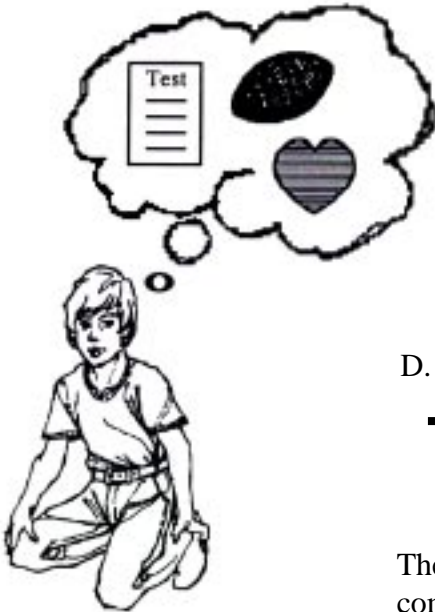


The Mental Health News



Childhood Stress

by

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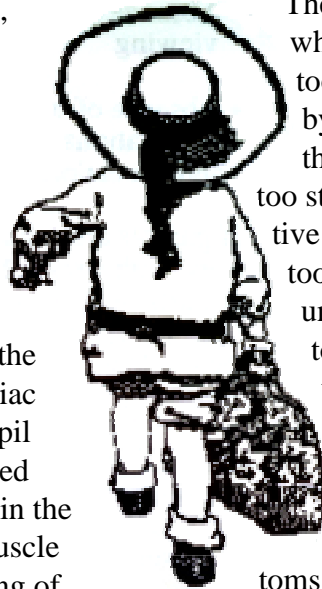
Stress is common to all ages

The existence and impact of childhood stress are often overlooked. The purpose of this newsletter is to discuss these matters and to suggest methods for helping children to cope with stress.

Normal stress reactions are biological responses which help individuals to cope well with challenges. Stress may be caused by either positive or negative events; for instance, being selected for the varsity team may be a welcomed change, but it produces stress. Individual stressors may be short-term or chronic. Dysfunctional stress reactions are evidenced by a wide array of physical and emotional symptoms. Such reactions may be avoided if preventive strategies are employed. All of the above may be said of both adult and childhood stress.

The following are examples of common childhood stressors: birthday parties, divorce, vacation trips, moving, academic challenges, the birth of a sibling, scary stories, competitions, living in a single parent household, loss of caregivers, parental stress, and physical abuse. Change, novelty and challenge generally produce stress on children. Also, stress on a parent generally causes stress on a child, and vice versa.

Normal, short-term stress reactions in children generally include some combination of the following: cardiac acceleration, pupil dilation, increased supply of sugar in the bloodstream, muscle tightness, slowing of digestion, quickened breathing, diversion of blood supply to the muscles and the brain



and slight paling of the skin. While some of these changes may sound problematic, they generally are not. They merely represent physiological responses that help a child to adapt to environmental challenges. A typical child will

Stress reactions vary greatly

generally respond adaptively to these physical changes. However, if a child suffers from a pre-existing disorder, (e.g., AD/HD, a learning disability, depression, etc.), then typical stress reactions may facilitate additional behavioral problems.

The question regarding whether or not a child is too stressed may be judged by the child's reaction to the stress. If a stressor is too strong, or if the cumulative effects of stressors are too much, or if the child is under too much stress for too long, certain symptoms will likely emerge. A partial list of common symptomatic responses to stress are as follows: physical symptoms (e.g., headache, stomach aches, etc.), trembling, loss of appetite, inability to sit still, insomnia, early morning wak-

ing, nightmares, angry or cranky demeanor, bed wetting, lethargy, oppositional behavior, grinding teeth, problems in concentration, academic regression and ticks.

What helpful strategies might parents employ? A critical first step is to protect a child from stressors that are excessive, given the child's level of development. For instance, it would be a mistake to expose a five year old to an R-rated movie (while this may seem to be an obvious example, a fair number of clinic referred children are overstimulated in this manner). Besides using intuition and common sense, parents may turn to a wide range of publications, professionals and para-professionals for guidance on these kinds of decisions. (An important word of caution is appropriate at this juncture. It is also damaging to be excessively overprotective. Such a parent, because of irrational fears, may deny a child access to appropriate stressors. This overprotective stance may deny a child access to important developmental experiences. This kind of lack in experience then facilitates pauses in development.)

Probably the best intervention that a parent may use when a child is under stress is to communicate about the situation. Younger children may be read age appropriate books about the type of stress involved. Also, parents may help

younger children by playing out the themes of the stress with them; younger children often communicate best through their play rather than through direct oral communication. This play may include any combination of role playing or drawing. Older children may be able to speak directly about the stress.

(e.g., no radio, television or talking)

- *Avoiding excessive doses of passive entertainment (e.g., t.v., video games, etc.)*
- *Realistic parental expectations for academic, social and avocational performance*

There are many strategies available to help children with stress

Parents may offer explanations about the connection between stressors and physical and emotional reactions. Parents may also offer empathy without trying to be overly responsible for solving the stress, given the child's developmental level.

Besides the general strategies mentioned above, any number of specific methods may help children to cope well with stress. Each of the following will likely help:

- *Regular, age appropriate, exercise*
- *A proper diet*
- *Getting the right amount of sleep*
- *Having some fun each day*
- *Parental praise and encouragement*
- *Daily, unstructured free time*
- *A weekly, family quiet hour*

If parents are unable to help a child cope with stress, then a professional consultation may be warranted. As a first step, it would be prudent to consult with a physician in order to rule out physical causes. Following a medical screening, a mental health professional may be consulted (e.g., a psychologist, social worker, counselor or psychiatrist who works with children).

Such consultation may help to reduce a child's aversive reaction to stress.

