



The Heart and Tool to Help

– Interview with Dr Seetha Subbiah

Dr Seetha Subbiah (SS) is a licensed clinical psychologist with about 22 years of experience in providing emotional and behavioural healthcare services to multicultural children, adolescents, adults, couples and families in Singapore, and in other countries such as the USA, Japan, India, Sri Lanka and Nigeria. Her special interest is in children, adolescents and families and her expertise is in trauma, sexual, physical and psychological abuse, and conditions that fall within the more severe end of the diagnostic spectrum.

She received her clinical training at the University of California, Berkeley (Bachelor's degree in Psychology), and the Illinois School of Professional Psychology, Chicago Campus (Master's and Doctoral degrees in Clinical Psychology), USA.

In May this year, Dr Seetha published her book *Did You Hear That?: Help for Children Who Hear Voices*, which seeks to help children with hallucinations. SMA News is glad to have the opportunity to speak with her about her inspiration and hope for the book.



Please tell us more about your experience in child psychology.

SS: Over the years, I have provided therapy services, clinical consultation, presentations, workshops, trainings and programme development in a variety of settings, including general hospitals, specialised children's hospitals, private clinics, schools, community mental health centres, non-profit organisations and non-governmental humanitarian organisations.

I have also served as a Human Diversity Expert to the California Board of Psychology and Mental Health Advisory Board Member to the National Asian Women's Health Organisation, USA, and I was admitted to the California and Illinois Boards of Psychology, USA, in 2005 and 2006.

What inspired you to write this book?

SS: The impetus to write this book was, primarily, frustration.

It is a commonly held belief and perspective in the field of psychology and psychiatry that the phenomenon of hearing voices or seeing things that are not there is, almost always, indicative of schizophrenia or pre-schizophrenia. In my clinical work with child clients who hear voices, it was evident that the root cause for the phenomenon was not always organic in nature and did not always require pharmacotherapy.

There are many reasons why one might hear voices. Besides trauma, other root causes of hearing voices can include grief, physical/sexual/psychological abuse, substance

abuse, personality disorders, reactions to certain drugs, and medical conditions like seizure disorder. It is also not an uncommon coping mechanism that the brain employs to parcel out unacceptable or difficult to deal with emotions, feelings, thoughts and experiences that could take the form of auditory voices or surface as visual forms that are not there.

In my work, I found success in treating clients without medication or with the minimal use of drugs. With appropriate talk therapy treatment, children earmarked as likely to be on medication for life started appearing like average kids, and were able to reach much higher levels of functioning and even their full potential.

Prior to 2005, I frequently looked for clinical tools and information to assist and aid in my work with clients. However, appropriate resources were very hard to find. Research on the topic was limited and gave little direction on how to tailor or provide treatment for this population, other than to rely primarily on pharmacotherapy.

The final push to write the book came in 2005 when I came to discover that the Food and Drug Administration in the US had approved the use of anti-psychotic medication with children as young as two years old.

The cumulative frustration that resulted from (i) knowing how this population had been poorly served, reflected by the limited research attention it had received and the lack of treatment resources; (ii) my difference in opinion with colleagues and peers that the voices did not always indicate schizophrenic conditions, and pharmacotherapy alone was not always the ideal treatment methodology; (iii) having witnessed clients' emotional turmoil and psychological suffering associated with the phenomenon; and (iv) my discovery that anti-psychotic drugs were approved for use in children too young to even determine the presence of psychosis, propelled me to pen down what I understood and discovered through my clinical work. Ie, possible causes for the phenomenon and the fact that voice hearers are not "doomed for life" and

can indeed live effective lives with the appropriate assistance.

In 2006, I completed the first version of my book. In its unillustrated, Microsoft Word document format, it was used as a treatment tool for child clients and as a training resource for interns and practicum students in the intensive outpatient programme at EMQ FamiliesFirst (currently known as Uplift Family Services) – a community mental health service provider in California. After two years, the feedback from therapists who used the book with child clients was very positive. Over the next few years, I continued to fine-tune it to make it a dynamic, interactive and informative tool to help mental health providers such as psychologists, psychiatrists, psychotherapists, counsellors and clinical social workers in their work with child clients of diverse backgrounds.

Pressure to formalise the book came from peers who used it and believed that more people could benefit from it.

I hope that by having published this book, the information within reaches and assists as many children who may be suffering in silence or in isolation as possible. By reducing the incidence of false positive diagnoses of psychosis in children, the unnecessary use of anti-psychotic medication can be reduced and instead, appropriate clinical treatment

can be rendered to help them understand, accept, master and cope with the voices.

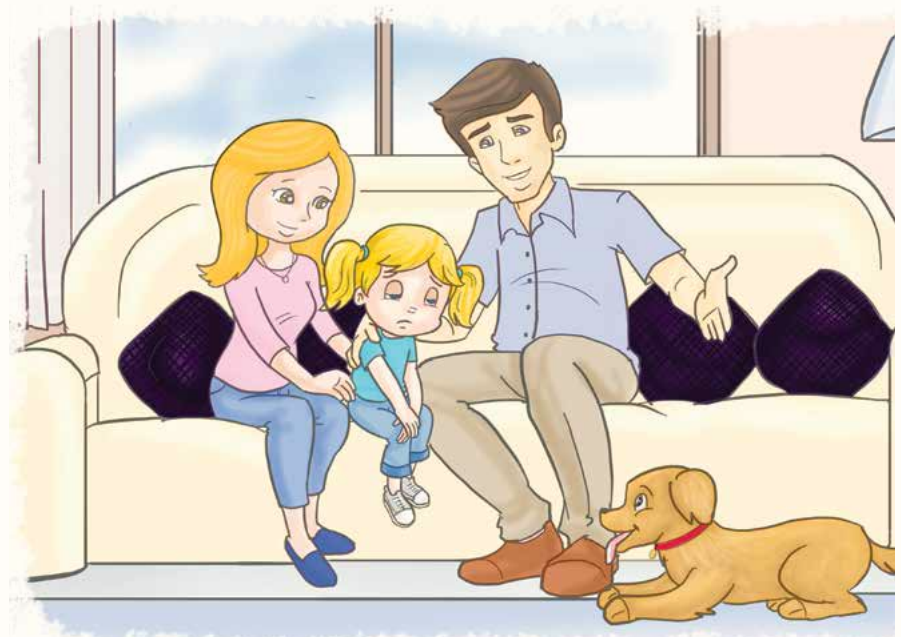
Who can benefit from reading this book?

SS: Designed as a therapeutic storybook, it is a practical tool for psychologists, psychiatrists and mental health practitioners treating children with the voice-hearing phenomenon.

Written in very simple terms, child clients who may hear voices and/or see things that are not there will find it easy to understand. Mental healthcare clinicians can read this book to younger clients while older ones can read it themselves.

The book also doubles up as an informational tool and user-friendly guide for concerned parents, teachers, medical doctors and allied healthcare professionals (eg, speech therapists, occupational therapists), probation officers, lawyers and other carers of child clients.

Although the original intent was not for the following populations, I have received feedback that it has helped (i) non-voice-hearing school children better their understanding and increase their empathy for classmates who struggle with the phenomenon and (ii) adult voice hearers who find the illustrated format a less-threatening way of addressing painful



material and the jargon-free language easier to understand.

How do parents get their child to confide in them for such problems? Are there any simple advice parents can give before bringing the child to visit a doctor?

SS: At a very young age, children pick up from society and media (ie, cartoons and movies) that one is “cuckoo, strange or a witch” if he/she hears voices. Thus, it is very common for children who struggle with this phenomenon to suffer alone and/or in silence because they fear others judging them as “weird”.

The following is general advice for parents to help them keep the communication channel with their children open at all times in order for their children to feel comfortable approaching them with anything that ails them or concerns them, as and when necessary. This includes when they are struggling with voices too. Parents need to actively work toward building a framework of trust in their parent-child relationship. This takes time to develop and requires the parents to be consistent, emotionally available, honest and empathic in their interactions with their children. By ensuring that the child feels there are no taboo topics for discussion, and that anything they speak about will not be chided, minimised,

mocked, ignored and/or negated, parents can be sure that their child will confide in them, if and when the need arises.

Specifically, if a child shares with his/her parents about hearing voices, it would be important for parents to validate the experience and normalise it. They could ask questions to understand the nature of the phenomenon. Questions that start with, “when, where, what, who, how and how often” would be useful to not only get the conversation going but also show the child that you are taking it seriously and are interested. This approach also helps a child sift through a possibly scary experience to gain a better understanding of the phenomenon and gain a sense of mastery over it.

If professional assistance is required, depending on what the child has heard about or has garnered from society and media about what it says about a person who requires the assistance of a mental health professional, the introduction of the topic may be sensitive. It would be useful to assure the child that the visit is not to “sort out” the child, but for the entire family’s benefit, including parents, to learn how to become better at helping the child. This perspective helps children feel that the finger is not being pointed at them or they are being told that

there is something “wrong” with them. Equating the upcoming visit to that of a regular visit to a dentist or physician for dental and physical health could further normalise the experience. This should allay a child’s fears of seeking help. As an added resource, parents could use Chapter 1 of the book as a tool and guide to help them broach the topic with their child.

How can adults help to integrate these children within their schools (ie, acceptance and understanding from teachers and students)?

SS: Children spend a significant amount of time in school and various experiences in school can trigger the voice-hearing phenomenon as well. So, garnering the support of school staff would be a very important part of helping a child who hears voices. Increasing awareness in teachers handling voice-hearing children would be key as this will help them (i) understand what is going on with the child; (ii) realise that reprimanding or mocking a child’s wavering attention and concentration may not necessarily assist the child to improve on this shortcoming; and (iii) as and when necessary, support the child during school hours by helping the child be more engaged at school by, for example, giving timely reminders to use pre-determined coping strategies to revert their focus to school-related activities.

Note should be made that it may not always be healthy, useful or necessary for every single person at school to be informed about all details relating to a child’s condition. Thus, it should be thought through as to who should be notified and what details should be shared.

In general, teachers and school counsellors play a key role in helping children in the classroom develop compassion and empathy toward others’ challenges, including the challenge posed by voices for children. This book has been successfully used by teachers, independently and upon the recommendation by parents, in classrooms to educate and increase awareness of this condition among students. ♦

