

Ideas to Decrease Stress for Young Children Coming into the Office

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Children come for pediatric care in doctor's offices. So parents, doctors, and nurses need to know a variety of ways that can decrease child feelings of psychological distress, regardless of the urgency or gravity of diagnoses, and regardless of the possible success of medicines to decrease physical symptoms. Children also come to a school nurse with physical and/or emotional troubles. Professionals need a variety of tools to ease children's fright, worry, tension, anger, or fear. Before choosing how to soothe and calm a child's feelings of distress, professionals can decide more effectively what to suggest and how to provide comfort, for each child and parent, if they initially assess accurately some psychological aspects of the child's development in addition to knowing a child's medical record and needs.

Temperament Style: What is this child's predominant Temperament Style? Is this child slow to warm-up/suspicious of new persons, places, foods, and suggestions? Is the child easy going and flexible? Is the child impulsive/ excitable/ and high energy? Helping professionals will need to choose different ways to assist children with differing temperament styles.

Attachment Security: The majority of young children are Securely Attached to one or both parents and perhaps to another adult caregiver. Secure attachment means that a child can take comfort from the caregiver's presence, reassuring words and smiles, nurturing hugs, and patient, reassuring explanations to help the child better deal with problems. A positive attachment figure serves as a 'refueling' station for little ones when life tensions are strong.

Other children are insecurely attached. To some, their parents give mixed signals: sometimes available for comforting, sometimes not; for others, parents give signals of rejection and strong signals of not wanting or enjoying close physical contact. Some parents have strong fears, often from their own troubled past. Professional need to observe carefully to notice whether and how well the adult serves as a source of reassurance and comfort for a particular distressed child and whether the parent seems strongly to serve as a 'home base' surely available to count on, when the child is tense or frightened and needs to have her or his personal reservoir of courage and confidence replenished.

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Sensory Sensitivities: Some children have Sensory Integration troubles. They are intensely and negatively affected and repelled by certain tastes, smells, touches, sights, and sounds (even joyous shrieks of other kids at play). Knowing about how intense some of these adverse reactions are, for certain children, will provide professional personnel with important clues to figure out how best to address a particular child's stresses.

Stress and Distress Reducers: Loving touch is crucial for soothing. Bodily reassuring responses by trusted persons include hugging, patting, cuddling, and gentle holding. Parents can learn to give slow arm and hand massages with non-allergenic lotion. Explain what is happening or what procedures a child will be given in low and soothing tones Use simple words. Use loving slow speech. Explain tiny steps little by little in easy-to-understand terms that a child can absorb, depending on level of development. Reassure the child that a trusted adult will be with the child during a procedure. Use 'Active Listening' techniques to confirm a child's feelings. Such comments alert the child that you DO understand the child's distress and that you are for the child's well-being and not trying to do something to hurt the child.

An example: A child whose ear was being examined sat screaming in terror on mom's lap. Mom and nurse both were upset and telling the child to stay quiet. Another nurse came along and said gently to the boy: "That sure feels scary when someone is poking something in your ear. The boy raised his tear-stained face, stopped screaming and said "Yeah, lady. I was scared!" He was able to calm down when the examination procedure was gently then explained to him. Encourage self-soothing in young children. Be sure they have their own favorite "lovely", whether teddy bear, doll, or blanket, to hold during any medical procedure. Accept thumb sucking as needed for the child to feel in control in a somewhat scary or worrisome situation. Use Distraction techniques, such as telling an interesting story, or singing a familiar tune, sung in a low voice, so that the child listens with interest. These conversational and song offerings may distract the child from focusing on a medical procedure that would otherwise feel too strange and scary. Initially, ask a child Socratic questions in order to gain rapport. These are open ended questions, such as: "Can you tell me about how your knee

got this scrape ? “ or, “ What were you watching on the TV when you first felt your tummy starting to hurt? “ or “Where do you think your leg hurts most- at the toes, or the knees or another place?” Open- ended questions give power to a child to tell you about a situation as the child remembers and feels it. As the child tells you his or her version of how a trouble began or unfolded, this empowers the child and so decreases the strain and stress on the child, and can help professionals gain children’s trust more readily. Use Bibliotherapy. Recommend to families books about a child who has a similar problem of worry, hurt, trauma, sadness or anger. Encourage parents to sit snuggled with their child and read (and re-read) these stories of how that story child coped with, or adjusted to, or found the courage to deal with the particular trouble. Bibliotherapy allows listening children gradually to begin to feel that they too can somehow manage their stressed feelings and struggle with their special troubles. Use the child’s name a lot while explaining or listening to or examining a stressed child. Hearing his or her own name feels familiar and comforting to a child. Always remember that the more creative you are at interacting in a caring relationship with a child, the more likely that child will cooperate with what you decide on as your most effective professional practice for that situation.

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