

Relaxation Strategies for Children, Adolescents and Adults

Kathy Davis, Ph.D. candidate
Connected Kansas Kids Project Manager
Department of Pediatrics – KUMC
Wyandotte Special Education Cooperative

www.connectedkansaskids.com

kdavis2@kumc.edu

Children are leading more stressful lives

- Busy lives
 - Overscheduled kids
- Pressure to achieve
 - try outs for sports, drama, etc.
- Observe parents' concerns
- Social concerns
- Divorce, move
- Assessment concerns



Can lead to....



- Diminished quality of life
- Stress
- Adult depression
- Behavioral problems
- Unhealthy behaviors
 - Eating
 - Smoking
 - Drugs/alcohol

Anxiety



- Impacts a person's quality of life in one or more of the following arenas

Aspects of Quality of Life



- Physical
- Psychological
- Social
- Spiritual

Dimensions of Physical Well Being

- Stamina/strength
- Appetite
- Sleep
- Elimination
- Functional capacity
- Comfort

Defining Pain

- Pain is a sensory and emotional experience and the relief of suffering is as crucial as the pharmacologic management of pain.

Faces Pain Scale

- “These faces show how much something can hurt. This face shows no pain. The faces show more and more pain up to this one – it shows very much pain. Point to the face that shows how much it hurts right now.”

Dimensions of Psychological Well Being

- Coping
- Control
- Concentration
- Enjoyment/happiness
- Sense of usefulness
- Anxiety/depression/fear

We Cannot Afford to Discount a Child's Psychological Stress



- Just being a child or adolescent can be stressful.
- What may seem like “small potatoes” to adults may constitute a major issue to the child

Dimensions of Social Well Being

- Social support/family
- Sexuality/affection
- Employment
- Finances
- Appearance
- Roles/relationships
- Isolation/dependence/burden

Dimensions of Spiritual Well Being

- Religion
- Purpose/meaning
- Hopefulness
- Uncertainty
- Suffering

Symptoms of separation anxiety include:

- constant thoughts and intense fears about the safety of parents and caretakers
- refusing to go to school
- frequent stomachaches and other physical complaints
- extreme worries about sleeping away from home
- being overly clingy
- panic or tantrums at times of separation from parents
- trouble sleeping or nightmares

Symptoms of phobia include:

- extreme fear about a specific thing or situation (ex. dogs, insects, or needles)
- the fears cause significant distress and interfere with usual activities

Symptoms of social anxiety include:

- fears of meeting or talking to people
- avoidance of social situations
- few friends outside the family

Other symptoms of anxious children include:

- many worries about things before they happen
- constant worries or concerns about family, school, friends, or activities
- repetitive, unwanted thoughts (obsessions) or actions (compulsions)
- fears of embarrassment or making mistakes
- low self esteem and lack of self-confidence

**Rudolph M, Rosanowski F, Eysholdt U, Kummer P. (2003)
Anxiety and depression in mothers of speech impaired
children. Int J Pediatr Otorhinolaryngol. 67(12):1337-41**

- In the adult population, anxiety and depression are the most frequent emotional disorders. In cases when mothers of speech impaired children are affected by these disorders may significantly influence the development of the child. Screening mothers of speech impaired children for depression is of significant clinical interest. Further studies are necessary to investigate the influence of speech impairment and its development on the severity and development of mothers' depression.

Beitchman JH, Wilson B, Brownlie EB, Walters H, Inglis A, Lancee W. (1996). Long-term consistency in speech/language profiles: II. Behavioral, emotional, and social outcomes. *J Am Acad Child Adolesc Psychiatry*. 35(6):815-25.

- Children with receptive and pervasive speech/language problems at age 5 demonstrated greater behavioral disturbance than children without such impairment. Controlling for initial behavioral status, early childhood language profile was still associated with behavioral and social competence ratings, 7 years later. Children without receptive language problems showed superior social adjustment. Empirically supported speech/language classifications identified as early as age 5 were associated with behavioral disturbance in late childhood. Receptive and pervasive speech/language impairment in early childhood was associated with the greatest risk at follow-up. Early auditory comprehension problems may be a specific risk factor for later aggressive and hyperactive symptoms. These findings identify the need for effective intervention with speech/language-impaired children.

Beitchman JH, Wilson B, Johnson CJ, Atkinson L, Young A, Adlaf E, Escobar M, Douglas L. (2001) Fourteen-year follow-up of speech/language-impaired and control children: psychiatric outcome. J Am Acad Child Adolesc Psychiatry. 40(1):75-82.

- Children with early language impairment had significantly higher rates of anxiety disorder in young adulthood compared with non-impaired children. The majority of participants with anxiety disorders had a diagnosis of social phobia. Trends were found toward associations between language impairment and overall and antisocial personality disorder rates. Males from the language-impaired group had significantly higher rates of antisocial personality disorder compared with males from the control group. Age of onset and co-morbidity did not differ by speech/language status. The majority of participants with a disorder had more than one.

What do kids worry about?

- Social issues
 - At all ages
 - From birthday parties to proms
- Their health
- Health of those they love
- Divorce
- Moving
- Fitting in
- Being different
- Test anxiety
- Gifted kids worry more than others
- Schedules (too much activity)
- Take on adults' stress
- Miscellaneous

Stress in Adolescence

- exams
- arguments
- homework
- being harassed
- being left out of a group
- a new school
- being stuck in traffic
- getting married
- having a baby
- moving out of home
- going to the dentist
- a job interview
- taking on a new responsibility
- disasters
- violence
- losses of friends



Physical symptoms of stress

- headaches
- feeling sick
- sore muscles
- diarrhea or constipation
- indigestion
- can't sleep
- lose interest in sex
- can't concentrate
- heart beats faster.
- nervousness
- anxiety
- sadness
- aggression and anger
- tiredness
- tension.



Symptoms of Stress

- excessive headaches, nausea and abdominal pain;
- tendency to worry a lot;
- low self-esteem;
- sleep disturbances;
- excessive anger;
- moodiness;
- difficulty with concentration;
- having a delicate equilibrium / being easily upset.

The message could be:



- physical exhaustion
- loss of self-confidence
- depression
- hair loss
- skin rashes

Why Worry about Kids Who Worry?



- stress in childhood leads to an increased incidence of depression and anxiety disorders in young adulthood.

Stressed Children Often...

- Get overwhelmed by upset feelings
- Act impulsively
- Misbehaves, withdraws, tunes out
- Gets distracted easily
- Has difficulty learning and remembering
- Is unable to perform well
- May be negative or pessimistic
- Is difficult to get along with
- Has health problems

Learning to Relax Helps a Child...

- Soothe himself
- Control impulses
- Engage in thoughtful behavior
- Focus attention and concentration
- Learn and remember
- Access abilities, skills and knowledge to perform
- Be positive and optimistic
- Cooperate with others
- Be healthy

Kids Who May Benefit from Strategies



- Kids with ADD/ADHD
 - Often in a state of stress in school
 - Strategies can help them calm down and relax
 - Recognize internal feelings
 - Peace and self control
 - Focus, attention

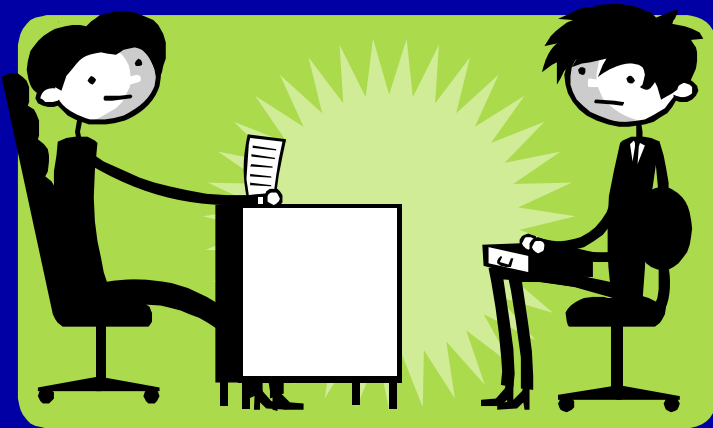
Kids with Learning Disabilities



- Frustration
- Feelings of exclusion
- Desire to “fit in”
- Lowered self-esteem
- Feelings of failure

Kids with Speech and Language Problems

- Receptive language
- Pervasive language problems
- Early auditory comprehension difficulties
- Dysfluencies/speech problems that result in teasing

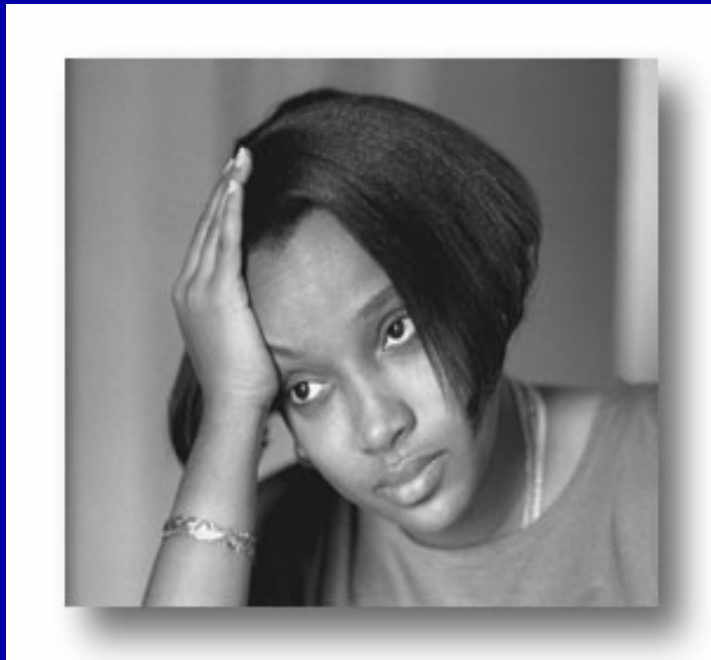


Adolescents

- Peer pressure
- Pressure to “fit in”
- Competition
- Parental pressures
- Internal pressures
- Societal pressures
- Nature of being an adolescent



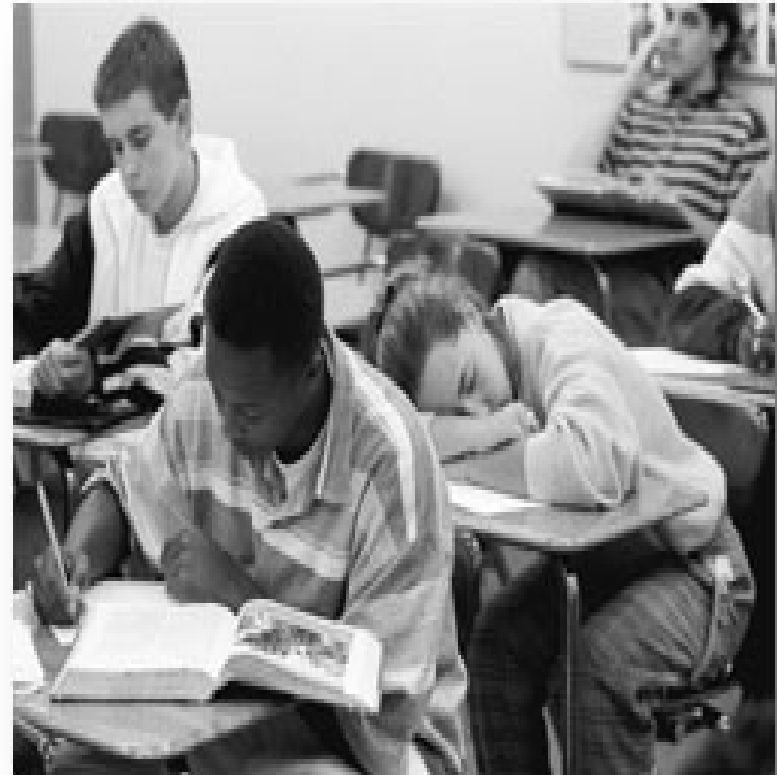
Children Experiencing Life Changes



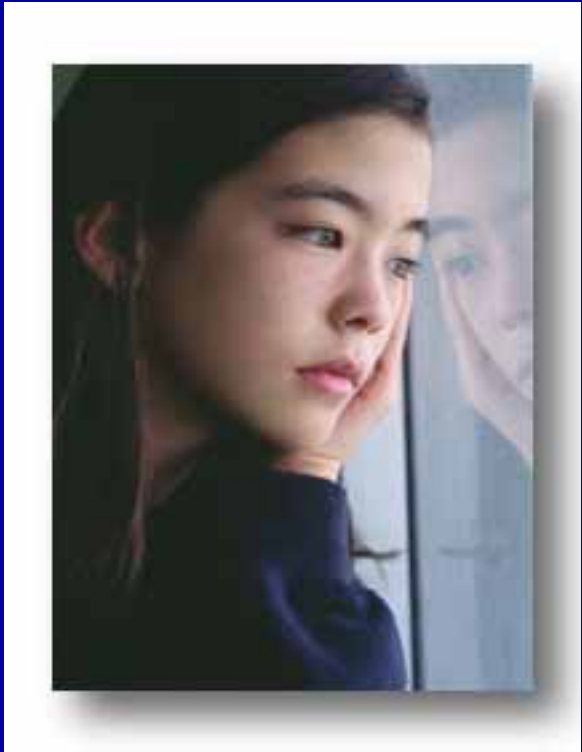
- Moving
- Divorce
- Sibling leaving for college
- Break-up
- Loss of friendship
- College decisions
- Hurricane Katrina
- Other disasters

Gifted Students

- Boredom
- Lack of focus
- Typical adolescent pressures
- Plus pressures of being gifted
- Social concerns
- More internalizing behaviors



Students with Chronic Illnesses



- Cancer
- Diabetes
- Asthma
- Juvenile rheumatoid arthritis
- Spina bifida
- Muscular dystrophy
- Many stressors
- Psychological, social and academic concerns

What do we want students to know about stress?

- Is she aware of how her emotional reactions affect behavior?
- Is he aware of situations that cause stress, frustration or emotional upset?
- Has she developed strategies for avoiding or reducing stress?
- Is he able to recognize the onset of stress?
- Does she know when outside support/help is needed?

Searching for answers...



- Taking time
- Talking to the child
- Playing and talking with the young child
- Remembering that we'll never pass this way again
- Establishing trust and an environment where the young person can guide us

Why Use Relaxation Techniques?

- Self-management techniques reduce the child's pain, anxiety, anger, etc. and can give a child an increased sense of control over self and challenging factors.



Techniques

- Breathing exercises
- Progressive relaxation
- Distraction
 - Blowing the pain away
- Guided Imagery
 - General
 - Magic glove
 - Magic light switch



Breathing/Relaxation



- Empowerment
- Finding one's own rhythm
- Practicing
- Incorporating into daily routine
- Easy, portable
- Using for regular “de-stressing”
- Entire family

Breathing

- Controlled
- Conscious
- Inhale through nose
- Exhale through mouth
- Send breaths to tight parts of body or pain
- Fill breaths with color, aroma, sound, light, warmth, etc.



Breathing Strategies



- Visualize a color that makes you feel very comfortable, peaceful
 - Close eyes
 - Breath in that color and “send” it throughout your body
 - As the color goes through your body, relaxation occurs

Progressive Muscle Relaxation

- 20 minutes a day
- Start with feet
- Move to head
- Comfortable position
- Try to avoid interruption
- Can be done anywhere



Progressive Muscle Relaxation

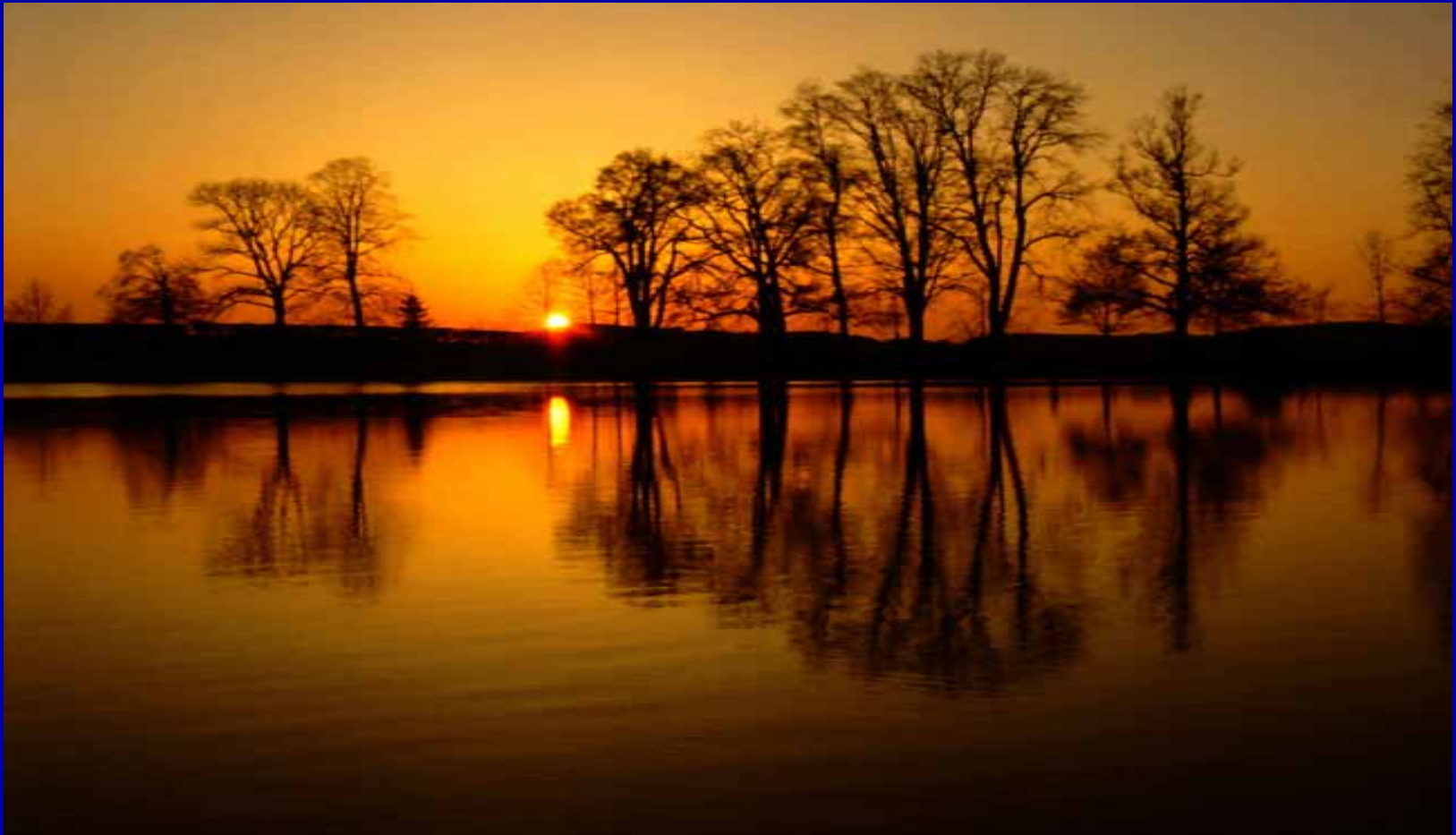


- Visualize the feeling of relaxation that exists after a muscle group has been tightened and then released.
- Use breathing strategies in combination with muscle relaxation – muscles relax as you exhale

Distraction

- Toys
- Conversation
- Cognitive tasks
- Visuals (pictures, items important to child)
- Active participation (bubbles, blowing, squeezing objects)
- Music/headphones

Guided Imagery



Guided Imagery



- Let the child pick his/her place
- Picture sights, sounds, smells, people, objects
- Emphasize visualizing what you see there
- Allow time to enjoy
- Remind the child that they can go back there by themselves

The Magic Glove (Body Suit)



- Start in a quiet place
- Help the child imagine their special glove
- Visualize/describe/details
- Practice putting the glove on – have child help describe the act
- Practice, practice, practice
- Parent as guide

The Light Switch

- Visualize
- Describe (color, on/off position, etc.)
- Practice
- Empower
- Parents as coach



Other ways of relaxing and controlling stress

- Walking
- Exercise
- Reading to the child
- Yoga
- Coloring
- Hobbies
- Involvement with friends and family



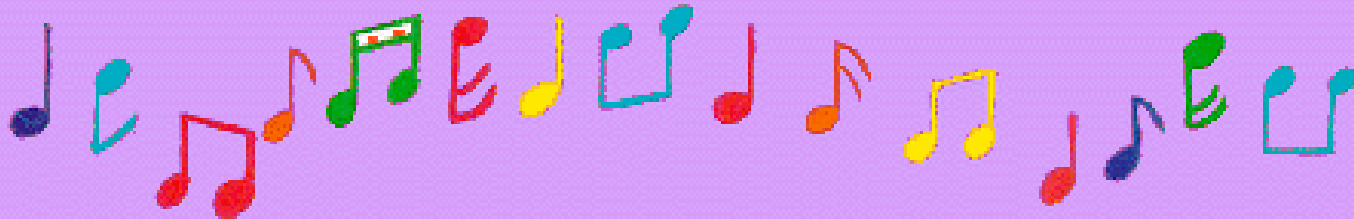
Music for Relaxation

Gary Lamb – 60 beats/minute

<http://www.kaganonline.com/Catalog/Music1.html>

Look for pieces that are on-going – several minutes

Any instrumental that you find relaxing will work



Most Important Technique....

- Listening
- Hearing the young person's needs, concerns, fears
- Taking time
- Helping the youngster and family find their answers
- Facilitator

The Role of the Parent



- Parents should be taught to be the child's coach during times of stress. Helps the child, the parent, and the relationship.

Anyone can use relaxation strategies!



Anytime.....



Anyplace!



Alone....



.... or with friends



Additional Information

- Developmental stages and the impact on stress and coping in a child

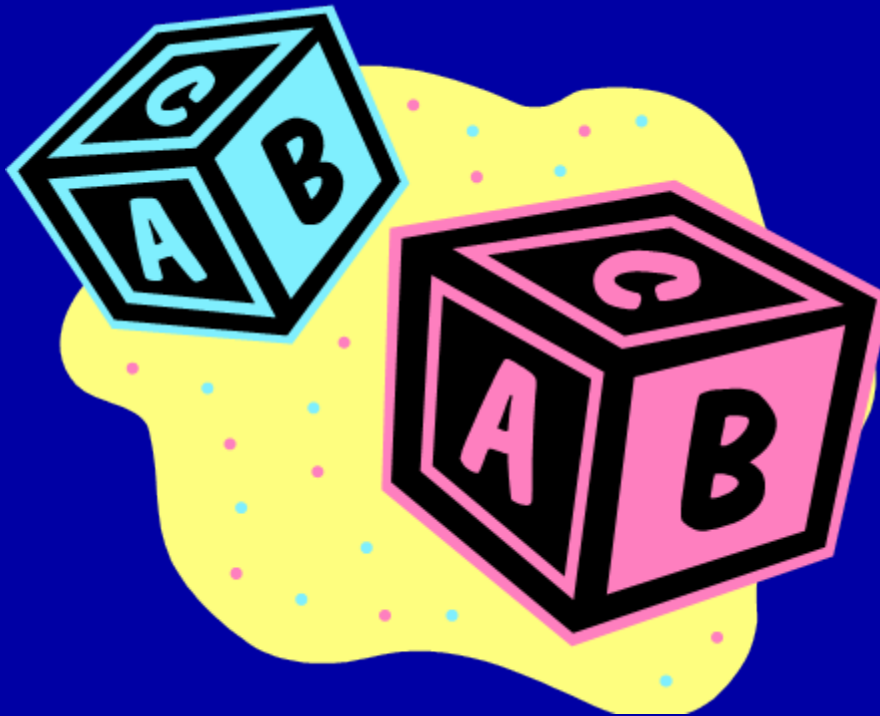


Growth and Development

- Special Concerns of:
 - Infants
 - Toddlers
 - Preschoolers
 - School aged
 - Adolescents



Infants: Birth – 1 Year



- Basic needs
 - Food
 - Comfort
 - Sleep
- Head restraint-threatening
- Needs socialization
- Stranger anxiety
- Separation anxiety
- Likes rhythmic activities (bouncing, jiggling, swinging)
- Needs opportunity to explore environment

The Toddler

- Separation anxiety – peaks
- Fear of bodily functions
- Attempts to increase independence
 - Comes back to reattach
- Rituals
 - Extremely important – keep sacred!

The Toddler: 12 – 24 months

- Exploration
- Talkers and doers
- Everyone and everything exists for them - “Mine”
- Picky eater
- Enjoys talking about pictures
- Fear of the dark
- Cannot be rushed or hurried, especially upon awakening
- Separation anxiety – peaks & wanes
- Fear of bodily functions
- Attempts to increase independence
 - May refuse to cooperate/elicit help
 - Comes back to reattach
- Rituals
 - Extremely important – keep sacred!

The Preschooler: 3-5 years

- Independence – continues to increase
- Play is the work of the preschooler
- New skills – very important
- Magical thinking comes into play
- Vocabulary not sufficient to express all thoughts/feelings
- Dependent on parents/family members
- No concept of permanence of death

The Preschooler - continued

- “Me too” – wants to be included in everything
- Engages in arguments with other children
- Responds better to options than commands
- Sharing is understood, but difficult to carry out
- Understands and needs limits
- Needs and seeks out adult approval (“Look what I did”)
- Fearful that mother may not come back
- Affection/protection toward younger sibs but may be overburdened if sib demands too much

The School Age Child



- Friends
- Fitting in – being ‘normal’
- New learning
- Physical – needs to be on the go
- Privacy – huge issue
- Concept of death as permanent – age 5 & up
- Magical thinking continues
- Rituals continue

The School Age Child: 5-12 years

- Usually, good appetite
- Wiggles, squirms
- Avoids bathing/bedtime
- Careless about hygiene
- Strong sense of self, wants, needs
- Possessive re: toys/books but able to share
- Intolerant of being told what to do - tantrums
- Blames others
- Interest in appearance
- Need to be part of group
- Fear of being different
- Can be argumentative
- Conceptualizes death as permanent – maybe reversible
- Modesty

Adolescence: 13 – 18 years

- Independence
- Friends, friends & more friends
- Privacy
- Goals/new directions
- Fitting in
- Participation in activities
- Rituals return
- Regression/returning to a more comfortable place



Adolescence - continued

- Grieving over lost potential
- Concern for parents, siblings, friends, etc.
- Strong need to accomplish goals
- Experiencing as much as possible
- Finding an area of control
- Risk taking
- Unwelcomed return to dependence
- Rebellion – may take various forms
- Fear of not being remembered