



Cornerstone

Day School

Anxiety and Depression Has Technology Ruined this Generation? Is it too late?

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What does the research say?

Przybylski & Weinstein –

Experiment 1: two people engaged in a relationship formation task (sharing a moderately meaningful discussion); those subjects in the presence of a mobile phone felt less close with their partners and reported a lower quality of relationships than did partners who shared a conversation without a phone present.

What Does the Research Say?

Experiment 2: compared casual versus more meaningful conversations, and found that these effects were most pronounced if individuals were discussing a personally meaningful topic.

Conclusion: The mere presence of mobile phones inhibited the development of interpersonal closeness and trust, and reduced the extent to which individuals felt empathy and understanding from their partners. Even more surprising – the phone present did not belong to either subject, and the debriefing procedure suggested that these effects might happen outside of conscious awareness (i.e. even if phone not noticed).

What does the research say?

- Overall conclusions: "These results demonstrated that the mere presence of mobile communication technology might interfere with human relationship formation, lending some empirical support to concerns voiced by theorists (Turkle, 2011). Evidence derived from both experiments indicates the mere presence of mobile phones inhibited the development of interpersonal closeness and trust, and reduced the extent to which individuals felt empathy and understanding from their partners. Results from the second experiment indicated that these effects were most pronounced if individuals were discussing a personally meaningful topic."
- Przybylski, A. K., & Weinstein, N. (2012) *Can you connect with me now? How the presence of mobile communication technology influences face-to-face conversation quality*. *Journal of Social and Personal Relationships*, 1-10, doi: 10.1177/0265407512453827

The "Maxwell Smart" Rack



Parents must set an example

1. "Do as I say, not as I do" is the wrong message to give to kids
2. Pick specific time, locations, or events where there will not be any connected technology available
3. Limit the number of hours that children can be on line: that means limiting the number of hours that you too are on line!
- 4.
- 5.
- 6.

Depression: Girls vs Boys

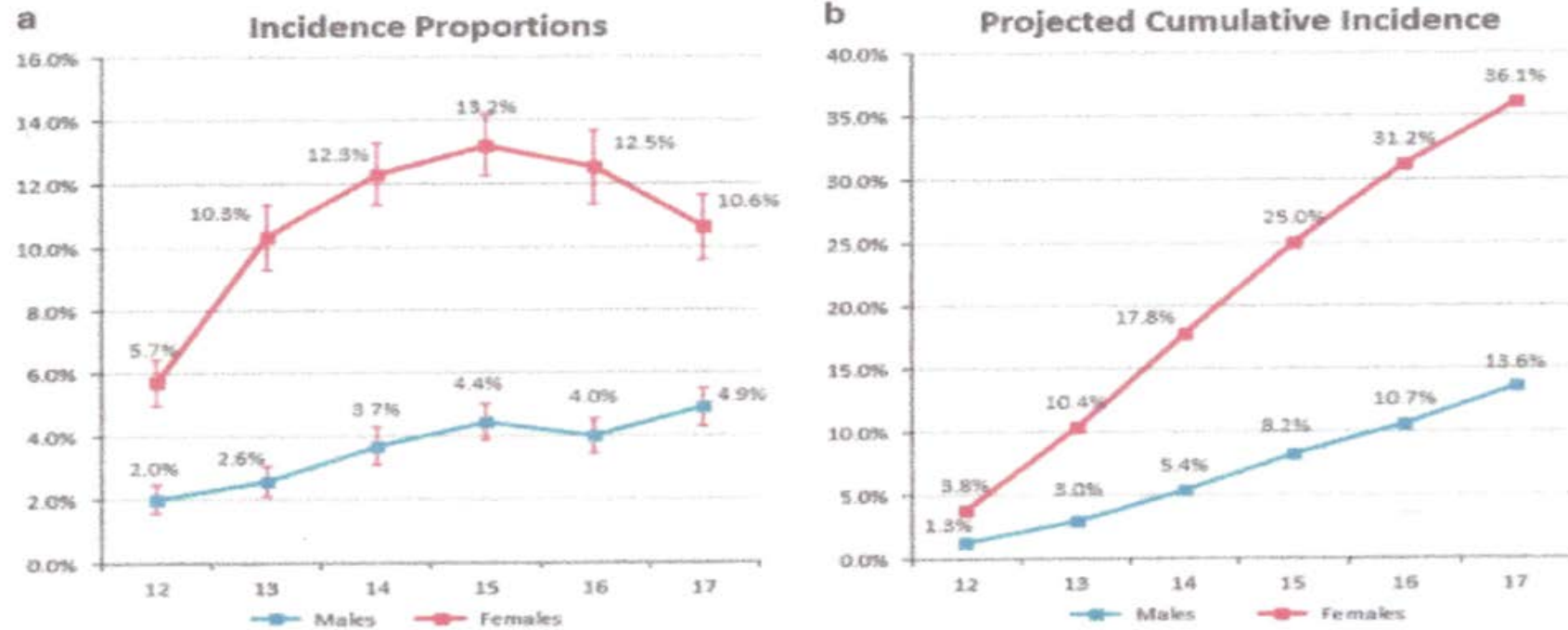


Figure 1. Occurrence of first-onset depression among adolescents, by age and sex.

Depression: Prevalence

- Adolescent depression occurs more than twice as often in girls (NIMH 2011)
- “ Gay and lesbian teens are 3 times more likely to report a history of suicidality and more than twice as likely to report symptoms of depression than their heterosexual counterparts.” (*Journal of Adolescent Health*. Published online April 4, 2011.)

Why are girls more depressed??

- Girls experience more interpersonal stress
- Girls have more stressors – twice as many as boys
- Girls stressor were interpersonal; and boys achievement
- Romantic fight girl=depression; Boys =distraction

Risk Factors for Depression: Psychosocial (Gender)

- Some studies suggest that the traditional upbringing of girls can foster certain traits that may increase the vulnerability of adolescent girls to depression
- Some studies suggest boys are under diagnosed as a result of their “acting out” feelings of depression

Risk Factors for Depression: Psychosocial (Gender)

- Before adolescence, equal numbers of boys and girls are depressed
- By age 13, a dramatic shift occurs, and more than twice as many girls as boys are depressed, a proportion that persists into adulthood
- This two-to-one ratio exists regardless of racial or ethnic background and has been reported in other countries. What changes occur in early adolescence to cause this disparity?

So what do I do?

- Talk about friends and relationships
- Be supportive and understanding
- Do NOT lecture or deny their feelings
- Girls are more catastrophic so parents needs to help them to develop ways of healing
- Suggest that depression can be “contagious”
- The double edged of empathy: both good and bad
- **Conversation ->connection ->empathy -> feeling less lonely ->lessening depression**

Technology and its effect on Anxiety and Depression

- Social media: help or hindrance?
- Raising children pre:1992
- Conversation and empathy
- Empathy and an emotional firewall

Impact of Technology on Fragile Children: Cracks in the Wall

- We have traded conversation for being connected
- We look at our phones instead of each other!
- To engage with the world around us we must be in conversation. "It is the most human and humanizing thing that we do."
- **Conversation ->connection ->empathy -> feeling less lonely ->lessening depression**

Impact of Technology on Fragile Children

- On line, we present ourselves not as we really are but as we would like to be.
- We have moved from a three dimensional relationship to one that is only a two dimensional connection.
- Face to face is 3D and cannot be replaced by an emoticon!

What is the impact?

- Creates a disparity between who we would like to be and who we are
- As the “like to be” gets more friends the depression increases because of the disparity
- Suicide has increased over the years for grades 9-12 by at least 24%
- 17.0% of students seriously considered attempting suicide in the previous 12 months
 - 13.6% of students made a plan about how they would attempt suicide in the previous 12 months
 - 8.0% of students attempted suicide one or more times in the previous 12 months
 - 2.7% of students made a suicide attempt that resulted in an injury, poisoning, or an overdose that required medical attention

What do the Statistics Say?

Among students in grades 9-12 in the U.S. during 2013:4

- • 17.0% of students seriously considered suicide in the previous 12 months (22.4% of females and 11.6% of males).
- • 13.6% of students made a plan how they would attempt suicide in the previous 12 months (16.9% of females and 10.3% of males).
- • 8.0% of students attempted suicide one or more times in the previous 12 months (10.6% of females and 5.4% of males).
- • 2.7% of students made a suicide attempt that resulted in death or an injury, poisoning, or an overdose or that required medical attention (3.6% of females and 1.8% of males)

The I Gen-post Millennials are:

More comfortable online than out partying, post-Millennials are safer, physically, than adolescents have ever been. But they're on the brink of a mental-health crisis.

How I Gen is your child?

Take this 15-item quiz to find out how “iGen” you are. Answer each question with “yes” or “no”.

- _____ 1. In the past 24 hours, did you spend at least an hour total texting on a cell phone?
- _____ 2. Do you have a Snapchat account?
- _____ 3. Do you consider yourself a religious person?
- _____ 4. Did you get your driver’s license by the time you turned 17?
- _____ 5. Do you think same-sex marriage should be legal?
- _____ 6. Did you ever drink alcohol (more than a few sips) by the time you turned 16?
- _____ 7. Did you fight with your parents a lot when you were a teen?
- _____ 8. Were more than one-third of the other students at your high school a different race than you?
- _____ 9. When you were in high school, did you spend nearly every weekend night out with your friends?
- _____ 10. Did you have a job during the school year when you were in high school?
- _____ 11. Do you agree that safe spaces and trigger warnings are good ideas and that efforts should be made to reduce microaggressions?
*
- _____ 12. Are you a political independent?
- _____ 13. Do you support the legalization of marijuana?
- _____ 14. Is having sex without much emotions involved desirable?
- _____ 15. When you were in high school, did you feel left out and lonely fairly often?

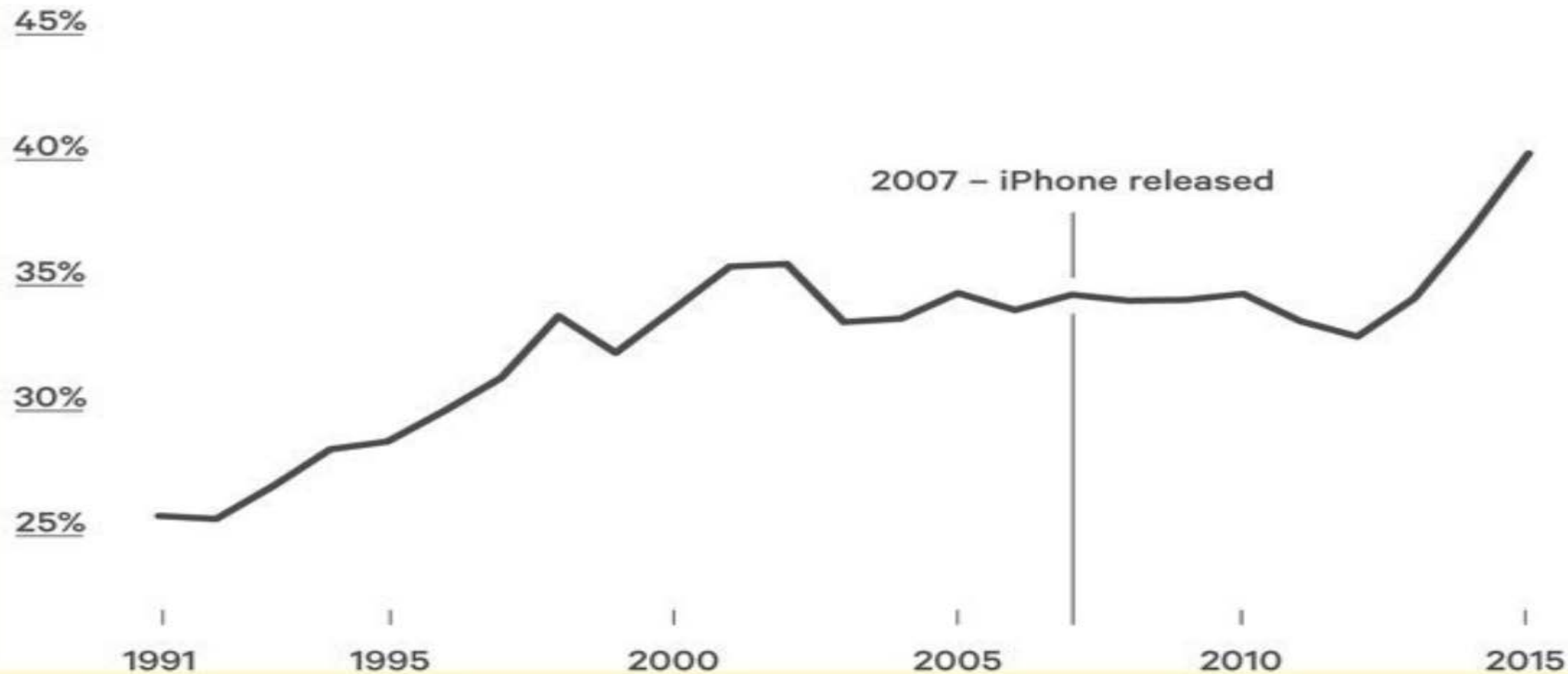
Scoring: Give yourself 1 point for answering “yes” to questions 1, 2, 5, 8, 11, 12, 13, 14, and 15. Give yourself 1 point for answering “no” to questions 3, 4, 6, 7, 9, and 10. The higher your score, the more iGen you are in your behaviors, attitudes, and beliefs.

Twenge, Jean M., I Gen, NYC: Atria Books, 2017

- *Microaggression* : slights of one’s ethnicity or other cultural characteristics

Less Likely to Get Enough Sleep

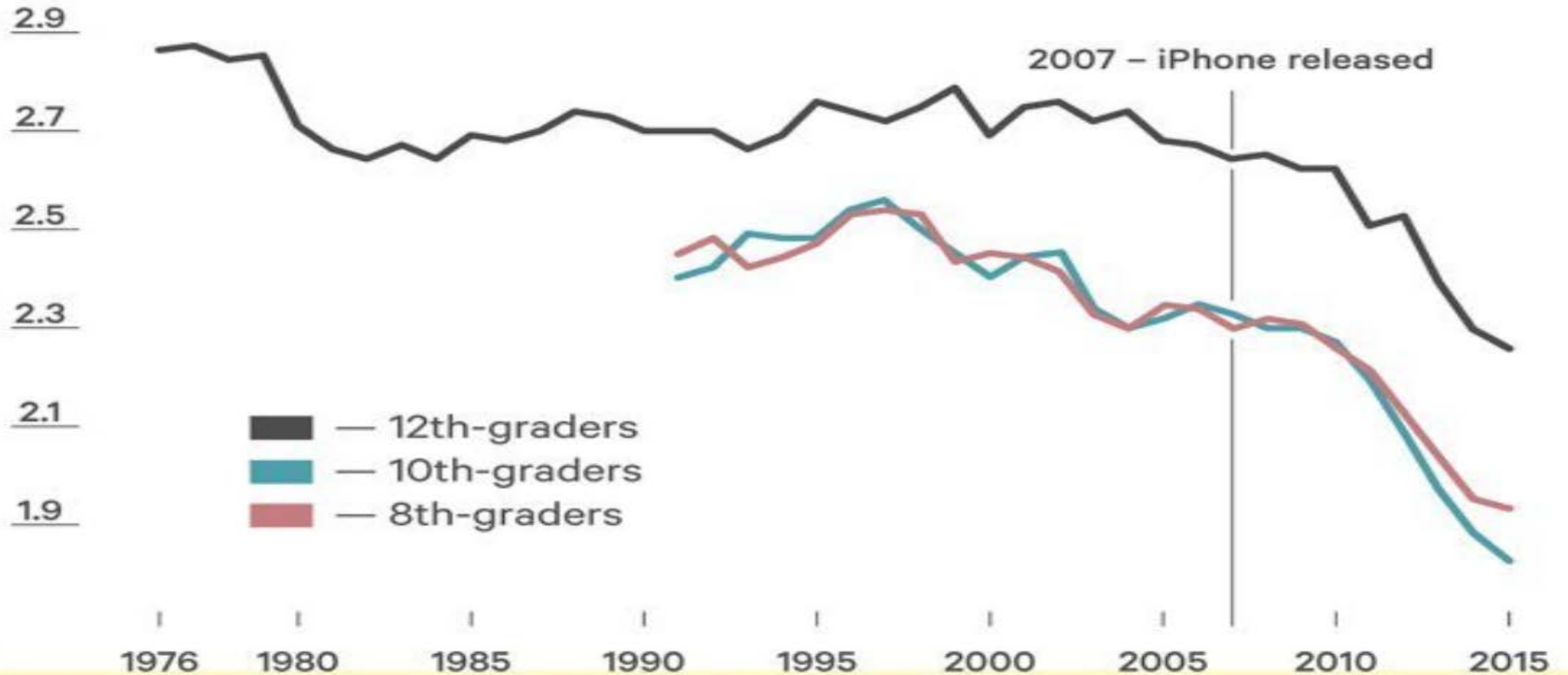
Percentage of 8th-, 10th-, and 12th-graders who get less than seven hours of sleep most nights



1

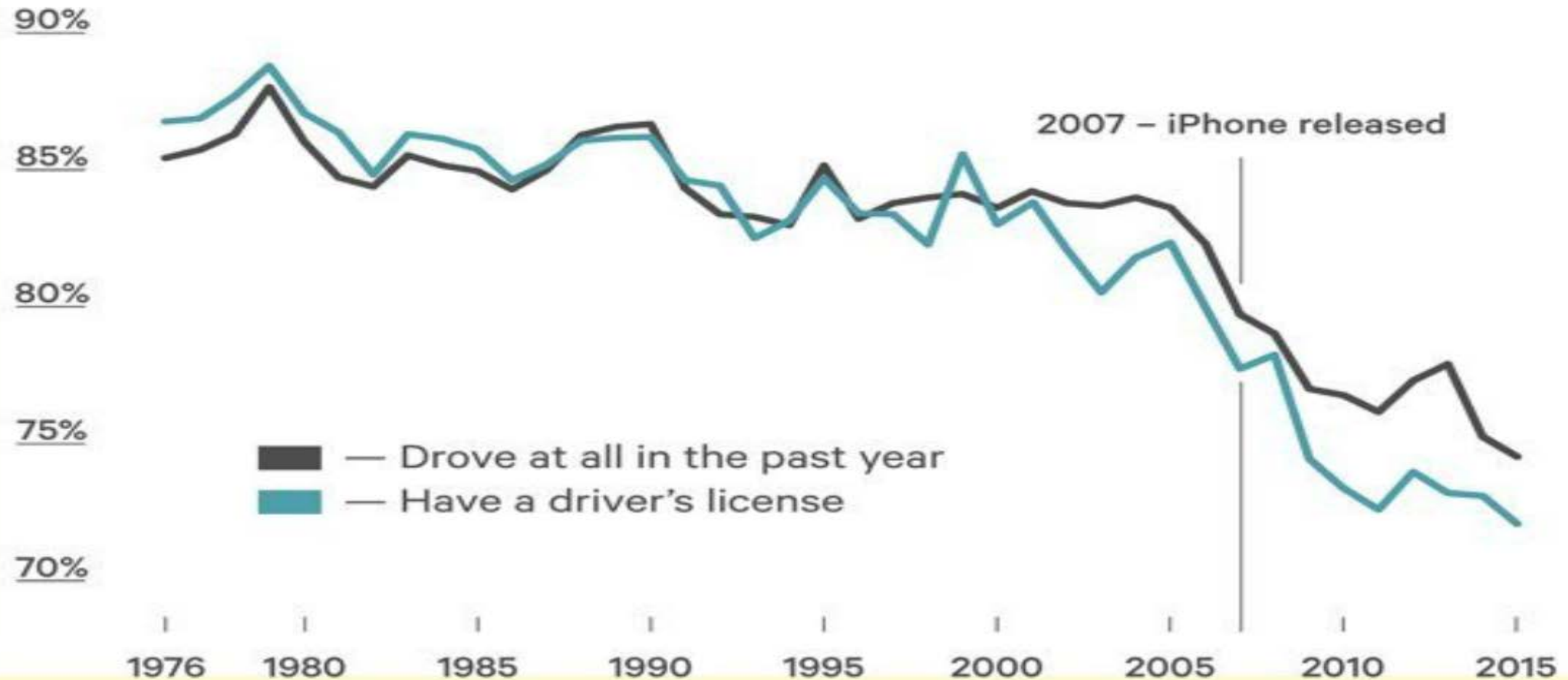
Not Hanging Out With Friends

Times per week teenagers go out without their parents



In No Rush to Drive

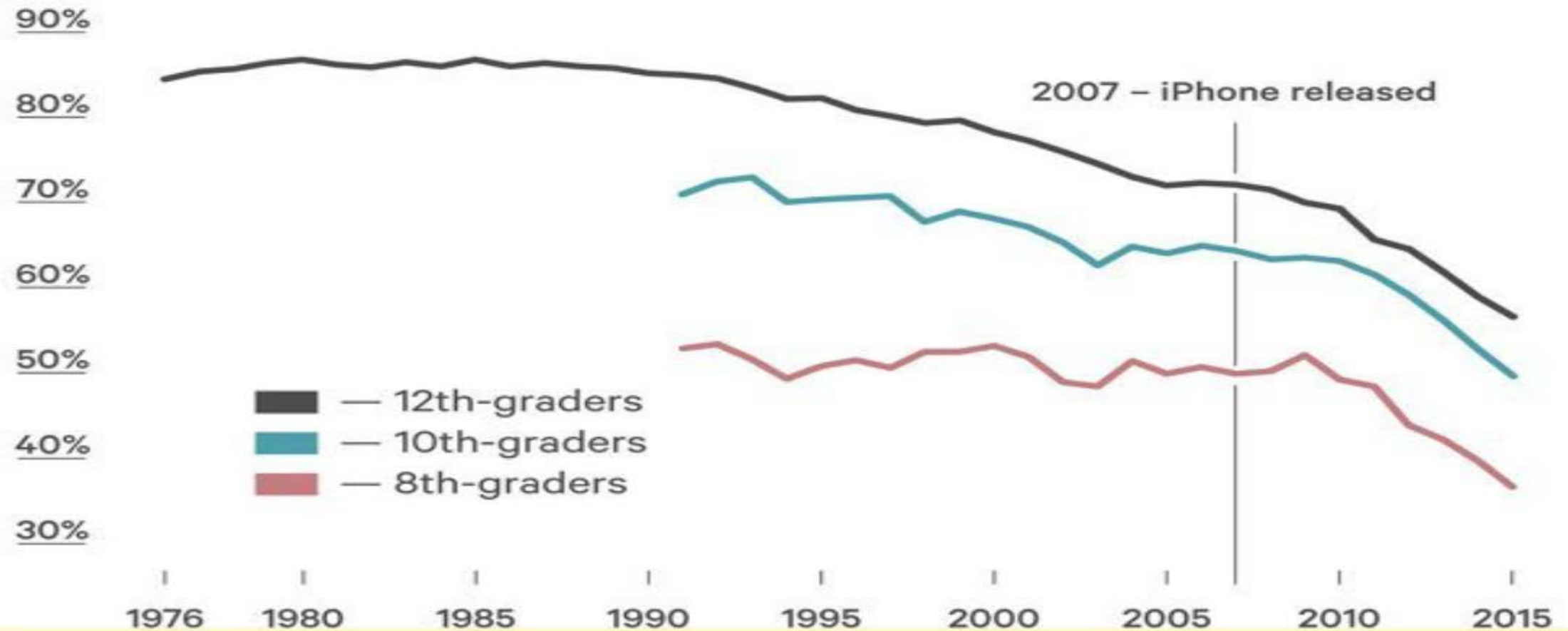
Percentage of 12th-graders who drive



3

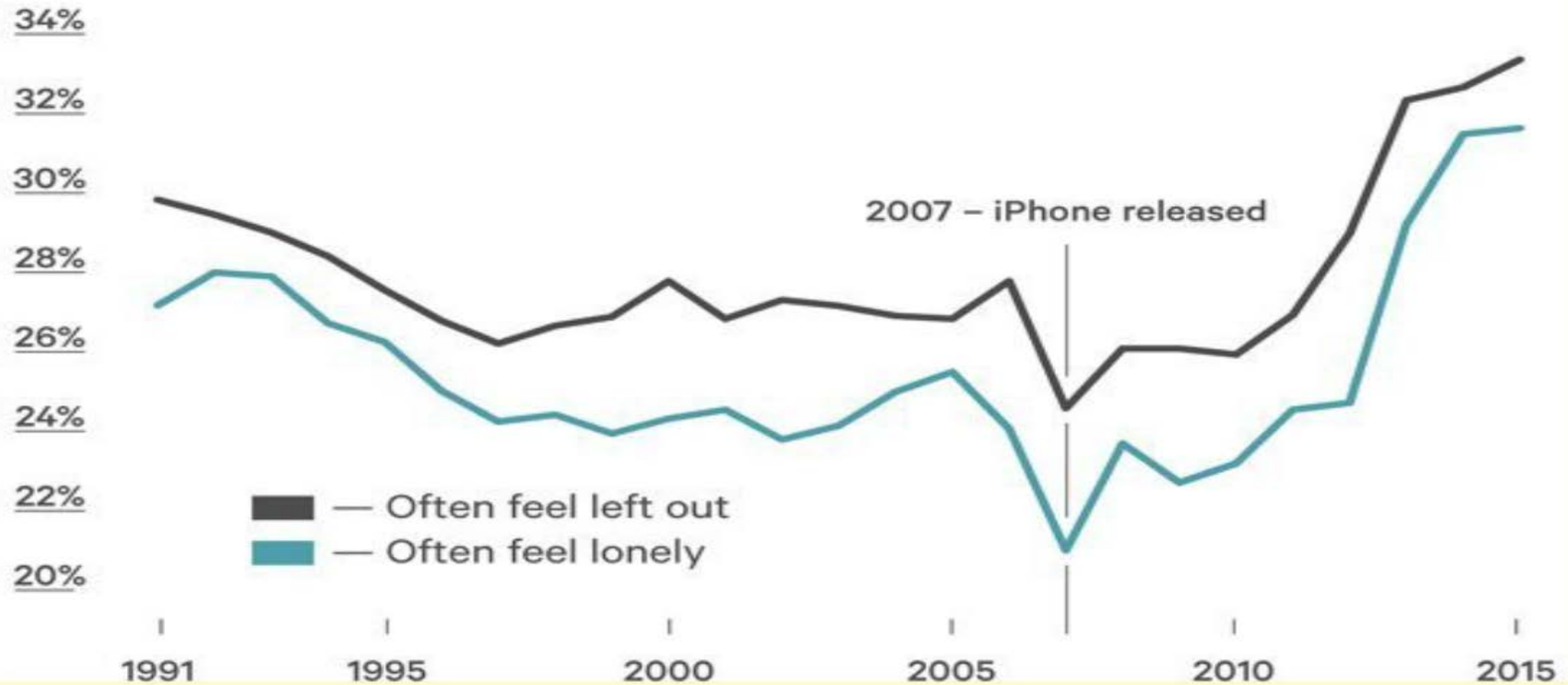
Less Dating ...

Percentage of teenagers who ever go out on dates

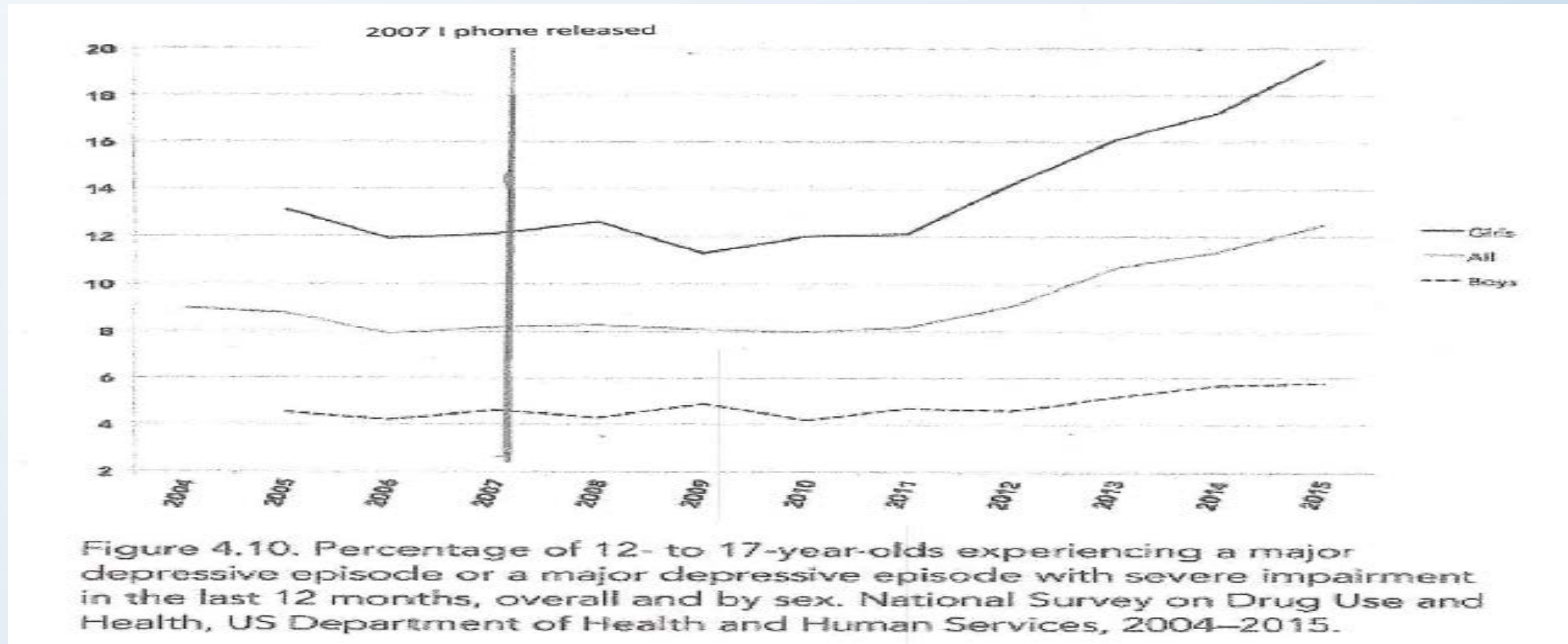


More Likely to Feel Lonely

Percentage of 8th-, 10th-, and 12th-graders who agree or mostly agree with the statement “I often feel left out of things” or “A lot of times I feel lonely”



%age of 12-17 year olds major depressive episode over past 12 months



2011-2016 %age Undergrads last 6 month too depressed unable to function

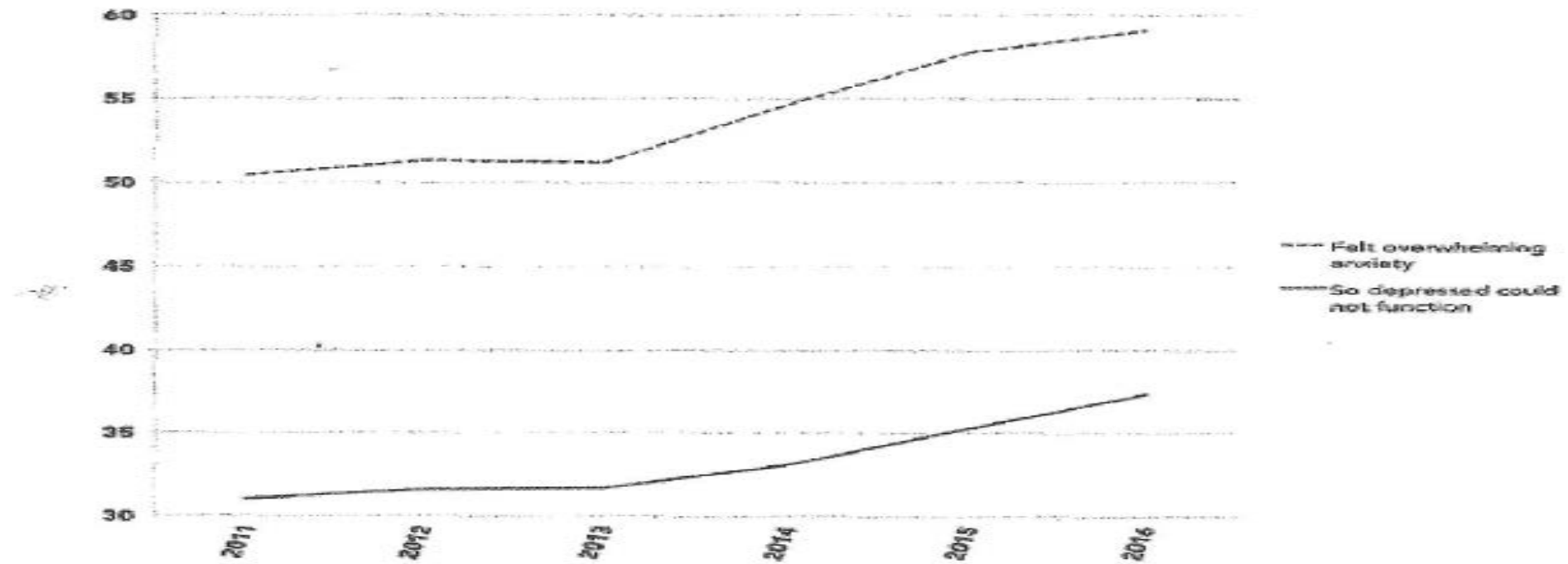


Figure 4.7. Percentage of undergraduate college students who felt overwhelming anxiety or who felt so depressed they could not function in the last 12 months, 2011–2016. American College Health Association (ACHA) survey of approximately 400,000 students on over 100 campuses.

%age 18-29 year olds with at least one same sex partner since turning 18

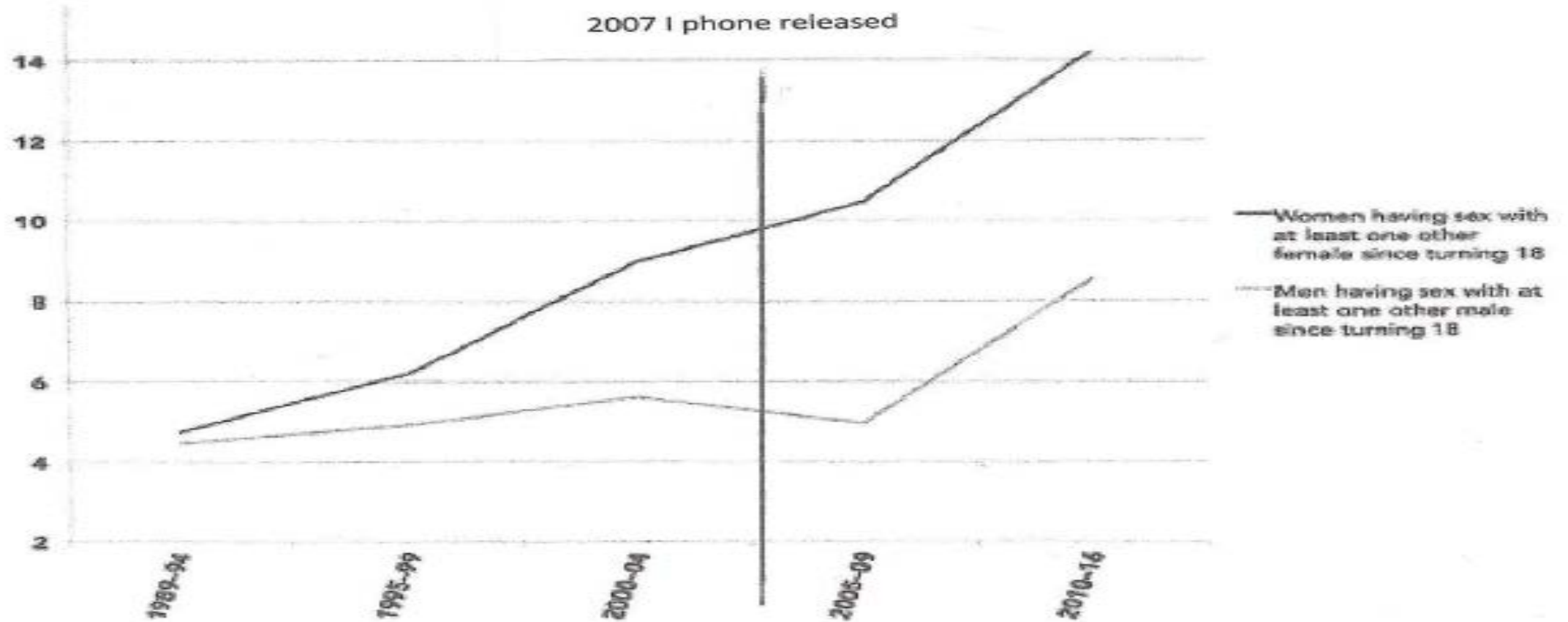


Figure 9.3. Percentage of 18- to 29-year-olds who have had at least one sexual partner of the same sex since turning 18. General Social Survey, 1989-2016.

Risk Factors for Depression: Genetic Factors

- **Depression: Nature or Nurture**

Depression and Anxiety

- Almost everyone feels sad sometimes, and or anxious at times
- Separation, loss, failure, family conflict -- do not necessarily point to depression.
- Experiences like public speaking, or first dates do not necessarily point to clinical anxiety
- Sad feelings persisting over time, impacting functioning
- Is called clinical depression
- Levels of anxiety that prohibit functioning at home in school or in social situations is called clinical anxiety

Risk Factors for Depression: Genetic

- Research has found a higher percentage of depression in the families diagnosed with depression than is found in the general population.
- The NIMH studies report that children of depressed parents are two to three times more likely to have major depression themselves.

Risk Factors for Depression: Genetic

- The risks for anxiety disorders, major depression, and substance dependence were approximately three times as high in the offspring of depressed parents as in the offspring of non-depressed parents (Weissman, Wickramaratne, et.al 2006)
- I Phone was introduced in 2007 and based on the research these figures for 2006 are not any longer valid.

Risk Factors for Depression: Biological

- Neurochemicals play an essential role in all brain functions, including: movement, sensation, memory, and emotions.
- This is supported by studies that demonstrate the benefit of antidepressants

Anxiety Disorders: Definition:

- All anxiety-related problems share three common features:
 1. The anxiety is often an inexplicable fear or preoccupation that interferes with the child's or adolescent's ability to enjoy life or to complete daily routines or to do the things they are expected to do



Anxiety Disorders

2. The anxiety is often as puzzling to the child as it is to his or her parents
3. The anxiety does not respond to or diminish after logical explanations, since anxiety symptoms often defy logic

Good news... all anxiety problems can be helped

WHAT IS ANXIETY?

- Anxious feelings, worries, or fears are common among children and adolescents
- Overwhelming sense of fear and dread
- Inability to stop thinking about certain situations and their accompanying fears.

THREE THINGS TO KNOW ABOUT ANXIETY

1. Anxiety is different for everyone

2. Anxiety can be brought under control

3. There are resources in your school for anxious students

DIFFERENCE BETWEEN WORRY AND ANXIETY

- Getting “stuck,” when it begins to interfere with daily functioning, is a red flag!
- This is what separates normal, fluctuating worries of childhood from an anxiety disorder that requires professional intervention.



FLIGHT OR FIGHT

- There is a fight or flight concept when it comes to anxiety. Some students may find themselves on the fight end where they may get agitated or angry and need to step out of situation or class for a moment to control themselves. Others may find themselves on the flight end where they might feel the need “run away” to breathe for a moment.

ANXIETY IN CHILDREN AND ADOLESCENCE

- **KINDS OF ANXIETY THAT STUDENTS EXPERIENCE**

GENERALIZED ANXIETY DISORDER

- Generalized anxiety disorder is an excessive worry and/or apprehension about a number of events or activities.
- These feelings occur almost all the time and are not triggered by any one specific issue.

GENERALIZED ANXIETY DISORDER

- The “worry” seems to float in a more generalized way, from one topic to the next.

Some examples include:

- fear of failure or poor performance, fear for the child’s or family’s safety, worries about thunderstorms or wars,
- worries about what others will think of them,
- apprehension about new situations or meeting new people.

PANIC DISORDER

- Characterized by discrete and intense periods of anxiety that occur unexpectedly, without warning, and are not always linked to a specific place or situation, and therefore it is harder to predict when it may occur.
- Children with panic symptoms may experience high anxiety, have difficulty breathing, feel as if everything around them is closing in and may experience feelings of impending doom.

SEPARATION ANXIETY

- Excessive worry and apprehension about being away from their parents.
- Fear that their parents will be harmed in some way or will not return to them as promised.
- Separation anxiety disorder is often seen in preschoolers, but it is also seen in older children and adolescents in response to stressful life events.

PTSD

Post-traumatic Stress Disorder

- An intense, re-experiencing of a traumatic event by distressing recollections, dreams, and/or associations (such as things or situations that remind the child or adolescent of the traumatic event).
- Some examples include: witnessing or experiencing a natural disaster, being in a serious automobile accident, or witnessing a violent crime.

OBSESSIVE-COMPULSIVE DISORDER

- Obsessions are recurrent thoughts, impulses, or images that are difficult to control and cause significant distress.
- Compulsions are behaviors that the child engages in (such as hand-washing, checking, redoing, etc.) to make the distress feel better.
- Some examples of obsessive-compulsive disorder may include excessive concerns about germs or lucky/unlucky numbers.

PHOBIAS

- Highly specific and exclusive fears. The child or adolescent functions normally until confronted by the dreaded object, event, or situation.
- Some examples include: fears of bugs, fears of heights, or fear of flying in an airplane.

The Role of Empathy in Depression and Anxiety

- What is empathy and why is it important
- Empathy and rapport – their relationship
- Empathy leads to Rapport:

Ingredients of rapport:

- shared attention-a joint focus that amounts to perceptual glue
- mutual empathy-both parties experiences being experienced
- **Conversation=connection=empathy=decrease in depression and anxiety**

What is empathy.... Really?

- Empathy and sympathy are not the same
- Empathy is an attempt to walk in the shoes of your child to try to experience what he/experiences
- Empathy is understanding what your child's experience is like
- **Conversation=connection=empathy=reduction in depression and anxiety**

To listen or to lecture: that is the question...

- How do you work harder at being more empathic without seeming weird or a phony to your child?
- Telling your child that you as parents are working harder at trying to understand them without being judgmental and you are going to be more listen then lecturer can go a long way toward developing authenticity.

Its Not Too late

What does the research say?

- 51 preteens children 5 days at an overnight camp, without access to electronics of any kind
- This group was compared with school-based matched controls ($n = 54$) that retained usual media practices

What does the research say?

- Both groups took pre-and post-tests that required them to infer emotional states from photographs of facial expressions and videotaped scenes with verbal cues removed.

What does the research say?

- After 5 days interacting face-to-face, preteens at the camp showed significant improvement in recognition of nonverbal emotion cues as compared with the control group.

What does the research say?

- *Conclusion:* the short-term effects of increased opportunities for social interaction, combined with time away from screen-based media & communication, *improves* a preteen's understanding of nonverbal emotional cues, one of the building blocks of empathy.
- Uhls, Y.T. et al., (2014). *Five Days at Outdoor Education Camp Without Screens Improves Preteen Skills with Non-verbal Emotional Cues*. *Computers in Human Behavior*, 39, 387-392.

“An ounce of prevention is worth a pound of cure!” Ben Franklin

- How do we change the culture at home?
- How do we change the attitude of our kids?
- How do we change ourselves?

Ideas to change the culture at home around the use and value of technology

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Rebuilding the Emotional Firewall

- What are some techniques that can be used to rebuild the firewall: parent to child, child to child
- 1.
- 2.
- 3.
- 4.
- 5.
- 6.