



May 2024

The Power of Positive Parenting:

Evidence to Help Parents and Their Children Thrive



THE OHIO STATE
UNIVERSITY

OFFICE OF THE CHIEF WELLNESS OFFICER
and COLLEGE OF NURSING

Two years ago, you told us how working parental burnout impacted you and your family during a pandemic.

Two years later, the pandemic is over, but the pressures and impact remain.

We are still in a readjustment period, working to figure out the “new normal” for our families. But in the process, many parents – including us – don’t give themselves the grace they need to be able to thrive.

Because of that, the stressors of the COVID-19 pandemic have been replaced by new and different triggers. We are searching for survival mechanisms not because of a virus, but because of a distinction that we all chase at one point or another:

We all want to be the “perfect parent.”

And there is no such thing.

When we decided to design a second study about parental burnout, we decided to focus on those post-pandemic triggers that so many feel: expectations, perceived judgment, children’s playtime and activities, relationships with spouses and other adults and mental health situations. All of these stressors impact how we act and react as well as affect our mood from day to day etc. They impact how we see ourselves in the mirror and how we portray ourselves to the world, either in-person or on social media.

The findings of our new survey are described within the pages of this report. We also continue to offer our proprietary, easy-to-use burnout scale that helps you measure your burnout at a moment in time and find potential solutions to help you feel emotionally better and engage more effectively with your children.

Again, while our survey captures a moment in time, we also see similarities in how we felt two years ago during the shared human experience of a pandemic. So many parents feel like they are on an island with their burnout, stress and challenges. Loneliness and isolation are real and potentially debilitating feelings.

Please know that you are not alone. We’re all trying to figure out exactly what life looks like after COVID-19, trying to anticipate new obstacles down the road while wrestling with the obstacles right in front of our feet. Connection with others – especially other parents who can empathize with your particular situation – is so powerful, and taking time for self-care is critical. We offer you helpful solutions and strategies to foster that connection with others and that downtime for yourself to help you and your family build the support system you need to get out of survival mode and truly thrive.

We are rooting for you, every step of the way.

Warm and well regards,



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Executive Summary:

Societal expectations dictate that parents are always the model of patience and calm, and their children are always well-behaved and respectable.

Reality dictates that this ideal of perfection is impossible to attain, but these types of pressures on parents have only grown over time – especially as we emerged from the pandemic – and oftentimes, parents feel the weight of these expectations in negative ways that can impact their families.

When the pressures of parenting lead to chronic stress and exhaustion that overwhelm a parent's ability to cope and function, it is called **parental burnout**. Burnout often results from a mismatch between perceived stressors and available resources and results in parents feeling physically, mentally and emotionally exhausted, as well as often detached from their children.

This report highlights the results of a new study measuring parental burnout in a post-pandemic world – stressors, impacts and potential avenues for solutions – conducted with parents who voluntarily, transparently and anonymously answered our questions.

Here is what our study found:

1. Fifty-seven percent (57%) of parents self-reported burnout.
2. Parental burnout is strongly associated with internal and external expectations, including whether one feels they are a good parent, perceived judgment from others, time to play with their children, the relationship with their spouse and keeping a clean house.
3. The more free play time that parents spend with their children and the lighter the load of structured extracurricular activities, the fewer mental health issues in their children (i.e. anxiety, depression, OCD, ADHD, bipolar disorder).
4. Parents' mental health and behaviors strongly impacts their children's mental health. If their children have a mental health disorder, parents report a higher level of self-reported burnout and a greater likelihood for them to insult, criticize, scream at, curse at and/or physically harm their children (i.e. repeated spanking). Higher levels of self-reported parental burnout and harsh parenting practices are associated with more mental health problems in children.

The data from the survey spotlights two major ideas: that the “perfect parent” doesn’t exist, and the pursuit of that perfection can be very unhealthy for the parent and the child.

Making mistakes and facing challenges are natural parts of the parenting and child journey, and it's OK to seek support and guidance when needed. Embracing imperfection and focusing on building a loving, supportive relationship with their children with structure and limits can ultimately lead to healthier, happier parent-child dynamics and thriving children who grow up to be thriving adults.

That is the power of **positive parenting**. Positive parenting is an approach that focuses on building nurturing, trusting parent-child relationships through listening and communication, mutual respect, consistent boundaries, empathy, positive reinforcement and unconditional love and support. This report will go in-depth into the findings of our survey and provide evidence-based strategies and tips to help families build consistency into their everyday practices.

And if one or two or five of these elements are not always present, that is OK, too. Every parent experiences frustration or hardship with their children. **You are not alone when you feel that way.** Trust in the process and realize the progress in creating a healthier, happier household.

This is how parents describe the pressure to be the perfect parent:

“ Although the rational side of me knows there is no perfect parent, I feel like every day there’s an internal drive to have the perfect day for my kids. It’s mentally exhausting and overwhelming to try to do this while working full-time and all the other things we are responsible for as parents. And when something goes wrong, then the guilt sets in...”

“ Even trying being a ‘good enough’ parent feels impossible a lot of the days. I often feel pulled in multiple directions and just want to cry because there are no good permanent solutions! It’s like Groundhog Day, everyday!”

“ When I am doing mom activities, I feel guilty for not catching up on things for work. And when I am doing work activities, I feel guilty for missing a kid’s event or not being able to get a parent errand done that day. Some days I think about cutting back on my job hours, but then we wouldn’t be able to provide as much for our kids as we do, and I’m not sure my job would let me. I feel the worst when my cognitive load from all my different ‘hats’ results in me yelling at my kids.”

“ I see these parents on social media and they look like they have it all together. I often wonder why I don’t. It seems like I am always the tornado in the midst of all the calm. But I can’t be the only one.”

“ It is horrible to say that I just stopped trying.”

“ It seems like when I help one kid solve their struggles, then the other kid has a struggle to focus on, and so there is never time to catch your breath!”

“ It feels like a moving goal that can never be reached, and even my best efforts move me further away.”

“ The problem with trying to be the perfect parent is that then your child thinks they have to be the perfect child. While trying to achieve the unachievable, they get pulled into the perfection trap, which causes chronic anxiety. We, as a society, need to change our expectations. **I would much rather have a happy kid than a perfect kid.**”

If you have felt little interest or pleasure in doing things and/or have been feeling down, depressed or hopeless several or more than half the days in the past two weeks, please reach out to your primary care provider, counselor, mental health provider or employee assistance program at work as you may be suffering from depression. Someone at the National Suicide and Crisis Prevention Hotline at 988 is always available 24/7 if you ever need to talk with someone when feeling depressed or having an emotional crisis.

Key Finding #1

Fifty-seven percent (57%) of parents reported burnout.

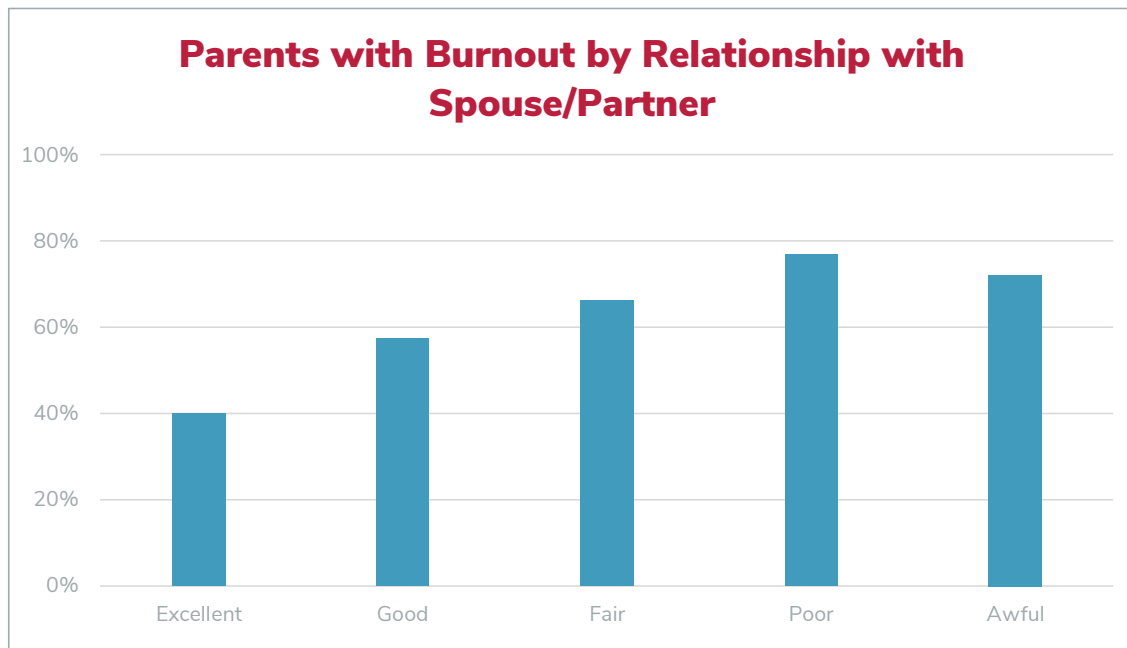
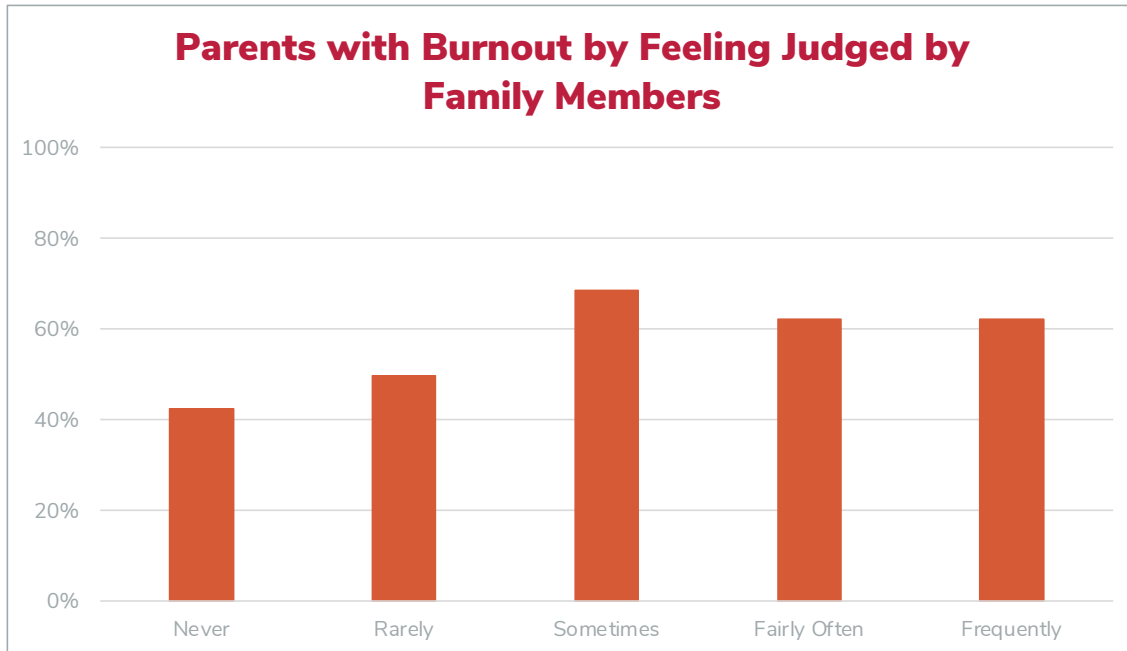
Key Finding #2

Parental burnout is strongly associated with internal and external expectations, including whether one feels they are a good parent, perceived judgment from others, time to play with their children, the relationship with their spouse and keeping a clean house.

Study Approach

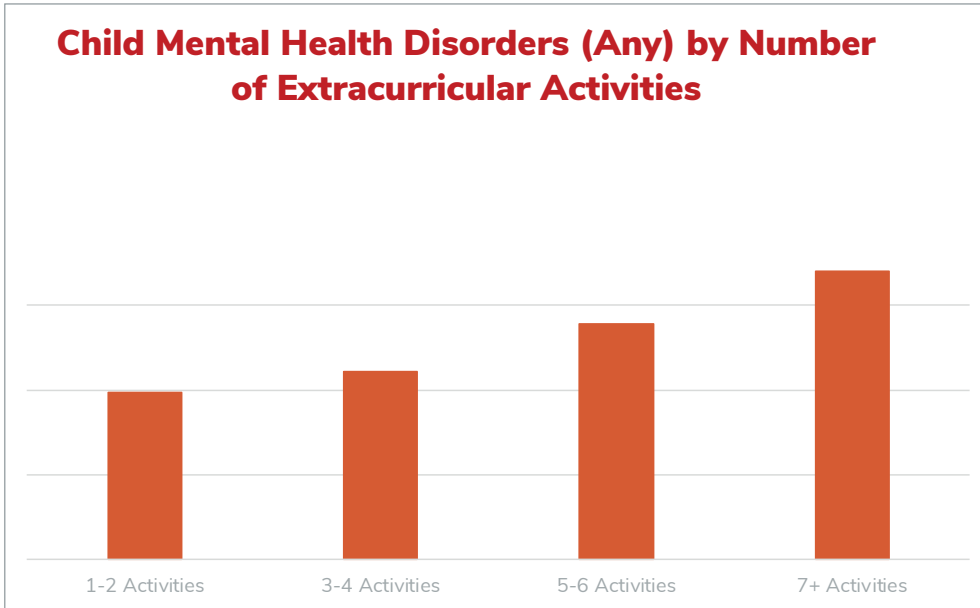
An anonymous and voluntary online survey was conducted with 722 parents who self-selected to participate. Participants were parents with children under the age of 18 living with them. Results were collected between June 15 - July 28, 2023.

Statistical analysis performed by Alai Tan, PhD, Research Professor.

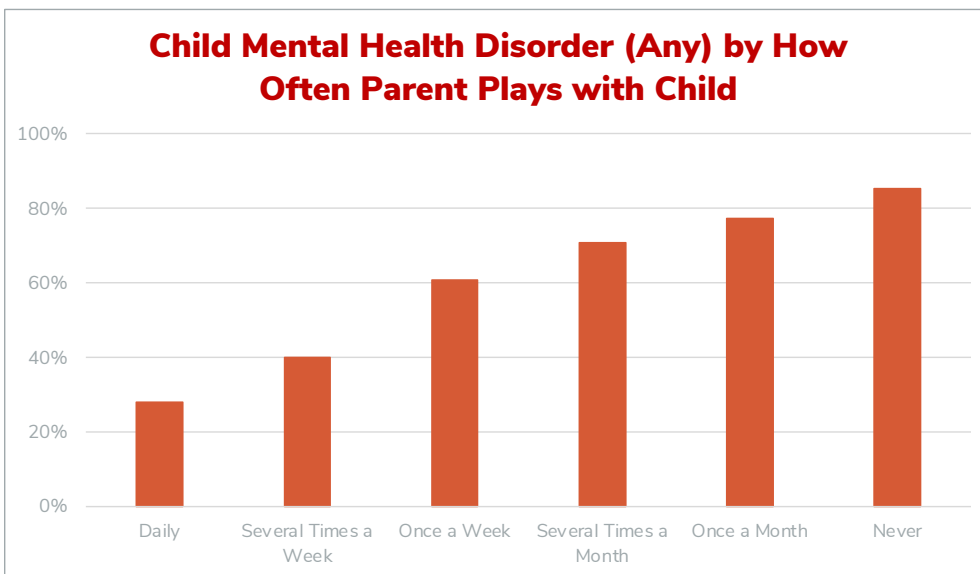


Key Finding #3

The more free play time that parents spend with their children and the lighter the load of structured extracurricular activities, the fewer mental health issues in their children (i.e. anxiety, depression, OCD, ADHD, bipolar disorder).



The higher the number of structured extracurricular activities that a child engages in, the more likely they will exhibit negative behaviors (i.e. trouble concentrating, easily distracted, down on themselves, teases/fights with other children) that impact their mental health.



When parents spend more quality time playing with their children, mental health disorders are less common, and children's negative behaviors are less frequent.

Key Finding #4

Parents' mental health and behaviors strongly impact their children's mental health. If their children have a mental health disorder, parents report a higher level of self-reported burnout and a greater likelihood for them to insult, criticize, scream at, curse at and/or physically harm their children (i.e. repeated spanking). Higher levels of self-reported parental burnout and harsh parenting practices are associated with more mental health problems in children.



Check Yourself for Working Parent Burnout

The 10-item Working Parent Burnout Scale is a tool that can be used to help both parents and clinicians determine whether a parent is experiencing burnout. This scale is free for use and should be employed more readily in the clinical setting as part of routine visits, but especially if a child or parent is being seen for a mental health condition. This scale has demonstrated validity and reliability to detect parental burnout in the working parent population.

Step one: Complete the scale

	Not at all	A little	Somewhat	Moderately so	Very much so
Item 1: I get/feel easily irritated with my children.					
Item 2: I feel that I am not the good parent that I used to be to my child(ren).					
Item 3: I wake up exhausted at the thought of another day with my children.					
Item 4: I find joy in parenting my children.					
Item 5: I have guilt about being a working parent, which affects how I parent my children.					
Item 6: I feel like I am in survival mode as a parent.					
Item 7: Parenting my children is stressful.					
Item 8: I lose my temper easily with my children.					
Item 9: I feel overwhelmed trying to balance my job and parenting responsibilities.					
Item 10: I am doing a good job being a parent.					

Scale Copyright, Kate Gawlik and Bernadette Mazurek Melnyk, 2021.

Step two: Score each item on the scale

For all questions except questions 4 and 10, use these point values.

Not at all = 0 points

A little = 1 point

Somewhat = 2 points

Moderately so = 3 points

Very much so = 4 points

Questions 4 and 10 use reverse scoring. Use these point values for questions 4 and 10.

Not at all = 4 points

A little = 3 points

Somewhat = 2 points

Moderately so = 1 point

Very much so = 0 points

Step three: Calculate the total score

Add all points together for a final score.

Step four: Interpret the score

0-10 Points: No or few signs of burnout

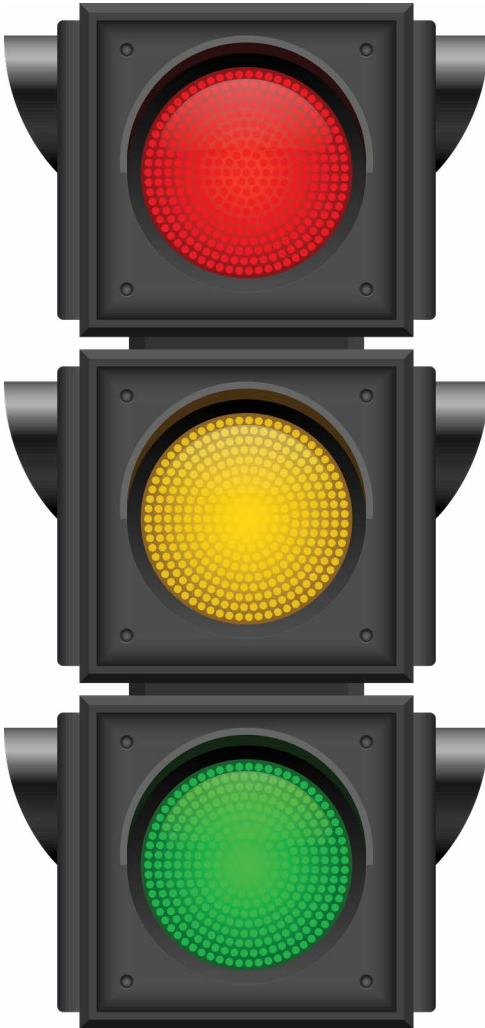
11-20 Points: Mild burnout

21-30 Points: Moderate burnout

31+ Points: Severe burnout



Step 5: Take the next steps



Score 31+: Severe burnout – Ask for help from your healthcare provider or mental health professional; connect with family members and friends. Utilize available resources.

Score 21-30: Moderate burnout – Take action! Start interventions (e.g., take time out of each day to do something for your mental health and well-being), decrease stressors, use available resources and consider asking for help. If your level of burnout is interfering with your ability to function or concentrate, seek mental health help immediately. It is a strength to recognize when help is needed, not a weakness.

Score 11-20: Mild burnout – Start preventive interventions such as taking short recovery breaks each day to do something for your mental health and well-being, decrease stressors and identify resources to help.

Score 0-10: No or few signs of burnout – you should continue to do the things you are doing and remember to prioritize good self-care.

Overall, based on your definition of burnout, how would you rate your level of burnout regarding being a working parent?

- I enjoy being a working parent. I have no symptoms of burnout. (0 points)
- Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out. (1 point)
- I am definitely burning out from being a working parent and have one or more symptoms of burnout, such as physical and emotional exhaustion. (2 points)
- The symptoms of burnout from being a working parent that I'm experiencing won't go away. I think about my frustration with being a working parent a lot. (3 points)
- I feel completely burned out from being a working parent and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help. (4 points)

A score of 2 or higher indicates you may be experiencing working parental burnout.

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What is positive parenting?

Positive parenting is an approach that focuses on building nurturing, trusting parent-child relationships through listening and communication, mutual respect, consistent boundaries, empathy, positive reinforcement and unconditional love and support.

Findings from many studies suggest that authoritative parenting – which combines high levels of love, warmth and responsiveness with clear and reasonable expectations for behavior, structure and gentle discipline when needed – leads to the best outcomes for children. Studies show that children raised in authoritative households tend to have higher self-esteem, better social skills and more positive outcomes in various areas of development compared to children raised with other parenting styles. They are typically more academically successful, have better emotional regulation and exhibit fewer behavior problems.

Parenting styles may need to be adapted based on the child's temperament, developmental stage and individual needs. The key elements of effective parenting, regardless of the specific style used, are:

- Flexibility
- Warmth and responsiveness
- Consistency and structure

8 tips for positive parenting

- 1 Tell and show your children you love them
- 2 Catch your children being good
- 3 Provide structure, including daily routines (e.g., eat meals together, have a bedtime routine)
- 4 Discipline your child gently when needed
- 5 Set limits and boundaries
- 6 Teach your children that decisions and behaviors have consequences
- 7 Set realistic expectations
- 8 Role model healthy behaviors

Build a strong relationship with your child through connection and active listening.

The foundation of positive parenting is the parent-child relationship. The parent-child bond is one of the most important and significant relationships in human life. It is typically built on deep emotional attachment, providing a sense of security, comfort and love. This attachment lays the foundation and groundwork for the child's emotional well-being, development and their future relationships.

How to practice active listening

1. Give your full attention. Leave your phone in a different room.
2. Use verbal and non-verbal clues to show that you are listening.
3. Avoid interrupting.
4. Empathize and validate emotions.
5. Be patient.
6. Ask clarifying questions and summarize what was said.





Stay in the present moment and stop unhealthy thought patterns.

Parents all make mistakes. They carry guilt about the past and worry about the future. These feelings of guilt and worry are wasted, unhealthy emotions.

Be confident in the fact that **no parent is perfect**. Instead of pursuing perfection, try to be mindful and stay in the present moment. Think about the things that are important to you and your children right now and prioritize those things.

When you find yourself feeling stressed, anxious, depressed or angry, stop and **CATCH** your thoughts. Then **CHECK** them by asking: What was I just thinking? Is it helpful or true? Do I have the evidence to back it up? Then **CHANGE** the negative or unhelpful thought (e.g., I am an awful parent) around to something more positive (I am a good loving parent; I make a great home for my family) to feel emotionally better.



CATCH the unhelpful thought
“I should be a better parent.”

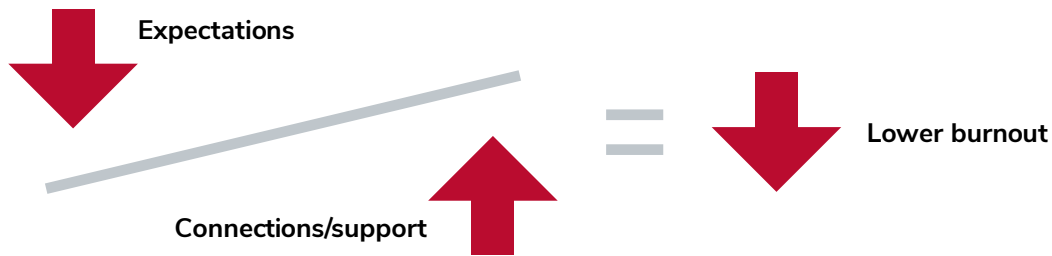


CHECK yourself
“What was I just thinking?
Is this thinking helpful? True?
Do I have evidence to support it?”



CHANGE to something positive
“I am doing my best to be a
good parent, and I am getting
better every day.”

Re-adjust your expectations for yourself and your child.

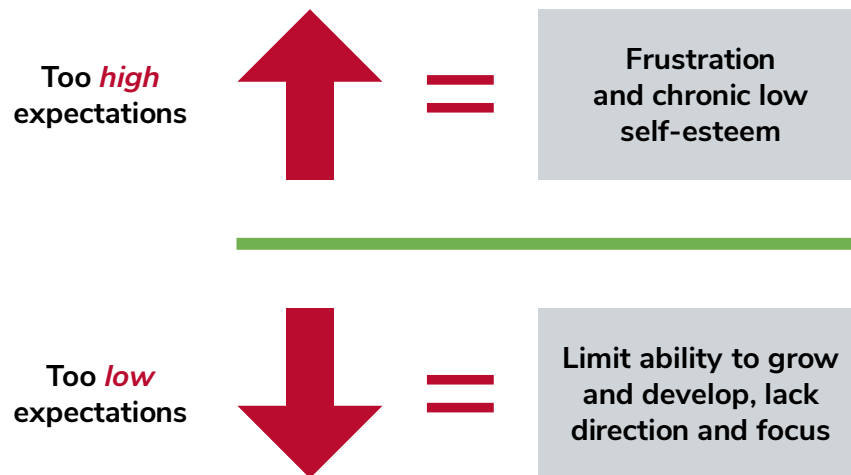


All parents have expectations (which is great!). When developmentally appropriate and within an attainable reach, expectations can help children feel a sense of security, promote confidence and success, foster independence and autonomy and support healthy relationships between parents and children.

However, there needs to be a balance. When expectations are set too high, children (and parents) can feel anxious, overwhelmed, burned out and frustrated. That can result in decreased self-esteem, increased stress and increased fear of failure.

On the other end of the scale, expectations that are too low can limit an individual's ability to grow and develop, and that can lead to dependency and learned helplessness.

Setting expectations that are too high or too low strain parent-child relationships.



Remember also to take good care of yourself to avoid burnout and to offer your best self to your children. Parents can do a great job of caring for everyone else, but then often do not prioritize their own self-care. You cannot pour from an empty cup; self-care is a necessity to thrive. Role modeling healthy behaviors for your children (i.e. forgiving yourself, taking short recovery breaks, setting realistic expectations for yourself) will also help them to develop healthy habits for a thriving future.

By setting realistic expectations for both themselves and their children, parents can help their children develop a healthy sense of self-esteem, resilience, and motivation to succeed, while also fostering a supportive and nurturing environment for growth and development.

Reflect, then act, on your priorities.

At times, it can be easy for parents to lose sight of what is truly important for their families. Lack of time, burnout, societal pressures, peer comparisons, external expectations and past experiences can all creep in and make you lose focus on what truly matters.

Reflecting on what is important for your family and what your highest priorities are should be a regular process. If you are finding that what you are doing does not align with these priorities, you need to re-think how you can better adjust to match them.



Example:

Let's say your child is eleven years old and is playing two sports, is cast in a school play and takes private music lessons. Both sports have practices or games three times a week, play practice is for an hour four days a week after school and music lessons are once a week after dinnertime. Your child has historically enjoyed all of these activities, and you have enjoyed seeing your child participate in them.

A few weeks later, your child approaches you and says they feel stressed and don't want to do these things anymore because they miss spending time outside after school and with their friends. That frustrates you because you've made a financial commitment to these activities and you're nervous about what other parents might say.

Time to reflect: Your child feels unhappy, overwhelmed and stressed out. Consider your child's situation and how it relates to your family's priorities:

- Social connection
- Time for free play
- Allowing your child to enjoy their childhood

Time to adjust and refocus: Using a positive parenting approach, you can validate your child's feelings that it is difficult to be involved in so many things, even things that your child likes to do. Talk with your child about what extracurricular activities are most important or fun for them and allow them to choose which activity to continue. You can also set reasonable boundaries on the number of extracurricular activities that your child can participate in each season.

By reflecting and refocusing, families can determine how best to align their priorities with the activities and obligations in their lives. This will lead to improved outcomes, better relationships and happier families.



“When someone lovingly invests time, energy and effort into me, I believe that I am significant. I am now free to develop to my potential. I am more secure in my self-worth and can now turn my efforts outwards instead of being obsessed with my own needs. *True love always liberates.*”

– Dr. Wayne W. Dyer



Additional resources for parents

1. [Pediatric Symptom Checklist \(PSC-17\) for Parents](#)
2. [Information for Parents About Anxiety in Children and Teens](#)
3. [Information for Parents About Behavior Problems in Children and Teens](#)
4. [Information on Depression for Parents](#)
5. [Information for Parents About Attention Deficit Hyperactivity Disorder \(ADHD\)](#)
6. [Information for Parents on How to Help Your Child/Teen Cope With Stressful Events or Uncertainty](#)

Pediatric Symptom Checklist (PSC-17) for Parents

Please mark under the heading that best describes your child:

	NEVER	SOMETIMES	OFTEN
	(0)	(1)	(2)
1. Feels sad, unhappy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feels hopeless.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is down on self.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Worries a lot.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Seems to be having less fun.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Fidgety, unable to sit still.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Daydreams too much.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Distracted easily.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has trouble concentrating.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Acts as if driven by a motor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Fights with other children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does not listen to rules.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does not understand other people's feelings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Teases others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Blames others for their troubles.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Refuses to share.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Takes things that do not belong to them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your child have any emotional or behavioral problems for which they need help? __No __Yes

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Massachusetts General Hospital.



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<https://www.massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist>



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Lista De Síntomas Pediátricos (Pediatric Symptom Checklist—PSC)

La salud física y emocional son importantes para cada niño. Los padres son los primeros que notan un problema de la conducta emocional o del aprendizaje de su hijo(a). Ud. puede ayudar a su hijo(a) a obtener el mejor cuidado de su doctor por medio de contestar estas preguntas. Favor de indicar cual frase describe a su hijo(a)

Indique cual síntoma mejor describe a su hijo/a:

	NUNCA (0)	ALGUNAS VECES (1)	FRECUENTEMENTE (2)
1. Se siente triste, infeliz	_____	_____	_____
2. Se siente sin esperanzas.....	_____	_____	_____
3. Se siente mal de sí mismo(a).....	_____	_____	_____
4. Se preocupa mucho.....	_____	_____	_____
5. Parece divertirse menos.....	_____	_____	_____
6. Es inquieto(a), incapaz de sentarse tranquilo(a)...	_____	_____	_____
7. Sueña despierto demasiado.....	_____	_____	_____
8. Se distrae fácilmente.....	_____	_____	_____
9. Tiene problemas para concentrarse.....	_____	_____	_____
10. Es muy activo(a), tiene mucha energía.....	_____	_____	_____
11. Pelea con otros niños.....	_____	_____	_____
12. No obedece las reglas.....	_____	_____	_____
13. No comprende los sentimientos de otros.....	_____	_____	_____
14. Molesta o se burla de otros.....	_____	_____	_____
15. Culpa a otros por sus problemas.....	_____	_____	_____
16. Se niega a compartir.....	_____	_____	_____
17. Toma cosas que no le pertenecen.....	_____	_____	_____

Total _____

¿Tiene su hijo(a) algún problema emocional o del comportamiento para el cual necesita ayuda? No Sí

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[https://www.massgeneral.org/psychiatry/
treatments-and-services/pediatric-symptom-checklist](https://www.massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist)



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Information for Parents About Anxiety in Children and Teens

FAST FACTS

- Fear and anxiety are a normal part of growing up, but they should not interfere with your child’s daily activities.
- Anxiety disorders are among the most common mental health problems in children and teens.
- Children and teens with anxiety experience severe and persistent distress that interferes with their daily functioning; often these disorders are under-diagnosed.
- You might describe your child as a “worrier.”
- Children and teens will often report physical complaints or describe “feeling sick” (e.g., stomach pain, headaches, chest pain, fatigue).
- Many times, children with anxiety also have problems with paying attention/staying focused at school; they may have problems being “moody.”
- Many times, healthcare providers will mistake anxiety symptoms for attention deficit symptoms.

See Table 3.4 for common signs of anxiety in children and teens.

Table 3.4. Common Signs of Anxiety in Children and Teens

Physical	Behavioral	Thoughts
Restlessness and irritability (very common in younger children)	Escape/avoidant behaviors	Worry about “what ifs . . .”
Headaches	Crying	Always thinking something terrible will happen
Stomachaches, nausea, vomiting, diarrhea	Clinging to/fear of separating from parents	Unreasonable, rigid thinking
Feeling tired	Speaking in a soft voice	
Palpitations, increased heart rate, increased blood pressure	Variations in speech patterns	
Hyperventilation/shortness of breath	Nail-biting	
Muscle tension	Thumb-sucking	
Difficulty sleeping	Always “checking out” surroundings	
Dizziness, tingling fingers, weakness	Freezing	
Tremors	Regression (bedwetting, temper tantrums)	
	Anger/irritability	

This handout may be distributed to families.

From Melnyk, B. M., & Lusk, P. (2022). *A Practical Guide to Child and Adolescent Mental Health Screening, Evidence-Based Assessment, Intervention, and Health Promotion* (3rd ed.).

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MEDICAL PROBLEMS THAT MIMIC ANXIETY SYMPTOMS

- low blood sugar,
- thyroid problems,
- seizures,
- irregular heartbeat,
- migraine headaches, and
- breathing problems.

MEDICATIONS/DRUGS THAT MAY CAUSE ANXIETY SYMPTOMS

- caffeine,
- nicotine,
- antihistamine (Benadryl),
- medications for asthma,
- marijuana,
- nasal decongestants, such as pseudoephedrine,
- stimulant medication (e.g., Ritalin),
- street drugs (e.g., cocaine), and
- steroids.

Prescribed medications to treat anxiety, when started, can cause effects that mimic anxiety symptoms, but these symptoms often subside after a few days.

MANAGEMENT

- Talk to your primary care provider if you have concerns; describe what you are noticing about your child.
- Ask your primary care provider for things to read or websites to visit to learn more about your child's symptoms.
- Therapy might be recommended to help treat your child's symptoms. It could involve individual, group, or family work (cognitive behavioral therapy or skills building is the type of therapy that is supported by research to be effective for children and teens experiencing anxiety and/or depression).
- Help your child to practice mindfulness (staying in the present moment).
- Consider what could be changed at home or in school to help your child deal with their worries (e.g., set a regular bedtime routine or think about which activities are stressful for your child and think about ways to handle them differently).
- Medication is often recommended as an alternative treatment if symptoms are interfering with your child's day-to-day activities. Your provider may recommend a class of medicines called SSRIs, short for selective serotonin reuptake inhibitors.

This handout may be distributed to families.

From Melnyk, B. M., & Lusk, P. (2022). *A Practical Guide to Child and Adolescent Mental Health Screening, Evidence-Based Assessment, Intervention, and Health Promotion* (3rd ed.).



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- Be sure to ask:
 - What symptoms will the medication treat?
 - How long will my child have to take this medication?
 - How much medication will my child have to take, and how many times a day will they have to take it?
 - How often will we see and/or talk to you about how my child is doing on the medication?
 - What happens if my child misses a dose of medication?
 - How do we stop the medication?
- SSRIs sometime take weeks to see the positive benefit; it is important for your child to take the medication as prescribed. The most common side effects when starting an SSRI is stomach upset/nausea, which tends to subside in a few days.
- Watch your child for any suicidal behaviors when being started on an SSRI.
- Never have your child abruptly stop the medication if placed on an SSRI.
- Your level of anxiety and stress will affect your child so seek help if you also are experiencing anxiety to the point where it is interfering with your concentration, judgment, or functioning.
- Teach, practice, and reinforce coping skills, such as breathing exercises, mindfulness meditation, visualization, positive self-talk, distraction with music or stories, and exercise.

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Information for Parents About Behavior Problems in Children and Teens

- Pediatric providers recognize how difficult your role as parent is with this challenging child. You still may want to remind us about how exhausting it is to have a child with behavior issues.
- Please write down and tell us about every positive step that is being made as you parent your child.
- Always build on your child’s particular positives; give your child praise and positive reinforcement when he or she shows flexibility or cooperation.
- Your child’s problems are “loud” problems—they stand out for all to notice (as opposed to anxiety, which is more of a private child problem). You may be bombarded by others in your community telling you about your child’s behaviors.
- The journey of working with a child who has problem or disruptive behaviors can be frustrating, draining, and isolating. This website connects you to a vast array of resources and links that can help you better understand challenging children: www.livesinthebalance.org/
- We want you to be well informed so you can teach others what you know. Your child’s behaviors get “louder” and more obvious to others when they don’t have the skills to deal with the demands being placed on them.
- Your child’s difficulties are complicated, and may have come with the child. Maybe it is in their hard wiring—their brain anatomy and connections. Maybe it is in subtle temperament qualities; maybe it is compounded with traumatic experience. Maybe your style of parenting is perfect for one type of child but not such a “good fit” with this child’s strong personality traits. Another significant factor is family stress, and family distress, including socioeconomic status.
- Whatever the combination of factors, there is no blame; rather, there is assurance that your child can learn to be more flexible, and can learn problem-solving skills, and can get better at tolerating frustration.
- Recognize that, as Dr. Greene writes in the *Explosive Child*—**children do well if they can.**
- Your child longs for your approval, so provide it when your child does something positive.
- Because your child has some very real challenges with their “wiring” and temperament, possibly genetics and early developmental stress, it is very likely that your child has trouble with (a) flexibility, (b) frustration tolerance, and (c) problem-solving (from *The Explosive Child* by Ross W. Greene, 2014), just as other children lag behind in acquiring academic or athletic skills).

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- Some of the skills children similar to yours (with problem behaviors) have trouble with include:
 - Difficulty handling transitions—shifting from one mind-set task to another,
 - Difficulty reflecting on multiple thoughts or ideas simultaneously (disorganized),
 - Difficulty considering a range of solutions to a problem,
 - Difficulty considering the likely outcomes or consequences of actions (impulsive),
 - Difficulty expressing concerns, needs, or thoughts in words,
 - Difficulty managing emotional response to frustration in order to think rationally, and
 - Chronic irritability and/or anxiety significantly impede capacity for problem-solving.
- One of the biggest favors you can do for an explosive child is to identify the lagging skills that are setting the stage for his or her challenging behavior so that you and others understand what is getting in his or her way. Also, identify what problems may be causing explosive episodes and what helps to calm your child down. You and the teacher can keep a journal of these observations.
- Build in some extra minutes for the child to comply with your request. Your child may have trouble “switching gears” and moving to the new activity. Don’t add time for their time out for every minute they stall on the way. That is the way they are wired; that is, they are slower to process a change in activity.
- Take a break or time out if you are about to make the conflict with your child worse. This is good modeling for the child of using self-control strategies.
- The best parenting style is a warm and involved guiding approach—providing discipline. Being consistent and firm, yet loving, is the best approach.
- Build on the positives of your individual child (an example would be the COPE exercise in the Child Handout—where you and your child list three positive things particular to your child, and you display those prominently and bring those up regularly and add to them).
- Dr. Greene writes, “Good parenting means being responsive to the hand you were dealt.”
- Your child likely had developmental “lags” or challenges in these areas:
 - Difficulty seeing the “grays”: concrete, literal, black and white thinking,
 - Difficulty deviating from rules or routine,
 - Difficulty handling unpredictability, ambiguity, uncertainty, or novelty,
 - Difficulty shifting from original idea or solution, or
 - Difficulty taking into account situational factors that would suggest the need to adjust a plan.
- Pick your battles. Prioritize the tasks you want the child to do, or habits you want to develop.
- Avoid power struggles. The child with ODD has trouble avoiding power struggles so you may have to go the “extra mile” to avoid getting into the battle of wills.

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- Set up reasonable, age-appropriate limits with consequences that can be enforced consistently. Review these with an expert you trust, such as your pediatrician or nurse practitioner. Once these are set, feel confident they are what are best for the child, and stick consistently with your limits and consequences.
- All “adults” that are authorities in your child’s life should also know your rules and also consistently enforce them. If the other parent disagrees, then there must be a plan made that all of the important adults in that child’s life can consistently enforce.
- Your child has difficulty sorting out what to do if rules are not black and white.
Because of this difficulty—the adults caring for and parenting this child will have to be super consistent in consistently enforcing the rules.
- Sticking to your expectations is very important. If you eventually give up your resolve and give in, the child will learn to persist until you give in.
- Remember that the problem behaviors may escalate, get worse at first, as the child “tests” the new parenting approaches.
- Parents will need to make special efforts to care for themselves. The strong willed, explosive child consumes so much of the parent’s time and energy, it is easy to become exhausted physically and mentally. Maintain interests other than your child and ODD.
- Parents can seek out supports from other parents who are raising challenging children. When you receive regular calls from the school or childcare setting with complaints about your child’s behavior, you need sounding boards. You need people around you who support your heroic efforts in parenting this child.
- Remember, much of the intense effort you are putting into your child is directly focused on making sure that other people will want to be around them. You have a good parenting goal.
- Please know that your healthcare provider knows and applauds how much time and energy you are investing—to make the tiny steps that seem undetectable but, in fact, are the necessary steps for your child’s march toward success.

The *Explosive Child* book by Dr. Greene promotes a “collaborative problem-solving approach.” That approach has been incorporated into this resource page for parents. There is an excellent website for you to check out this approach to see if it fits with your family values/preferences.

www.livesinthebalance.org/

The research evidence to support “collaborative problem-solving” can be found on this website:
www.explosivechild.com

Fact sheet: Children with Oppositional Defiant Disorder

https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-With-Oppositional-Defiant-Disorder-072.aspx

REFERENCE

Greene, R. W. (2014). *The explosive child: A new approach for understanding and parenting easily frustrated, “chronically inflexible” children* (Rev. 4th ed.). HarperCollins.

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Information on Depression for Parents

WHAT IS DEPRESSION?

Depression is an unhappy mood that affects daily functioning, including thoughts, feelings, behavior, and overall health. When depression is too severe or lasts too long, it is considered an illness that can be treated. Left untreated, depression can take the joy out of life and even take away the desire to live. Everyone experiences minor upsets, but this does not mean that everyone is depressed. To have true depression, the symptoms must be present for at least 2 weeks.

HOW COMMON IS DEPRESSION?

Depression in children and teens is far more common than most people realize and affects school-age girls and boys equally. After puberty, girls are twice as likely as boys to be depressed. Ten out of 100 teens get seriously depressed each year, and many more have mild levels of sadness or the blues. About one in 10 children without known problems has suicidal thoughts.

WHAT ARE THE SIGNS OF DEPRESSION?

The most important signs to look for are feelings of sadness and hopelessness. While every child or teen is sad some of the time, no child should feel sad all of the time. If you notice that your child is unhappy and can't seem to have fun, think of this as a sign of depression. To be hopeless or without hope means to feel that nothing can go right, that nothing will change, and that no one can help.

Poor self-esteem is another important sign of depression. This is the teen or child's attitude toward himself or herself. If your child's self-esteem is poor, he or she may feel stupid, ugly, or worthless. Another sign is a change in school performance. If your child was a good student and now wants to stay home, or if his/her grades suddenly fall, he/she may be depressed. Other signs include sleep problems, appetite changes, irritability, anger, crying, and aches and pains, such as headaches or stomachaches.

What would your child say if he or she is depressed? Don't expect your child to say much, because you can't count on him/her telling you how he/she feels. While your child may talk of being unhappy, he or she probably won't say, "I'm depressed" the way an adult will. So, you want to be aware of the signs.

WHAT IF MY CHILD SHOULD MENTION SUICIDE?

Sometimes a child mentions that he or she does not want to live. **If your child mentions suicide: Take it seriously.** Talk to your child. Ask if he or she has made a plan for suicide. If so, it is more serious. If suicide is mentioned or if an attempt is made, seek professional help immediately. Do not assume your child is just looking for attention. Don't ever dare a youngster who mentions suicide to "go ahead." You may think it's a bluff, but he or she may take the dare.

HOW CAN A PARENT HELP?

You can be very helpful to your depressed child. Some suggestions include: Be supportive – listen to what your child has to say. Encourage him or her to keep talking. If your child can't talk well with you, perhaps he or she can talk with a sibling, aunt, friend, teacher, or healthcare provider. Encourage

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your child to describe or write down how he or she feels. Don't get angry if he/she describes unhappy feelings. **If the problem is severe, worrisome, or lasts more than 2 weeks, get professional help. Talk to your child's healthcare provider if you have any concern that your child may be depressed.**

WHAT ARE THE CAUSES OF DEPRESSION IN CHILDREN?

There is no single answer to the cause of depression. It is probable that several factors combine to create the condition. The child's environment, especially if it is unhappy and stressful, is often a major cause. Depression also may be triggered by difficult situations, such as a death or divorce in the family or abuse. Another possible contributing factor is heredity. Studies show that depression frequently runs in families, so genetics may play a part in the depression of some children. Yet other reasons are a lack of a certain chemical in the brain, called serotonin, and a negative pattern of thinking (e.g., I can't do anything right; everything is bad).

WHAT ARE THE TREATMENTS FOR DEPRESSION?

- Treatment is possible and helpful. The choice of treatment depends on the cause of the problem, the severity of the depression, and whether suicidal thoughts are present. Psychotherapy, such as cognitive behavior therapy, is the primary treatment. By meeting regularly with a therapist, your child can find out the causes of his/her depression, and then learn ways to help deal with it. It is usually good for the family to become involved in the treatment.
- Medication can be an effective part of treatment. Antidepressants have few side effects and are not habit-forming or addictive.
- Finally, you should not feel guilty if your child is depressed. The important point is to realize that there is a problem and to get help for it. If you are concerned, be sure to talk to your child's healthcare provider. Remember, depression in children and teens is treatable.

WHAT CAN I DO TO PREVENT OR HELP MY CHILD WITH DEPRESSION?

- Stay involved in your child's life. Spend time with your child regularly, even if it's only a family dinner. Too often, parents respond to growing teenagers' wishes for independence by withdrawing from their teens' lives. The most important thing for parents to do is to be aware of and involved in their teen's life.
- Support positive relationships by encouraging your teen to get involved in school, clubs, or community events. Help your teen find interests and activities where he or she can connect with other teens. Also, know where your teen is and what he/she is doing when they go out.
- Talk to your teen and listen when he/she talks to you! Parents should talk to their children as often as possible so teens can talk about their problems and worries. Ask your teen about school and friends. Listen to his/her troubles and help find solutions.
- Teach your child coping and problem-solving skills; it also is important for you to role model positive ways of coping and dealing with stress.

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- Know the warning signs of depression and be aware if your child shows any of these signs while talking to you, especially if he or she mentions suicide. Praise your teen's accomplishments rather than finding fault with things he/she does. Teens need to feel that their parents care about them and that what they are doing is recognized.
- It is mainly your job to make sure that your child receives the treatment he or she needs. Make sure that your teen takes his/her medication and goes to counseling. Be supportive.
- For more information about depression, contact the school counselor, psychologist, or social worker at your child's school, or contact your child's doctor or nurse practitioner.

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Information for Parents About Attention Deficit Hyperactivity Disorder (ADHD)

WHAT IS ADHD?

ADHD is the name of a group of behaviors found in many children and adults. People with ADHD have trouble paying attention in school, at home, or at work. They may be much more active and/or impulsive than what is usual for their age. These behaviors contribute to significant problems in relationships, learning, and behavior. For this reason, children with ADHD are sometimes seen as being “difficult” or as having behavior problems. ADHD is common, affecting 4% to 12% of school-age children. It is more common in boys than in girls.

WHAT ARE THE SYMPTOMS OF ADHD?

The child with ADHD who is inattentive will have six or more of the following symptoms:

- Difficulty following instructions.
- Difficulty keeping attention on work or play activities at school and at home.
- Loses things needed for activities at school and at home.
- Appears not to listen.
- Doesn't pay close attention to details.
- Seems disorganized.
- Has trouble with tasks that require planning ahead.
- Forgets things.
- Is easily distracted.

The child with ADHD who is hyperactive/impulsive will have at least 6 of the following symptoms:

- Runs or climbs inappropriately.
- Is fidgety.
- Can't play quietly.
- Blurts out answers.
- Interrupts people.
- Can't stay in seat.
- Talks too much.
- Is always on the go.
- Has trouble waiting his or her turn.

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WHAT CAUSES ADHD?

Children with ADHD do not make enough chemicals in key areas in the brain that are responsible for organizing thought. Without enough of these chemicals, the organizing centers of the brain don't work well. This causes the symptoms in children with ADHD. Often there is a family history of ADHD. Things that *don't* cause ADHD: poor parenting (although a disorganized home life and school environment can make symptoms worse); too much or too little sugar, aspartame, food additives or colorings; lack of vitamins; food allergies or other allergies; fluorescent lights; video games; or too much TV.

WHAT CAN I DO TO HELP MY CHILD WITH ADHD?

A team effort, with parents, teachers, and doctors working together, is the best way to help your child. Children with ADHD tend to need more structure and clearer expectations. Families may benefit from talking with a specialist in managing ADHD-related behavior and learning problems. Medicine also helps many children. Talk with your doctor or nurse practitioner about treatments he/she recommends.

WHAT MEDICINES ARE USED TO TREAT ADHD?

Some of the medicines for ADHD are methylphenidate, dextroamphetamine, atomoxetine guanfacine, or clonidine. These medicines improve attention/concentration and decrease impulsive and overactive behaviors.

WHAT CAN I DO AT HOME TO HELP MY CHILD?

Children with ADHD may be challenging to parent. They may have trouble understanding directions. Children with ADHD are often in a constant state of activity. This can be challenging. You may need to change your home life a bit to help your child. Here are some things you can do to help:

- **Make a schedule.** Set specific times for waking up, eating, playing, doing homework, doing chores, watching TV or playing video games, and going to bed. Post the schedule where your child will always see it. Explain any changes to the routine in advance.
- **Make simple house rules.** It's important to explain what will happen when the rules are obeyed and when they are broken.
- **Make sure your directions are understood.** Get your child's attention and look directly into his or her eyes. Then tell your child in a clear, calm voice specifically what you want. Keep directions simple and short. Ask your child to repeat the directions back to you.
- **Reward good behavior.** Congratulate your child when he/she completes each step of a task.
- **Make sure your child is well supervised.** Because they are impulsive, children with ADHD may need more adult supervision than other children their age.
- **Watch your child around his or her friends.** It's sometimes hard for children with ADHD to learn social skills. Reward good play behaviors.

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- **Set a homework routine.** Pick a regular place for homework, away from distractions such as other people, TV, and video games. Break homework time into small parts and allocate frequent breaks.
- **Focus on effort, not grades.** Reward your child when he or she tries to finish schoolwork, not just for good grades. You can give extra rewards for earning better grades.
- **Talk with your child's teachers.** Find out how your child is doing at school—in class, at playtime, at lunchtime. Ask for daily or weekly progress notes from the teacher.

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Information for Parents on How to Help Your Child/Teen Cope With Stressful Events or Uncertainty

The most important thing that you can do to help your child/teen cope with stressful events is to remain as calm as possible when you are with them. Children pick up on their parents' anxiety very quickly. If they sense you are anxious, they will be anxious as well. Therefore, if you are having difficulty coping with a stressful situation, it is a good idea to reach out to resources to help you, such as friends, family members, support groups, clergy, or healthcare professionals. Taking care of your own stress so that you are less anxious will help your child to stay calm.

RECOGNIZE SIGNS OF ANXIETY/STRESS IN YOUR CHILD

- Children and teens typically regress when stressed. That is, they go back to doing things they did when they were younger to help themselves feel more comfortable and secure. For instance, a preschool child may go back to sucking their thumb and a school-age child or teen may act more dependent upon the parents or have difficulty separating from them.
- Other common signs of anxiety in *young children* include: restlessness/hyperactivity, temper tantrums, nightmares, clinging behaviors, difficulty separating, and distress around new people.
- Common signs of anxiety in *older school age-children and teens* include: difficulty concentrating and sleeping, anger/irritability, restlessness/hyperactivity, worry, and physical complaints, such as stomachaches or headaches.
- At age 9 years, children realize that death is permanent. Fears of death or physical violence and harm are often common after this age.
- Signs and symptoms of anxiety such as these are usually healthy, temporary coping strategies that help your child to deal with stress. However, if these symptoms persist for several weeks or interfere with your child's functioning, talk to your child's primary healthcare provider about them. Your child's doctor or nurse practitioner will know what to do to help.
- Be honest and give age-appropriate and developmentally appropriate explanations about stressful events when they occur.
- For young children (under 8 years of age), only provide answers to questions they are asking and do not overwhelm them with too much detail. Use language that young children can understand. Do not expose young children to visual images in the newspapers or on television that may be terrifying.
- It may be easier for young children to express how they are feeling by asking them to talk about how their stuffed animals or dolls are feeling or thinking.
- Help children and teens to express how they are feeling about what they have seen or heard. If children have difficulty verbally expressing their feelings, ask them to make a drawing about how they are feeling. Older school-age children and teens can benefit from writing about how they feel.

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- Ask your child/teen, “What is the scariest or worst thing about this event for you?” or “What is worrying you the most right now?” and take time to really listen to what they have to say.
- Reassure children that they did nothing wrong to cause what happened. Toddlers and preschool children especially feel guilty when stressful events happen.
- Tell children and teens that what they are feeling (e.g., anger, anxiety, helplessness) is normal and that others feel the same way.
- Decrease anxiety in your child by reassuring them that you will get through this together. Emphasize that adults are doing everything possible to take care of the stressful situation and that they are not alone.
- Help your child/teen to release tension by encouraging daily physical exercise and activities.
- Continue to provide as much structure to your child’s schedules and days as possible.
- Recognize that added stress/anxiety usually increases psychological or physical symptoms (e.g., headaches or abdominal pain) in children/teens that are already anxious or depressed.
- Young children who are depressed typically have different symptoms (e.g., restlessness and excessive motor activity) from those experienced by older school-age children or teens who are depressed (e.g., sad or withdrawn affect; anger/irritability, difficulty sleeping, or eating; talking about feeling hopeless).
- Use this opportunity as a time to work with your child on their coping skills (e.g., relaxation techniques, positive reappraisal, prayer). Children watch how their parents cope and often take on the same coping strategies. Therefore, showing your child that you use positive coping strategies to deal with stress will help them to develop healthy ways of coping.
- Be sure to have your child or teen seen by a healthcare provider or mental health professional for signs or symptoms of persistent anxiety, depression, recurrent pain, persistent behavioral changes, or if they have difficulty maintaining routine schedules or the symptoms are interfering with functioning.
- Remember that stressful times can be an opportunity to build future coping and life skills as well as to bring your family closer together.

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