	0.469
British Journal of Mathematical and Statistical Psychology	3.698
British Journal of Social Psychology	1.798
Clinical Psychology and Psychotherapy	2.578
Communication Research	1.976
Communication Theory	2.432
Counselling and Psychotherapy Research	0.47
Counselling Psychology Quarterly	0.69
European Journal of Cognitive Psychology	1.892
European Journal of Social Psychology	1.921
Group Decision and Negotiation	1.312
International Journal of Psychology	1.276
Journal of Abnormal Psychology	5.538
Journal of Applied Social Psychology	1.006
Journal of Cognitive Neuroscience	3.559
Journal of Cognitive Psychology	1.892
Journal of Counselling and Development	0.588
Journal of Counselling Psychology	3.149
Journal of Family Psychology	2.65
Journal of Youth Studies	1.62
Molecular Psychiatry	13.314
Personality and Social Psychology Bulletin	2.56
PLOS ONE	4.411
Psychological Bulletin	14.839
Psychological Research	2.863
Psychological Science	5.476
Psychology and Psychotherapy: Theory, Research and Practice	1.661
School Psychology Quarterly	2.75
Scientific Reports	5.228

Fig. 2 A list of 35 journals that publishes counselling related articles are listed here. The list excludes other journals like the Asia Pacific Journal of Counselling which has no impact factor.

Since we have concluded that journals are the way to the latest research, and to your own discernment, the way to the most

...Continued on page 6

Ode to Counselling

In this fast – paced world

Modernisation and technology

Have all given us more stress;

There are more wants now

Than ever before in history:

Our means lag far behind though!

Modern conveniences and mass appeals

Globalisation and a ***smaller*** *world*

Have taken their toll on us all

Burning us, from all the burdens

We set upon ourselves in our mundane lives.

Philosophy created the arts and the sciences

Has Man's problems created a new science or an art?

There is art in the science

And science in the art of counselling;

Whichever way we look at it

Counselling is here to stay,

As a balm to soothe our problems away

Freeing one from the fetters of disillusionment

To show us the light at the end of the tunnel.

-Siva Mahendran
13th September 2004