RESILIENCE PRACTICE FRAMEWORK

Guide 3: Increasing coping and self regulation

A framework to promote resilience in children and families

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Authors
The Resilience Practice Framework was developed in partnership by the Parenting Research Centre and The Benevolent Society. The framework was developed by:

Laura Baldwin
Senior Research Officer, Parenting Research Centre

Dr Robyn Mildon
Director, Knowledge Exchange, Parenting Research Centre

Greg Antcliff
Director, Professional Practice, The Benevolent Society

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Promoting better sleep routines

Sleep strategies

(Infant) (Child) (Adolescent and Adult)
Providing comfortable sleep setting, establishing regular bedtime habits, keeping a regular schedule, teaching child to fall asleep alone, strategies to manage stress and sleeplessness

Active Relaxation

Guide child/adult through muscle tensing and relaxation

Finish and reflect

Set PMR practice activity for homework

(See also alternative strategies for younger aged children)
| Social Competencies | Controlled breathing | (Child) (Adult)  
Provide rationale for activity  
Demonstrate correct inhalation and exhalation  
technique  
Invite parent/child to practise  
   a. with practitioner in session  
   b. during a stressful situation during the week. |
|---------------------|----------------------|-----------------|
| Secure Base         | Mindfulness and visualisation | (Adult)  
Provide rationale for activity  
Scripts/activities:  
   - Mindful breathing  
   - Visualisation/guided imagery  
   - Mindfulness in daily life |
| Education           | Physical exercise     | Provide rationale  
Assist parents and family select opportunities for physical exercise |
What the research tells us

Resilience is associated with the skills of self regulation, which includes the control of attention, impulses, emotions and behaviour in order to attain goals (Masten & Wright, 2009). The ability to regulate emotional responses to frustrating experiences and solve interpersonal problems has consistently been shown to contribute to social competence, academic performance and positive experiences at home and school (Crick & Dodge, 1994; Webster-Stratton, Reid & Hammond, 2001). Longitudinal data suggests that children with traits such as hyperactivity, impulsivity and inattention, and children from disadvantaged backgrounds, have been linked to poorer coping and regulatory behaviours (Cicchetti & Rogosch, 2009; Propper & Moore, 2006). However, it is important to note that such environments may have greater impact on some children than others. Furthermore, a number of social-emotional curricular programs and practices that focus on fostering prosocial behaviours have demonstrated long-term protective benefits for at-risk children across a range of domains (Joseph & Strain, 2003). Key components of these programs include teaching cognitive-behavioural and social problem solving skills such as active relaxation skills, exercising self-control and negotiating conflict.

Problem solving skills
An essential component of resilience and high self-esteem is the belief that one has some control over what is occurring in one’s life. The capacity to re-frame adversities through developing positive, problem-focused coping styles is thought to be an effective skill in managing stress (Lazarus & Folkman, 1984). Problem solving is a strategy that can be taught to children to help them articulate problem areas, to think of possible solutions, to consider what solution might work best, to attempt that solution and to assess the results. Once a child understands the process of problem solving, they can be involved in discussions of how best to solve particular problems, such as issues with friends, planning when and in what order to complete homework, or having them consider ways to solve problems with a sibling. Parents and caregivers should be encouraged to model these skills by involving children in discussions of how best to solve problems, and providing positive experiences from which they can learn and apply decision-making and problem solving skills. This social guidance from adults also provides children with opportunities to advance language capabilities, independent thinking and problem solving.

Relaxation techniques
Relaxation is an important technique for managing stress, anxiety and anger, and it is a technique that can easily be taught to children. Being able to manage powerful feelings and calm oneself are learned behaviours. The first self-calming behaviours can be found in infants as they discover how to calm themselves by thumb sucking or by touching a familiar object such as a blanket or toy. Learning a variety of appropriate strategies for managing overwhelming emotions continues throughout childhood. Techniques such as progressive muscle relaxation, breathing control, and positive imagery training have been applied with successful results to decrease hyperactivity and impulsivity, improve academic achievement, increase attention span, and improve communications and interpersonal relationships (Carlson & Hoyle, 1993). Numerous studies have also shown that various measures of anxiety can be lowered as a result of the use of relaxation procedures (Barrett & Turner, 2001). Some children may benefit more directly from the use of controlled breathing or progressive muscle relaxation while others may benefit more from a cognitive-based imagery technique; however, a combination of strategies are thought to be best directed at managing stressful stimuli.
In addition to regulating anxiety and stress, relaxation and problem solving techniques have also been designed to prevent violence and aggression. The PATHS Curriculum (Kusche & Greenberg, 1994) is a school-based intervention that teaches children to identify a wide range of feelings and their associated physiological sensations, calm themselves through active relaxation, and then manage interpersonal problems that arise during the day. The pre-school and kindergarten unit also addresses behavioural self-control through the use of the Turtle Technique, which can be used with children as young as three or four years of age (Robins, Schneider & Dolnick, 1977). The technique provides a model for children to manage their aggressive impulses by using the image of a turtle who ‘takes time to think’ when feeling angry, by tucking into his shell. The steps of the technique involve helping the child to recognise physical signs of anger, use behaviourally based calm-breathing techniques and cognitive self talk, and then when calm, to plan some solutions for the problem [see Problem solving and decreasing aggression (younger child)—The turtle technique, page 19].

**Sleep and exercise**
Practising physical activity is known to have positive outcomes across a range of domains for young children and adolescents. It can have a positive impact on moods like nervousness, frustration, anger, and studies show an ongoing effect on anxiety, depression, and behavioural problems like hyperactivity and conduct problems in children. Exercise has also been shown to improve self-esteem. A recent systematic review of 23 randomised controlled trials indicated a moderate effect size for the efficacy of exercise to improve self-esteem among children and young people (Ekeland, Heian, Hagen, Abbott & Nordheim, 2009). Appropriate exercise can help alertness, focus, concentration, and lead to a good night’s sleep, which has its own stress-management benefits. Caregivers do not necessarily need to enrol their child in a new activity for their child to benefit from exercise; particularly if they cite a busy schedule as a barrier, but they should be asked to think about ways to increase their child’s activity quotient each week by incorporating it into the family routine.

**Teaching skills to increase self regulation and coping**
The next section outlines key relaxation and self-care strategies that practitioners can use to enhance children’s coping and self-regulation skills, with a view to fostering good peer relationships, academic success, and better problem solving and planning skills.
Problem solving (child)

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Teaching children problem solving is an effective way to help them handle their own challenges. Understanding the process of problem solving is important because children can use this strategy not only in the immediate situation, but in many others. Furthermore, experience in talking through social problems and concerns enhances the child’s ability to develop good problem solving skills in the context of interactions with peers. These interpersonal cognitive problem-solving abilities are critical in strengthening social relationships. For example, the child who can consider alternative solutions to problems is less likely to take a toy out of the hands of a playmate, particularly if they are also able to consider the possible negative consequences of such an act.

Outcomes
- Increased child self efficacy
- Increased ability to cope with stress
- Increased child independence
- Increased ability to exercise greater self control over behaviours
- Decreased physical and verbal aggression and impatience
- Increased ability to handle interpersonal situations.

How you do it:

**STEP 1: Provide rationale**

Example:
“Sometimes when we have a big worry we can feel stuck. Instead of taking on a huge worry and trying to battle it all at once, we are going to learn a new skill that can help you come up ways of cutting problems down to size.”

**STEP 2: Define the problem**

Some children have difficulty clarifying their problems in a concrete way. To help, have the child list his/her concerns. A way to identify this might be through the question: “What’s the easiest way to say what’s bothering you?” As the child mentions each problem, use gentle questions to gain more information such as:

- “How often does it happen?”
- “Who is involved?”
- “How does that make you feel?”
**Practitioner alert: Decide ownership**

Encourage the child to try to explain the problem without blaming themselves or others. Make sure that the child is not trying to fix a problem that is not their responsibility to fix. For example, a child may state a problem: “when Mum and Dad argue”. Advise the child that if the problem is happening to someone else (e.g. Mum is sad and I want to help her) or between other people (e.g. Mum and Dad are fighting), then it is not up to the child to fix. This does not mean that the child should not be concerned or that there is nothing they can do in these instances.

In the case of a child who is worried about their caregivers arguing, you may suggest the child review their safety plan (see Guide 1: Increasing safety), and/or talk to the child about people in their lives who they can talk to when this is happening.

**For example:**

“Now that you have decided on a problem to work on, let’s see if this is a problem for you to fix or a problem that someone else should fix. To find out, let’s think about the following question:”

| Is this something that is happening between me and someone else? (e.g. you and a sibling/friend at school?) | Okay, let’s work on it. |
| Or | This problem seems like it is someone else’s to fix. Let’s choose another problem to work on. |
| Is this problem mainly happening to someone else (like Mum) or between other people? (Mum and Dad). | Note: Consider reviewing child safety plan, see Guide 1: Increasing safety |

**STEP 3: Brainstorm possible solutions**

Help the child make a list of ways they might solve the problem—as many as they can. Suggest the child think about what a teacher or family member might do, particularly if the child is having difficulty thinking of solutions. Rather than suggesting solutions yourself, have the children generate ideas to try.

**For example:**

“You can list actions you could take, ways to calm yourself and feel better, helpful things you could say to yourself, or ways other people could help you.”

**STEP 4: Evaluate solutions**

Have the child review their list of suggestions and give them a rating to help them make a decision about which to choose. For some children, you may have to systematically go down the list and evaluate every solution listed. Then have the child rate each solution in an interactive process (e.g. using symbols such as pluses and minuses, a star or a smiley face).

**For example:**

“Look over your ideas. What are the good and bad points about each? Let’s think about the consequence for each and mark a plus or a minus for each.”
STEP 5: Choose a solution

Help the child choose options that seem practical and achievable. Suggest that the child put a star next to the solution they are going to try. For younger children, have them pick only one solution at a time to try.

For example:
“The final step is to decide on the best solution. Which idea looks most like it will work? Is there one that stands out? If not, try going back to listing more solutions.”

STEP 6: Make a plan for the solution

At this step of the problem solving process, the child is encouraged to develop a plan for putting the solution into action. Some questions that may help prepare the child for success include:

“What needs to happen first?”
“Who will do what and when?”
“Who can you ask for help?”

Discuss any barriers or hurdles that might prevent them from using the solution and how they might overcome these.

STEP 7: Implement and review

Implement the action plan. Indicate that you will both review how things have gone the next time you meet. Provide the child with the completed handout of the example you worked through together, as well as a blank handout, which they might use to plan a future solution to a problem. It is important to reassure the child that not all solutions that are attempted will work, and that sometimes more than one solution will need to be trialled. Part of effective problem solving is being able to adapt when things don’t go as well as expected.

For example:
“The last step, once you’ve got your plan, is to put it into action and then to check to see if it has worked. When we meet again we are going to have a talk and see how well the action plan went for you. We can make some changes to it if we need to after you have given it a go.”

Review the action plan. When you return to the problem at hand at a later stage, ask what has worked well, what hasn’t worked so well, and what could be done differently that might make the solution work more smoothly. It is important that you model these problem-solving skills when teaching this process. When children observe you actively dealing with problems using such an approach, then they may be more likely to try it themselves.

Three key areas to focus on in the review:

1. Check-in: What happened when the child took action?
2. Trouble shoot: If there was no action taken, explore the reasons why and review the goal and problem. Address any barriers to action and suggest possible solutions to these barriers.
3. Modify the action plan: Are more actions required to address the problem? Is it necessary to go back to brainstorming and come up with additional solutions to add to the list of possibilities?
Additional practice guidelines for teaching problem-solving to children:

Use the words of the steps consistently, perhaps by putting “let’s” or “it’s time to” in front of the words of the step, such as “let’s name the problem” or “it’s time to choose a solution”. This will help the child learn and consolidate these phrases.

Use neutral phrases to respond to children’s solutions “there’s one idea; what else could you do?”. If your response is judgmental “that’s a wonderful idea!”, you limit the brainstorming process; children may think the “best” idea has already been found and they may continue to see you as the person in charge of deciding what they should do.

Make up stories to illustrate one or more of the steps, or use a puppet to re-enact problem solving a recent incident using the steps.

Provide the child with frequent opportunities to practise using the strategy so that they can strengthen their skills, and be reminded of the steps.
## Problem solving worksheet

**Step 1.** The problem I want to work on is: 

**Step 2. Possible Solutions**  |  **Step 3. Positives (P) & Negatives (N)**  |  **Rating 1-10**
---|---|---
| P | P |  
| N | N |  
| P | P |  
| N | N |  
| P | P |  
| N | N |  
| P | P |  
| N | N |  

**Step 4. The selected solution is**

**Step 5. Plan things to do:**

I. ................................................................................................................

II. ................................................................................................................

III. ............................................................................................................

IV. ............................................................................................................

**Step 6. Review date:**

What went well?

What would I do differently?
Problem solving (adult)

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<th>WHO</th>
<th>WHERE</th>
<th>HOW</th>
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<td>Agency, home setting</td>
<td>Practitioner led, one-on-one</td>
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Problem solving is a key strategy to assist people who may feel overwhelmed, frustrated or anxious when faced with a problem. It is a useful skill for people who say they often feel overwhelmed by problems, that they feel like one problem contributes to another, or don’t feel they have control over their situation. These skills might also benefit parents who describe that everyone’s different view about a problem in the family leads to more argument rather than solutions. For families who tend to deal with problems with a high degree of emotionality, blaming and arguments, practising family problem solving can help to generate solutions in a more helpful way.

**Outcomes**
- Increased parent sense of competence and self-efficacy
- Increased ability to cope with stress
- Increased ability to analyse situations and exercise greater self control over behaviours
- Increased ability to handle interpersonal situations
- Increased ability to resolve problems with more collaborative interaction.

**How you do it:**

**STEP 1: Provide rationale**

*For example:*

“Sometimes when we face day to day problems we can feel helpless or exhausted. Particularly, when we feel stressed and overwhelmed it can be hard to step back and think about ways to handle situations. It can therefore be helpful to focus on problems one at a time and carefully consider how we are going to tackle each one separately. Problem solving is a skill made up of a set of steps that can help you come up ways of cutting problems down to size. During this session we’re going to practise using this process to give you an idea of how it works.”

Additional rationale for parents who express concerns about other family members having difficulty solving problems: “The good thing about this process is that the steps are simple enough to be able to teach to children so that they can start to use it to tackle their problems too. However, before you teach it to another person, it is important to go through the skills yourself first”.

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Increasing coping/self regulation

RESILIENCE PRACTICE FRAMEWORK 13
STEP 2: Define the problem

Clarify with the parent the priority or need in more detail. Help the parent to clearly define what he/she wants to work on as concretely as possible so that you have a clear understanding to enable you to decide if it is a good choice for problem solving. A brief clarification at this point will help you and the parent decide whether to work on this problem or if another one should be chosen.

For example:
“The first step to problem solving is to define the problem or need you want to work on. It’s best to define the problem as clearly as possible. For example, if your problem is “My son and I are constantly arguing,” you need to ask yourself what is actually happening? How often and who is involved? You might like to do this in terms of wants. For example, “I want my son to contribute to the household chores”. So, the problem, as I see it, is “When I ask my son to do something, such as put away his clothes or take his plate to the kitchen, he refuses and it quickly escalates into an argument”.

You can see that in this example, the problem is clear and specific, it details what is happening and who is involved, without blaming anyone.

STEP 3: Brainstorm possible solutions

Have the caregiver write down as many possible solutions as they can think of. Take turns to write down possible solutions. Encourage them not to be tempted to judge or evaluate any solutions yet. The only goal at this stage is to come up with a long list of possibilities. Model this by suggesting and writing down even unrealistic or laughable solutions—this helps relieve tension.

For example:
“The next step involves brainstorming. Making a written list of possible solutions is especially important. It will help you think about ideas that you might not have considered. Let’s write down all the possible solutions, including good or bad ideas. The goal is just to list as many as you can think of. Don’t try to judge them yet.”

As you come up with solutions with the parent, you can suggest additional ideas. Types of solutions that may be relevant include:

- Things that have been helpful in the past with similar situations
- Ways of calming oneself
- Taking action on parts of the problem that are controllable
- Helpful things to say to oneself
- Getting help and support from others.
**STEP 4: Evaluate solutions**

Now is the time to look at the possible solutions in turn and talk about the pros and cons of each. Go down the list of possible solutions, writing down all the advantages of choosing that solution (positives) and all the disadvantages of choosing that solution (negatives). The solution should be one that can be put into practice, and will solve the problem. If the parent has not been able to find such a solution, then you need to go back a step and look for different solutions. You might find it helpful to talk to other people to get a fresh range of ideas.

If the parent is working on this with their child, they might want to:

- give each solution a score out of 10, 10 being the best solution and 0 being the worst. This helps to quantify each solution and order them.
- With young children, have each person rate each solution ‘+’ (willing to try) or ‘-‘ (not willing to try).

**For example:**

“The next step is to evaluate and choose the best solution and to test it out. OK, now let’s go back through the list of solutions and think about the consequence of each. You can get rid of any solutions that don’t seem helpful and pick solutions that seem reasonable and that you think might help and you’d like to put into action.”

**STEP 5: Choose a solution**

Encourage the parent to choose the best solution based on what might happen should they actually use the situation in a realistic situation. Ask them to look down the list and see whether one solution emerges as the common choice. Is there one that clearly has a higher score or more pluses?

**For example:**

“The next step is to select one or perhaps a combination of solutions to put into action. However, if you can’t agree or there doesn’t seem to be one that makes you happy, then go back and try to come up with some more ideas. It might be helpful to come up with some other people who could help come up with alternative solutions you haven’t thought of.”

If this is difficult to decide, engage the parent in a discussion about the pros and cons of the various choices. Often, several actions might be relevant but at this stage it is important to guide the parent to take relatively small steps towards action. This is to increase the likelihood of them following through with actions to address the problem situation.

**STEP 6: Make a plan for the solution**

At this step of the problem solving process, the parent is encouraged to develop a plan for putting the solution into action. Discuss any barriers or hurdles that might prevent them from using the solution and how they might overcome these. Try to gain a commitment from the parent that they will do a specific task and activity in a specific way.

**For example:**

“Once you’ve got a solution you’d like to try, you need to develop a plan for putting it into action. You need to consider a range of things when developing your plan and finally getting an agreement from everyone that they’ll give it a go. It is also important at this point to identify if there is anything that will get in the way of doing the plan. If you can think of anything, this is the time to try and resolve it.”
STEP 7: Implement and review

Implement the action plan. Indicate that you will both review how things have gone at the next time you meet. Provide the parent with the completed handout of the example you worked through together, as well as a blank handout, which they might use to plan a future solution to a problem. It is important to reassure the parent that not all solutions that are attempted will work, and that sometimes more than one solution will need to be trialled. Part of effective problem solving is being able to adapt when things don’t go as well as expected.

For example:
“The last step, once you’ve got your plan is to put it into action and then check to see if it has worked. Your plan should include a review date. The review date needs to be appropriate for the problem and solution you’re dealing with. That is, the review date should be set according to whether the behaviour has had enough time to occur (or not occur). For example, for a problem that has been occurring frequently, you might review after a two week trial. For a problem that has been occurring infrequently, you might want to review after a longer review period, such as four months.”

Review the action plan. When you return to the problem at hand at a later stage, ask what has worked well, what hasn’t worked so well, and what could be done differently that might make the solution work more smoothly. It is important that you model these problem solving skills when teaching this process. When parents observe you actively dealing with problems using such an approach, they may be more likely to try it themselves.

Three key areas to focus on in the review:

1. Check-in: What happened when the parent/child took action?
2. Trouble shoot: If there was no action taken, explore the reasons why and review the goal and problem. Address any barriers to action and suggest possible solutions to these barriers.
3. Modify the action plan: Are more actions required to address the problem? Is it necessary to go back to brainstorming and come up with additional solutions to add to the list of possibilities?
Example family problem solving scenarios to work through:

TELEVISION: Siblings arguing over which television program to watch.

CHORES: Siblings arguing over who should do the dishes. Each says it is the other’s turn to do them.

TOYS: Two children wanting to play the same game and they won’t stop arguing.

VIDEO GAME: An older child refusing to allow the younger sibling to play the game.

FRIENDSHIPS: A caregiver being concerned about a group of friends their child is spending time with.

Additional teaching guidelines for problem solving skills

- If you are going to try problem solving, particularly when it is around issues that are causing conflict, it is a good idea to do it when emotions aren’t heated and you are able to talk calmly together. Find a time when you are unlikely to be interrupted and stress that you want to help your child to find a workable solution to the problem.

- Teach problem solving skills in the context in which they will be used. Use authentic problems in explanations, rather than trying to teach it as an independent, abstract, de-contextualised skill.

- In a group (such as a family problem solving situation), it’s a good idea to review the problem solving process, regardless of success, so that everyone feels involved.

- Advise the caregiver and/or child not to take on a problem that is not theirs to fix. If the problem concerns domestic violence issues, consider discussing referrals, safety planning, or extending the person’s support network instead.

- Set it up:
  - Is it a good time?
  - Is everyone free?
  - Is everyone relaxed and calm?
  - Try to minimise disruptions.
  - Keep the discussion brief (1 hour for adolescents and 30 minutes for children).
  - If things become heated, take a break.
### Problem solving template

**Step 1.** The problem I want to work on is:

**Step 2.** Possible Solutions | **Step 3.** Positives (P) & Negatives (N) | Rating 1-10
---|---|---
| | | |
| P | N | |
| P | N | |
| P | N | |
| P | N | |
| P | N | |

**Step 4.** The selected solution is

**Step 5.** Plan things to do:

I. ..............................................................

II. ..............................................................

III. ..............................................................

IV. ..............................................................

**Step 6.** Review date:..............................................................
Problem solving and decreasing aggression (younger child) – The turtle technique

**WHO**
- Parent/caregiver; pre-school aged child

**WHERE**
- Agency, home setting

**HOW**
- Practitioner led, one-on-one

The ‘Turtle Technique’ was developed by Robin & Schneider (1976) as a method for teaching children behavioural self control. The Turtle Technique provides a model for children to manage their aggressive impulses by using the image of a turtle who ‘takes time to think’ when he feels angry, by tucking into his shell. The child then learns to develop better self control in response to a problem by following three simple steps for calming down and then problem solving. The Turtle Technique is now a critical feature of the PATHS Curriculum in schools.

**Outcomes**
- Decreased aggressive behaviour
- Increased self control and self regulation
- Improved problem solving skills
- Improved peer interaction.

**How you do it:**

**STEP 1: Provide rationale—Explain the concept to the parent and read story of ‘Tucker the Turtle’**
- Sit with the child and parent and read the ‘Tucker the Turtle’ story to their child.
- Encourage the parent to read the story. This may strengthen engagement by the parent in the use of the technique.

**STEP 2: Teach ‘tuck’ response to emotional situation**
- Discuss a situation when the child has become angry or aggressive or together make up an imaginary incident.
- Have the child imagine that they are the turtle withdrawing into their shells, pulling their arms close to their bodies, putting their heads down, and closing their eyes.

**STEP 3: Take three deep breaths**

- Have the child take three deep breaths whilst ‘inside’ the shell to relax muscles and cope with emotional tensions.
  *(See: Controlled breathing (child), page 44 for detailed instructions on this strategy).*

**STEP 4: Problem solve an alternative response**
- Encourage the child to use social problem solving to generate prosocial alternative responses.
- Emphasise to the child that they have additional choices other than giving in to the initial impulse.
  *(See: Problem solving (child), page 8)*

Turtle Technique

Step 1
Recognize that you feel angry.

Step 2
"Think" Stop.

Step 3
Go into shell.
Take 3 deep breathes.
And think calm, coping thoughts.

Step 4
Come out of shell when calm and think of a solution.
Tucker Turtle Takes Time to Tuck and Think

A scripted story to assist with teaching the "Turtle Technique"

By Rochelle Lentini
March 2005

Tucker Turtle is a terrific turtle. He likes to play with his friends at Wet Lake School.
But sometimes things happen that can make Tucker really mad.
When Tucker got mad, he used to hit, kick, or yell at his friends. His friends would get mad or upset when he hit, kicked, or yelled at them.
Tucker now knows a new way to “think like a turtle” when he gets mad.
He can stop and keep his hands, body, and yelling to himself!
He can tuck inside his shell and take 3 deep breaths to calm down.
Tucker can then think of a solution or a way to make it better.
Tucker’s friends are happy when he plays nicely and keeps his body to himself. Friends also like it when Tucker uses nice words or has a teacher help him when he is upset.
The End!
Promoting better sleep routines (infant)

<table>
<thead>
<tr>
<th>WHO</th>
<th>WHERE</th>
<th>HOW</th>
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<tbody>
<tr>
<td>Infant</td>
<td>Agency, home setting</td>
<td>Practitioner led, one-on-one</td>
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</tbody>
</table>

Teaching an infant to soothe themselves to sleep is the first step to encouraging a child’s independence, resilience, optimism and mastery. Helping parents (particularly new parents) to gain confidence in their ability to set limits and establish routines related to their infant’s sleep will also provide them with the skills and confidence to address later parenting challenges.

**Outcomes**
- Easier temperament
- Maintains healthy body
- Strengthened immune system
- Increased energy levels, learning and concentration.

**How you do it:**

**STEP 1: Provide rationale**

For example:
“Babies need to learn how to fall asleep on their own at bedtime, just as they learn many other skills. It’s harder for some babies to learn this. There are some things families can do to help their baby learn to settle to sleep independently.”

**STEP 2: Identify baby’s sleep habits**

To help babies learn to settle themselves to sleep, families can first work out what sleep habits their baby has for falling asleep. Families might think about:

*Where is the baby normally put down to sleep?*
- Is the baby in the habit of falling asleep in the same place every night?
- Is it where he wakes during the night?

*If the baby cries when put in his cot, what does the family do?*
- Is baby in the habit of being picked up, cuddled or rocked to sleep?
- Does he need this to re-settle during the night as well as at bedtime?

*Is the baby put to bed when asleep or awake?*
- Is the baby in the habit of being rocked, fed or patted to sleep? Or is he put down to sleep when he is drowsy, but still awake?
- If he is awake, how is he settled? Whatever families are doing to settle him for the night, he is likely to want when he wakes during the night.
Is a dummy used?

- If baby has a dummy, can he put the dummy back in his mouth himself during the night, or does he need someone to help him find his dummy in the night?

Some other things to consider:

- Is the baby getting enough sleep during the day? If he is not having regular daytime sleeps, he could be overtired, making him more difficult to settle at night. Families might want to think about giving baby more or longer daytime sleeps.

STEP 3: Phase out habits related to night waking

Put the baby to bed drowsy but awake. Families can help their baby develop new sleep habits by putting him in his cot drowsy but awake. This gives him the opportunity to learn how to settle to sleep without help from family members. It is likely that the baby will need some help learning to settle himself to sleep, and a positive bedtime routine will make this easier (see Step 4).

Break the link in the baby’s mind between feeding and sleep. If the baby is in the habit of falling asleep while being fed, he may be in the habit of depending on feeding to help him fall asleep. Families can begin to change this habit by trying to finish the last feed at least 20 minutes before bedtime, and feeding him outside of the bedroom so that he doesn’t associate being fed with bedtime.

If families are finding the baby’s night waking a problem, then fading out night feeds will also be an important step. Babies six months and older who are developing well and putting on weight as expected can be taught to re-settle overnight without a feed.

If a dummy is causing problems (that is, the baby needs help to find and put it back in his mouth during the night), families may decide to help their baby give up the dummy or, for older babies, families can teach them to manage their own dummy during the night.

STEP 4: Establish routines

A positive bedtime routine helps prepare a baby for sleep. This means doing the same things, in the same order, at the same time each night. A bedtime routine gives babies the message that it is almost time to go to sleep. A positive routine can include calming and soothing activities to help get the baby ready for sleep. A routine can also be used for naps during the day. An example of a bedtime routine is:

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.30pm</td>
<td>Feeding</td>
</tr>
<tr>
<td>7.00pm</td>
<td>Nappy change and put on pyjamas</td>
</tr>
<tr>
<td>7.10pm</td>
<td>Sing baby a song or read a story</td>
</tr>
<tr>
<td>7.15pm</td>
<td>Put baby down in his cot drowsy but awake</td>
</tr>
</tbody>
</table>

Bedtime routines can become cues that help babies become conditioned to fall asleep. A warm bath just before bedtime, coupled with music of soothing sounds may help cue the baby that it is time to sleep.

For an example of daytime and night time sleep routine, see: http://raisingchildren.net.au/articles/pip_newborn_routine.html
STEP 5: Encourage independent sleep

A good bedtime routine sets babies up for sleep, but families will need a way to manage crying out at bedtime or during the night when baby wakes. Research shows that controlled comforting and camping out are successful 80 per cent of the time. Controlled comforting and camping out are both ways to manage the baby’s crying out at bedtime and during the night. These techniques aim to teach babies to fall asleep without the help of an adult.

Controlled comforting is sometimes called ‘controlled crying’. It is a way that families can gradually reduce their attention to crying and calling out.

Camping out is based on the idea that the presence of an adult is reassuring to a baby. It involves the adult staying in the room, and gradually reducing the amount of help they give the baby to settle.

From around six to 12 months, babies may be more able to settle quickly and sleep through the night without needing parents unnecessarily. Recommend that parents put their baby to bed drowsy but awake in his own cot in order to associate the cot with sleep, rather than relying on a parent for comfort. Encourage the parent to resist picking up the baby as soon as he begins to protest. Ensure the baby is getting adequate sleep during the daytime and is therefore not overtired at night.

Recommended sleep requirements for infants and children

<table>
<thead>
<tr>
<th>Age</th>
<th>Recommended sleep requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under six months</td>
<td>• Newborns sleep on and off through the day and night.</td>
</tr>
<tr>
<td></td>
<td>• Babies might start moving towards a pattern of 2–3 daytime sleeps of up to two hours each.</td>
</tr>
<tr>
<td></td>
<td>• Between one and three months, the number of wakings decreases and a baby’s longest period of sleep increases.</td>
</tr>
<tr>
<td></td>
<td>• Around three months of age the infant will have begun to settle into a sleep pattern of around 4–5 hours at night. But up until six months of age, many babies still require help and attention at night. They might still wake at least once at night.</td>
</tr>
<tr>
<td>From 6–12 months</td>
<td>• Babies have their longest sleep at night.</td>
</tr>
<tr>
<td></td>
<td>• Babies are in bed between 6pm and 10pm. They usually take less than 30 minutes to get to sleep.</td>
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<tr>
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<td>• Around 85–90% of infants aged 6–12 months are still having daytime naps. These naps usually last 1–2 hours</td>
</tr>
<tr>
<td>From 12 months</td>
<td>• From this age, children tend to sleep better. Some toddlers start to resist going to sleep at night, preferring to stay up with the family—that is the most common sleep problem reported by parents.</td>
</tr>
<tr>
<td>From 3 years</td>
<td>• Toddlers need around 11–13 hours of sleep a night. Some might also have a day nap that lasts for about an hour.</td>
</tr>
<tr>
<td></td>
<td>• Children aged 6–9 need 10–11 hours sleep a night.</td>
</tr>
</tbody>
</table>

*Adapted from: Raising Children Network. For more information, see [http://raisingchildren.net.au/articles/sleep_the_hows_and_whys.html](http://raisingchildren.net.au/articles/sleep_the_hows_and_whys.html)
Helpful hints and tips:

Use **Observe, Practise and Feed Back for this topic where possible.** Families might like to write down a bedtime routine for their baby.

**Sharing rooms or bed with baby.** If families share a bed with their baby, they might like to pat him briefly to settle him and turn away when he is quiet to allow him to settle to sleep on his own.

**Families may consider using controlled comforting or camping out when:**
- They have tried to phase out sleep habits associated with night waking (step 3).
- There is a positive bedtime routine in place (step 4).
- They are confident that baby is getting enough attention throughout the day.
- They feel as though the baby has become dependent on them to fall asleep.
- Families can choose the approach they are most comfortable with and try to use it consistently for a period of time. Both approaches can be demanding and tiring. Families may want to think about timing before they begin. If the child is ill or families are going through a major upheaval such as moving house, it may be best to wait until later.
- If the baby is sick, it is best to wait until he is well before using controlled comforting or camping out.
- Some people are concerned that controlled comforting can have a negative impact on a baby. No studies have shown any harm from using either controlled comforting or camping out. Follow up studies have shown that babies who have controlled comforting are more likely to sleep better in the short term and are similar to other children in terms of behaviour and sleep in the long term.

Wrapping can help reduce the survival startle reflex that produces spontaneous jerking movements during sleep. These generally fade within the first three months, and parents may be encouraged to gradually wrap more loosely and discard the wrap as this reflex disappears. For visual instruction of how to wrap a baby, see: [http://raisingchildren.net.au/articles/wrapping_newborn.html](http://raisingchildren.net.au/articles/wrapping_newborn.html)

The two main kinds of sleep problems during first years of life include: (1) repeated awakenings in one and two year old toddlers and (2) difficulty in falling asleep without parental attention. Studies suggest that parental stress, the quality of the parent–child relationship and child temperament are associated with these issues. In children with a disability, sleep problems are often attributed to neurological or physical abnormalities.

**There is no right or wrong when it comes to sleep.** It is a question of what the parent thinks is best for their child and family.

**If the child is still experiencing sleep difficulties.** If after seven days the family is still having problems with their baby’s sleep, they can talk to their doctor or child health nurse.

Further resources:

**WEBSITES**
For more information visit Raising Children Network
- [Controlled comforting](http://raisingchildren.net.au/articles/control_comforting.html)
- [Camping out](http://raisingchildren.net.au/articles/camping_out.html)
- [Sleep (general)](http://raisingchildren.net.au/sleep/newborns_sleep.html)

**BOOKS**
Promoting better sleep routines (toddler and young child)

<table>
<thead>
<tr>
<th>WHO</th>
<th>WHERE</th>
<th>HOW</th>
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</thead>
<tbody>
<tr>
<td>Toddler, young child</td>
<td>Agency, home setting</td>
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</table>

Bedtime routines help children learn to transition from the busy activity of the day to settling down for sleep. Bedtime is a time to teach children how to soothe themselves and how to relax. Having a routine that is followed every night helps a toddler get used to going to bed and staying there until he falls asleep. Bedtime is also a daily opportunity to spend quality time with a child, where families can engage in nurturing behaviours such as cuddles or sharing a story. Practitioners can help families establish a routine by providing strategies for establishing a firm and loving bedtime routine that lets the child know what to expect, and helps the child feel secure.

Outcomes
- Easier temperament
- Maintains healthy body
- Strengthened immune system
- Increased energy levels, learning and concentration.

How you do it:

**STEP 1: Provide rationale**

For example:
“Repetition and structure help children feel secure. When you are loving and firm about when it is time for bed, you are building your children’s confidence in their environment. Calling out and getting out of bed after being put to bed are two common problems with young children. A nightly routine can cut down on ‘bedtime battles’. Of course, calling out or getting out of bed is not always a problem. Kids might genuinely need something. Sometimes calling out or getting out of bed are a toddler’s way of keeping you around. Some kids might also have some anxiety around going to sleep and may not want to leave their family at bedtime.”

**STEP 2: Set up bedtime routine**

Set up a bedtime routine—encourage families to do the same things each night before bed. For example, giving the child a bath, getting into pyjamas, brushing teeth, a drink of water, a story, a hug, then say goodnight.

Families can be encouraged to spend some time together before lights out. Reading a book aloud to the child can help parents and children connect in a positive way, particularly if the day has involved struggles or tension.

**STEP 3: Tell the child what is expected**

Families should ask him to stay quietly in bed until he falls asleep. Let him know that if he calls out there will be no response. Families should not respond if the child calls out after this warning (unless of course it sounds as though something is really wrong).
**STEP 4: Encourage independent sleep**

An important part of being independent is having the skills to settle yourself down when you are tired or stressed. When kids get out of bed, families can calmly walk the child back to bed without talking to them or looking at them. Alternatively, a child-proof gate at the child’s bedroom door or simply shutting the door until the child is asleep may do the trick.

Give kids lots of praise* in the morning for going to sleep quietly and staying in bed.

Punishment the following day doesn’t work. Families can try the night routine again the following night. It may take a while before kids learn to go to sleep without fuss.

*See also Guide 2: Secure and stable relationships—Descriptive praise and Guide 1: Increasing safety—Tangible rewards for further information.

**STEP 5: Use ‘Observe Practise Feedback’ to support parents to implement sleep strategies**

Families may wish to practise using the strategies above in a ‘pretend’ situation before they try it with the child. Refer to Guide 6: Practitioner skills—Parent skills training for further information.

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|                   | • Around 85–90% of infants aged 6–12 months are still having daytime naps. These naps usually last 1–2 hours |
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| From 3 years      | • Toddlers need around 11–13 hours of sleep a night. Some might also have a day nap that lasts for about an hour.  
|                   | • Children aged 6–9 need 10–11 hours sleep a night. |

* Adapted from: Raising Children Network: The How’s and Why’s of Sleep
Helpful hints and tips:

- **Check that the toddler has done everything he needs to do before he gets into bed.** Has he had a drink? Been to the toilet?

- **Put the child to bed around the time when he gets tired.** He will be more likely to fall asleep. If the child does not get tired until late, families can start with that bedtime and then begin to bring it forward 5–10 minutes each week until an earlier bedtime is reached.

- **The two main kinds of sleep problems during first years of life include:** (1) repeated awakenings in one and two year old toddlers and (2) difficulty in falling asleep without parental attention. Studies suggest that parental stress, the quality of the parent–child relationship and child temperament are associated with these issues. In children with a disability, sleep problems are often attributed to neurological or physical abnormalities.

- **If bedtime struggles start after a big change or loss in the child’s life,** then it may be a sign the child is feeling stressed or worried. Families can work on relieving the stress in the child’s life first. Spending a little more time with the child before lights out and the use of positive nightly routines will also help.

- **If the child is still experiencing sleep difficulties,** families can discuss their child’s sleep with a health professional if the child is really worried about night-time or about separating from their family.

Further resources:

**WEBSITES**
The Raising Children Network website article on positive bedtime routines may be useful:
http://raisingchildren.net.au/articles/positive_bedtime_routine.html/context/615

**BOOKS**
Adequate sleep is necessary to solidify new memories or skills, and thus is particularly important in relation to performing well at school and work. In contrast, a lack of sleep can have a negative effect on behaviour, emotions, attention, social relationships and performance at work and school. Stressful situations that might otherwise have been easily managed when feeling well rested may present themselves as insurmountable challenges when tired. Research suggests children aged 12–15 years require 9 to 10 hours sleep each night to be sufficiently alert during the day. But the majority of adolescents are not getting this much, which is why excessive daytime sleepiness is a widespread problem affecting many areas of functioning. In general, adults need about 7–8 hours of sleep a night to feel properly rested, although this varies from 5–10 hours, depending on the individual.

Outcomes
- Maintaining healthy body
- Strengthening immune system
- Increased energy levels, learning and concentration.

How you do it:

**STEP 1: Establish routines**
- Establish a routine that involves going to bed and waking up the same time every day.
- Allow around 40 minutes to one hour to do wind-down activities before bed.
- To change a bedtime and promote longer sleep hours, help adjust the body clock by making the change in small daily increments, such as going to bed 15 minutes earlier each day.

**STEP 2: Ensure an adequate sleep environment**
- Ensure the sleep environment is adequate, for example, suggesting that any electronic stimulation in the bedroom is switched off at least one hour before bedtime.
- Ensure any light stimulation from computer monitors, television and other devices such as iPads are switched off as these can stimulate the mind, rather than relax it.

**STEP 3: Encourage good health and nutrition**
- Feeling hungry or too full before bed can cause people to feel more alert or uncomfortable. This can make it harder to get to sleep.
- Physical activity has been shown to increase the total sleep time of children during adolescence. Ensure that exercise is finished 5 to 6 hours before bedtime. The stimulation and increase in body temperature can make it harder to get to sleep.
### Suggestions for establishing good sleep routines*

<table>
<thead>
<tr>
<th>Do’s</th>
<th>Don’ts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drink soothing drinks like herbal tea or warm milk before bed.</td>
<td>Consume caffeine 6 to 8 hours before bed.</td>
</tr>
<tr>
<td></td>
<td>Consume alcohol, which can reduce sleep quality.</td>
</tr>
<tr>
<td>Have all electronic devices recharging in the kitchen or rooms other than bedroom; turn the phone to silent. Encourage adolescents to connect with friends during the day, rather than late at night.</td>
<td>Have TVs or mobile phones in bedroom.</td>
</tr>
<tr>
<td>Make a list of things that need to be completed before the next day.</td>
<td>Plan in bed.</td>
</tr>
<tr>
<td>If awake during the night, try getting up and doing something relaxing like reading under dim light. Return to bed when drowsy. Use relaxation techniques^ to help with sleeplessness, such as</td>
<td>Stay in bed worrying about falling asleep.</td>
</tr>
<tr>
<td>- Controlled breathing</td>
<td></td>
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<tr>
<td>- Progressive muscle relaxation</td>
<td></td>
</tr>
<tr>
<td>- Visual imagery</td>
<td></td>
</tr>
<tr>
<td>Maintain a regular sleep pattern.</td>
<td>Take long naps which can interfere with a steady sleep pattern.</td>
</tr>
<tr>
<td>Work on worries or problems during the day.</td>
<td>Attempt to solve problems in bed.</td>
</tr>
</tbody>
</table>


^ See Active Relaxation practice guides for more information.
**Helpful hints and tips:**

**For adolescents**
- Involve older children and adolescents in solving their own sleep issues. Useful questions may include:
  - “Does it take you a long time to get to sleep?”
  - “What makes it harder for you to get to sleep?”
  - “What are some things you think could help you get more sleep?”

- Mental health and sleep are closely connected. Being tired all the time can contribute to mental health issues such as anxiety and depression. But a mental illness such as depression might also lead to sleeping problems. Young people with depression often have difficulty falling asleep, have trouble getting up, feel very tired during the day, or sleep in very late in the day. If these signs have been present for more than two weeks, it’s a good idea to talk to the young person about your concerns. Also seek professional advice from a GP or school counsellor.

**For adults**
- It’s possible to ‘catch up’ on missed sleep. Parents can make up for missed sleep during the week by sleeping more on the weekend. Catch up on rest whenever you get a chance.
- Even if parents find it difficult to fall asleep during the day, lying down and resting can restore energy levels.
- Reducing caffeine and other stimulants can improve sleep quality. Although they may improve functioning and alertness in the short term, in the long term they make resting and sleeping more difficult.

**For new parents**
- Try to encourage new parents to share the work with partners, a family member or a friend so that both feel as rested as possible. Taking turns or shifts for night-time duties can really make a difference. This might be harder for mothers who are breastfeeding. In this case, encourage parents to rest when the baby is resting.
- Taking breaks can assist with stress. If a friend, partner or relative can stay with the new baby for a little while, taking a break can assist. Even a walk around the block can dissolve some stress.

**Further resources:**

**WEBSITES**
For further information and resources on sleep for children aged 12–15 years, see:
- [http://raisingchildren.net.au/articles/sleep_early_teens.html](http://raisingchildren.net.au/articles/sleep_early_teens.html)

- [https://www.youthbeyondblue.com/](https://www.youthbeyondblue.com/)

**BOOKS**
Progressive muscle relaxation

Progressive muscle relaxation involves having a child pay attention to each muscle group, taking note of the difference between tense muscles and relaxed muscles. It involves relaxing each part of the body one by one. Parents/caregivers should be encouraged to participate. This models the activity for the child, as well as providing an excellent opportunity for connection, bonding and fun. Allow one to three minutes for this exercise, depending on the age and concentration level of the child.

**Outcomes**
- Reduced stress hormone levels
- Increased ability to cope with stress
- Increased child independence
- Increased ability to exercise greater self control over behaviour
- Increased ability to handle interpersonal situations
- Improved behaviour and social adjustment
- Potentially reduced hyperactivity in children, as in attention deficit hyperactivity disorder (ADHD).

**How you do it:**

**STEP 1: Provide rationale**
- Start by saying that we are going to understand and explore how muscles can be tight or relaxed.
- Explain that when our bodies are tense it is difficult to feel good, to play with friends and to sleep well.
- This exercise can also be initiated by providing a hard (e.g. superhero action figure) and soft toy (e.g. floppy ragdoll) for the child to touch while the practitioner discusses how hard or soft each is.

**STEP 2: Tense and relax muscles in hands**
- Explain to child that they are going to relax the muscles in their right hand.
- Use an analogy like squeezing an orange or lemon.

**For example:**
“Pretend you have an orange in your right hand and squeeze as hard as you can. (Hold the squeeze for about five seconds.) Pay attention to the tension in your muscles. Now, drop the orange and let your muscles relax.”
- Repeat for the left arm.

**STEP 3: Tense and relax arms**
- Have the child feel the difference between tense arms stretched above their head. Encourage them to stretch as far as they can. Then let their arms drop by their sides without controlling them—just allow them to fall.
- You might use the phrase: “let them drop and be floppy like an old rag doll…”
- Repeat stretching arms in the air [hold for three to five seconds] and drop again.
- You might modify the script here to pretend to be a cat, doing a long lazy stretch.
STEP 4: Tense and relax face and nose

- Have the child scrunch up her nose as tight as she can, making lots of wrinkles in her face. You might use the analogy of a ‘pesky fly’ that has landed on the tip of her nose.*
- Now relax, or say: “Relax your face so you are like the old rag doll.”
- Repeat (tense face) and relax.
- Draw attention to the difference between the two muscle-states by asking the child to notice how relaxed her face feels.

* You might modify the script here to pretend they are an old man or woman, making as many wrinkles as they can

STEP 5: Tense and relax legs and feet

- Use a beach or mud metaphor and have the child imagine she is standing bare foot in the sand/mud.
- Have her squeeze her toes into the sand.

For example: “Feel the wet sand squish between your toes, using the muscles in your legs to squeeze your toes into the sand as hard as you can. Relax the muscles in your legs. Feel the tension wash away into the ocean.”

- Repeat, and encourage the child to ‘dig deeper into the sand’ on the second turn.
- Then have her relax her toes and relax her legs.

STEP 6: Practise whole body relaxation

- Encourage the child to pretend she is a rag doll. Let your entire body go limp (perhaps even flop forward from the waist with the arms hanging down).
- Draw the child’s attention to the relaxed state.

For example: “Notice how good it feels to be relaxed. Now, just stay here and enjoy the feeling.”

STEP 7: Reflect whole body relaxation

- Announce that you are going to slowly count to three and that the child should open her eyes on the third count.
- Reflect by asking the following questions:
  - “Do you feel different than you did before we started?” (Let the child answer).
  - “Tell me what’s different about how you feel now?” (Let the child answer).

STEP 8: Encourage the child and caregiver to practise

- Remind the child that whenever she feels anxious, she can take a few minutes to tighten muscles; then relax them.
- Provide a script for the caregiver and encourage the child and caregiver to practice this as a daily activity—perhaps when the child arrives home from school or before bed.
Alternative progressive muscle relaxation techniques for younger children

Carrots and spaghetti game

- Pretend to make your body look like a carrot stick (very straight and tall). Check by gently trying to move the child’s arm or leg. Explain that when we are very stiff, we shouldn’t be able to move the arm or leg very easily.
- Then pretend to be floppy spaghetti or noodles. Hang over at the waist with arms flopping by the sides.
- Play the carrot/spaghetti game. Call out “carrot stick” so that everyone becomes stiff and tense in the position of the carrot. Call out “floppy spaghetti” and everyone must relax muscles to become limp. Alternate between the two, call out the same (either carrot or spaghetti) twice in a row and so on, in order to keep the child interested and engaged.

Helpful hints and tips:

- Modify the script so that it works in the best way for the child. Keep the child interested by changing the script every now and then.
- Practise going through the steps of the script on each visit (whenever possible). Aim to have the caregiver present and also taking part. This not only models the technique to the caregiver/parent, but it allows both parent and child to practise the strategy to the point where they feel confident using it on their own.
- After a few times of leading the child through the technique, swap and ask the child to lead you. Prompt wherever necessary and provide lots of praise when the child is able to recall the steps on their own.
- For children who have difficulty falling asleep, schedule these exercises to be done before bed to relax the child to the point where falling asleep becomes more manageable.

Further resources

FOR CHILD

FOR ADULT
- See the Raising Children Network, Reducing stress with muscle relaxation, which can be retrieved at: http://raisingchildren.net.au/articles/tools_for_the_stressed_parent_relaxation_technique.html

CDs and BOOKS
- There are more detailed exercises on DVDs and CDs and in books on stress management. Look in your local library or bookshop or check online.
Controlled breathing (child)

<table>
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<tr>
<th>WHO</th>
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<tbody>
<tr>
<td>Pre-school, school-aged child</td>
<td>Agency, home setting</td>
<td>Practitioner led, one-on-one</td>
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</tbody>
</table>

When people become upset and stressed, they tend to breathe quickly and shallowly. Controlled breathing is one skill that you can teach a child to help them soothe and calm themselves and bounce back from stressful situations. Once calm, the child is in a better position to make choices about how to deal with stress using problem-focused strategies. The general rule of thumb when teaching controlled breathing is that the inhalation breath needs to be shorter than the length of the exhalation.

Outcomes
- Increased child independence
- Increased ability to cope with stress
- Increased ability to exercise self control over behaviours
- Improved behaviour and social adjustment.

How you do it:

**STEP 1: Provide an age appropriate rationale to the child**

The ‘puppy dog’ analogy is a useful introduction:

“Imagine a puppy running like crazy all over the yard. That puppy is probably panting—breathing really quick, shallow breaths. That’s the way we breathe when we get upset about something. When you breathe like this, it can make you feel like you can’t calm down.

Now imagine a big dog lying out in the sun, resting. He takes nice, slow breaths. When you breathe like that, it helps your body calm down. You can learn to take nice, slow breaths to help your body calm down whenever you start to feel upset.”

This leads into the rationale for learning and using calm breathing.

“That is what we are going to practise doing now. We are going to be like the calm big dog lying out in the sun taking nice deep breaths from the diaphragm”.

**STEP 2: Set up the environment for relaxation**

- Have the child think of their favourite colour and keep it in mind.
- Invite the child to get comfortable, sitting in a chair with feet flat on the ground and hands resting comfortably in their lap. Let them know they can keep their eyes open or closed, whichever feels better.

**STEP 3: Demonstrate slow inhalation**

- Have the child take a slow, small breath in through their nose with their mouth closed while you count to five.
- Encourage them to breathe from their abdomen, imagining their stomach is filling up like a balloon. This can take a while so practise with the child until you see they are breathing correctly.

For example:

“While you breathe in, put your hand on your stomach so you feel it fill up with air like a balloon. Keep thinking of your favourite colour and imagine you are breathing it in slowly. Bluuuue.”
**STEP 4: Pause**

- Instruct the child to hold their breath about two counts.

**STEP 5: Exhale slowly**

- Exhale slowly through the nose or mouth to the count of five.
- You might suggest the child visualise they are breathing out any grey, bad feelings inside and getting rid of them, or to use a soothing word internally like this: “c-a-a-a-a-a-l-m.”

**STEP 6: Invite the child to practice with you**

- Invite the child to close their eyes and practice the steps whilst you guide.
- Count aloud to guide them through the process.
  
  **For example:**
  
  “Breathe in (one, two, three), Now pause (two, three), And exhale (two, three, four).”

**STEP 7: Invite the child to practice on their own**

- Invite the child to practise at their own pace for three breaths, and then go back to breathing normally.

**STEP 8: Set controlled breathing as a ‘homework’ activity**

- Have the child aim to practise this every day.
  
  **For example:**
  
  “It’s best to practise this every day. Practising when you’re calm and happy is easier—maybe first thing in the morning.”

**STEP 9: Choose a high-anxiety time during the week to practice using the strategy**

- Once the child feels reasonably confident using controlled breathing in a safe and non-stressful environment, help them choose a time when they will use the calm breathing strategy (e.g. an upcoming tennis match/speaking in front of the class/when Mum and Dad argue).
- Check back in with the child on the next home visit and find out how they went in using the strategy.
- Troubleshoot any barriers to using the strategy and provide positive praise (whether it was successful or not) for any attempts by the child to use controlled breathing.
Increasing coping/self regulation

Practice Resource Guide

Helpful hints and tips:

- Practising on a regular basis when feeling calm (such as first thing in the morning) will help the child learn the skill better.
- Many people think that taking a deep breath helps them calm down. In fact, taking a deep breath can actually lead to more feelings of anxiety. The best way to cope with anxiety is to take a normal breath and exhale slowly.
- Reassure the child that sometimes when people first start to relax, they get more anxious before they get calmer. This is normal. Encourage them to continue to breathe and focus on calming, and in turn this reaction will probably go away.
- When first using this strategy, start with lower counts (e.g. around 3–4) and gradually build up to longer counts (e.g. 5 counts inhale, 4 counts hold, 7 counts exhale). The timing of breathing does not really matter, but rather that the child keeps to the rule of thumb that their exhalation should always last longer than their inhalation.
- Emphasise that it takes time and practise to master this skill so that it comes naturally when upset. Insist that it is a skill that needs to be practised on a regular basis, particularly when calm.

Alternative controlled breathing techniques for (younger) children

Bubble breathing (Requires bubbles)

- The practitioner playfully does short, angry breaths that produce few, if any, bubbles.
- Then produce some long, relaxed breaths as they demonstrate bubble-making.
- The child is praised for long, relaxed breaths that result in big or numerous bubbles.
- Once the child has the hang of breathing slow controlled breaths and is producing numerous bubbles, the level of difficulty can be increased by using a game format. The person who can control their breath enough to blow one single bubble at a time gets a second turn. If not, they pass the bubbles on.
Controlled breathing (adult)

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<tr>
<th>WHO</th>
<th>WHERE</th>
<th>HOW</th>
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</thead>
<tbody>
<tr>
<td>Caregiver/parent; adolescent</td>
<td>Agency, home setting</td>
<td>Practitioner led, one-on-one</td>
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</tbody>
</table>

When people become upset and stressed, they tend to breathe quickly and shallowly. Controlled breathing is one skill that you can teach an older child (from the age of around 12 upwards) or caregiver to help calm strong reactions. Once calm, the adult is in a better position to make choices about how to deal with stress using problem-focused strategies. The general rule of thumb when teaching controlled breathing is that the inhalation breath needs to be shorter than the length of the exhalation.

Outcomes
- Reduced stress hormone levels
- Increased ability to cope with stress
- Increased ability to exercise greater self control over behaviours
- Increased ability to handle interpersonal situations
- Improved behaviour and social adjustment.

How you do it:

**STEP 1: Provide rationale and psycho-education**
- Have the adult place one hand on their stomach and one hand on their chest.
- Ask them which hand they feel rising as they breathe naturally. If the adult answers that they notice the hand on their chest is moving more, this is an indication of ‘shallow breathing’, which is often the way we breathe when under stress.
- Provide some education on the difference between calm breathing, which is generated from the diaphragm (stomach), and shallow/anxious breathing, which is generated mostly from short sharp intakes and exhales from the lungs.
- This leads into the rationale for learning and using calm breathing where the focus is on taking longer, deep breaths from the diaphragm.

**STEP 2: Set up the environment for relaxation**
- Encourage the adult to choose a “cue word” for relaxation. Most people find words like “calm” or “relax” work well.
- Invite the adult to get comfortable, sitting in a chair with feet flat on the ground and hands resting comfortably in their lap.

**STEP 3: Demonstrate slow inhalation**
- Take a slow, small breath in through your nose with your mouth closed to the count of three.
- Focus on extending your abdomen while you breathe in slowly. Use the analogy that the person is trying to gently fill their stomach with air like a balloon (the abdomen should rise as you breathe in).

**STEP 4: Pause**
- Pause for around two counts.
**STEP 5: Exhale slowly**

- Exhale slowly through the nose or mouth to the count of five.
- You might suggest the parent use a soothing word internally as they breathe out like this: “c-a-a-a-a-a-l-m.”

**STEP 6: Invite the adult to practise with you**

- Invite the caregiver/parent to close their eyes and practise the steps whilst you guide.
- Count aloud to guide them through the process.

For example:

“Breathe in (one, two), Now pause (two, three), And exhale (two, three, four).”

**STEP 7: Invite the parent to practise on their own**

- Invite the parent to practise at their own pace for five breaths.
- During the space you give for the adult to practise controlled breathing on their own, gently advise the person that they may be distracted by thoughts. Encourage them in a calm voice to stay focused on their breathing.

For example:

“Do this on your own for about five breaths. [Pause for 1 minute]. If you find yourself getting distracted by thoughts, plans, worries; you may acknowledge them . . . and simply return to settle your attention on the breath. Inhalation . . . Exhalation . . . Try to have your thoughts and feelings in the background, and your attention on your breathing in the foreground.”

- Then gently invite them to return to normal breathing.

**STEP 8: Set controlled breathing as a ‘homework’ activity**

- Have the adult aim to practise this every day.
- They can vary the length from five to 15 breaths, depending on how much time they have.

**STEP 9: Choose a time during the week to practise using the strategy**

- Once the adult feels reasonably confident using controlled breathing in a safe and non-stressful environment, have them commit to finding a time in the week in which they can implement this strategy. For example, taking five controlled breaths the next time they overhear their children arguing in the next room, so that the parent feels physically calmer before making a decision about how to manage the situation.
- Check in with the parent on the next home visit and find out how they went in using the strategy.
- Troubleshoot any barriers to using the strategy and provide positive praise (whether it was successful or not) for any attempts by the parent to use controlled breathing.
Helpful hints and tips:

- Practising on a regular basis when feeling calm (such as first thing in the morning) will help the person learn the skill better.

- Many people think that taking a deep breath helps them calm down. In fact, taking a deep breath can actually lead to more feelings of anxiety. The best way to cope with anxiety is to take a normal breath and exhale slowly.

- Reassure the person that sometimes when people first start to relax, they get more anxious before they get calmer. This is normal. Encourage them to continue to breathe and focus on calming, and in turn this reaction will probably go away.

- When first using this strategy, start with lower counts (e.g. around 3–4) and gradually build up to longer counts (e.g. 5 counts inhale, 4 counts hold, 7 counts exhale). The timing of breathing does not really matter, but rather it’s important that the person keeps to the rule of thumb that their exhalation should always be longer than their inhalation.

- Emphasise that it takes time and practise to master this skill so that it comes naturally when upset. Insist that it is a skill that needs to be practised on a regular basis, particularly when calm.
## Mindfulness and visualisation (adult)

<table>
<thead>
<tr>
<th>WHO</th>
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<tbody>
<tr>
<td>Adolescent and adult</td>
<td>Agency, home setting</td>
<td>Practitioner led, one-on-one</td>
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Mindfulness is defined as a moment-to-moment awareness of one’s experience without judgment. Mindfulness exercises are predominantly visualisation scripts that encourage the person to focus on a single object or place and relax in the present moment. These self-regulation practices focus on training attention and awareness in order to bring mental processes under greater voluntary control and thereby foster general mental well-being and development and/or specific capacities such as calmness, clarity and concentration. Through practise, mindfulness activities assist in slowing the breath whilst simultaneously filtering out distractions, and studies have demonstrated that mindfulness is associated with reduced rumination, stress reduction, and improved working memory. These cognitive gains, in turn, contribute to effective emotion-regulation strategies.

**Outcomes**
- Improved cognitive functioning and attention
- Reduced symptoms of stress, anxiety and depression
- Relapse prevention for mental health and substance misuse
- Improved emotion regulation skills
- Assists with pain management.

**How you do it:**

**STEP 1: Provide rationale**

Provide rationale to the adult, for example:

“*When we are practising mindfulness, we aim to pay attention to our thoughts, feelings, and experiences without judging them as good or bad. Being able to be more mindful takes time. However it is worth the effort, as it is a great way to break old habits, such as worrying too much about the future or the past. Mindfulness and visualisation activities are strategies that help you to re-orient yourself in the present moment.*

*The distance achieved through these exercises helps produce a sense of calm and perspective about the situation so that you can respond rather than react to the emotion or situation.*”

**STEP 2: Teach the person a mindfulness activity**

After you have provided the rationale for mindfulness and visualisation activities, select a mindfulness activity and guide the person through it.

There are three examples of mindfulness and visualisation activities provided below. You may like to provide the parent with a copy of the script you have used, or a taped version of the script, so that they can practise at home.

**STEP 3: Emphasise the importance of practise**

It is important to emphasise that parents continue to practise the strategy of mindfulness. For example, you might say something like:

*“The key to getting something out of mindfulness based strategies is to do it regularly. This does not mean sitting for long periods of time. You might start with just two minutes a day, and then five, and then 10 minutes. You might practise once a day for a while, and then twice a day. For example, first thing in the morning, and just before you go to sleep.”*
Mindfulness activities/scripts

(1) Mindful Breathing (5 to 10 minutes)

Invite the adult to sit on a straight-backed chair or cross-legged on the floor in a position that they feel comfortable in. When ready, begin the script:

“Let your breathing become slow and regular. Inhale through your nose and exhale through your mouth, nice and slowly for a few breaths to centre yourself. Focus on your breathing, becoming aware of each breath. Breathe easily through your nose, in and out: inhalation... exhalation... You may also become aware of your abdomen rising and falling with each inhale and exhale. There is no need to control or manipulate your breathing in any way. Simply notice the rising and falling of your chest and belly as you inhale and exhale. (Pause for a minute or two). Keep your focus on your breathing.

Now focus on the sensations of your body on the chair or couch on which you are sitting. Feel the pressure, weight and warmth against where the chair or couch makes contact with your body. (Pause).

If you notice your mind wandering, getting lost in thoughts, plans or worries, this is perfectly normal. Simply acknowledge where your thoughts have been, and then gently bring your awareness back to your breath. You might tell yourself: ‘that may be an important issue but right now I’m practising mindfulness’. Keep your attention focused on breathing and your thoughts and feelings in the background. (Pause for a minute or two).

Remind yourself as you breathe that the intention is simply to be aware of your experience in each moment, using the breath to anchor yourself in the here and now.” (Pause for a minute or two).

Bringing the mindfulness activity to a close:

“When you feel ready, slowly open your eyes and return to ordinary, everyday awareness. You may return to this exercise at any point during the day.”

(2) Visualisation/Guided Imagery

Provide rationale

“Thinking about peaceful places can help us to relax. For you, this might be imagining that you are walking through the bush, in a field full of sunflowers, amongst mountains or lying on a tropical beach.

In visual imagery you are led through a particular scenario. By focusing on a relaxing picture or image, you relax your mind and free it from anxious thoughts, which can also help to relax your body. If any unnecessary thoughts or other images come up, you gently redirect your attention back to the visual imagery exercise.”

[Below is a sample visual imagery script you might use].

Leaves on a stream script

“Imagine yourself standing on a bridge over a stream. There is a nearby tree which is gradually dropping its leaves onto the stream. These leaves represent each of your thoughts. As the leaves land on the stream you simply watch them move with the current, drifting off down the stream, and eventually out of your sight. The trick is to just try and observe each of the leaves, or thoughts, and then let them go without engaging with them or holding onto them. At times you may find that you do get stuck on a leaf/thought, as soon as you can, just place it back on the stream and let it drift away while starting to again watch the other leaves/thoughts drifting by.”
(3) Mindfulness in Daily Life

Provide rationale and instruction
“Choose one routine activity in your daily life and make a deliberate effort to bring moment-to-moment awareness to that activity. As you engage in the activity, take time out to observe your experience with all five senses in a non-judgmental way. Accept that your mind will wander whilst doing this. When this happens, simply notice it when it occurs, and then refocus your attention on the task at hand”.

Suggested activities could include simple, everyday activities such as:

- **Walking**: “concentrate on the feel of the ground under your feet, your breathing, and observing people or things around you; for example, look at the sky, feel the wind against your skin and the temperature of your skin. Try to let your thoughts about past or future experiences or worries go, and bring your thoughts back to settle on the present moment”.

- **Eating**: eat a meal (or a snack, such as an apple) paying full attention to which piece of food you select, its smell, taste and the texture of the food in your mouth as you chew each piece slowly

- **Other activities include**: brushing teeth; bathing; washing dishes and so on.

Further resources

WEBSITES
Mindful Awareness Research Center, University of California Los Angeles (MARC, UCLA; http://marc.ucla.edu.)

BOOKS

Helpful hints and tips:

FOR PARENTS
Practice is recommended for 5 minutes daily. If you find it difficult to do this in one block of time, you can break it up into 1–2 minute blocks of time.

You can also introduce mini-practices throughout the day—taking 1–2 minutes to focus on slow, even breathing.
Remember that learning is a gradual process. So the more you practise the easier you will find this skill.

FOR PRACTITIONERS
Recommendations for teaching mindfulness activities include:

- Establishing an ongoing personal mindfulness meditation practise
- Professional training; such as attendance at teacher-led workshops; and
- Engaging in ongoing professional development
Physical exercise (child)

In addition to positive physical outcomes of exercise, there is strong evidence that physical activity has positive effects on self-esteem in children and young people. It can have a positive impact on moods like nervousness, frustration, anger, and studies show an ongoing effect on anxiety, depression, and behavioural problems like hyperactivity and conduct problems. Appropriate exercise can help alertness, focus, concentration, and lead to a good night’s sleep, which has its own stress-management benefits. Parents and/or caregivers do not necessarily need to enrol their child in a new activity for their child to benefit from exercise; particularly if they cite a busy schedule as a barrier, but they should be asked to think about ways to increase their child’s activity quotient each week by incorporating it into the family routine.

Outcomes
• Improved self esteem
• Reduce depression and anxiety
• Reduced behavioural problems
• Prevention of obesity and high blood pressure
• Improved sleep.

How you do it:

<table>
<thead>
<tr>
<th>STEP 1: Provide rationale</th>
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</thead>
<tbody>
<tr>
<td>• Exercise is not only beneficial physically, but has been proven to improve children’s mood. For example, some studies have shown exercise on a regular basis can be as effective as antidepressant medication in treating the symptoms of depression.</td>
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<tr>
<td>• Children will be very interested in being physically active, particularly if they find activities they enjoy. Children need to be exposed to a range of different activities until they find one that matches their skills and interests.</td>
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<thead>
<tr>
<th>STEP 2: Help kids find activities they like</th>
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<tr>
<td>• Encourage parents to try lots of different activities to find something the child enjoys and is good at.</td>
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<tr>
<td>• Play to the child’s strengths—for example, children who are good at balancing may like dance or gymnastics, while others with good hand-to-eye coordination might have a talent for cricket or tennis. Some children shy away from competitive team sports; they might be exposed to individual sports such as running or tennis.</td>
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</table>
### Ideas to incorporate exercise into everyday activities

<table>
<thead>
<tr>
<th>Encourage <strong>regular walks</strong> together. For example, walking to school, child care or kindergarten.</th>
<th><strong>Organise family activities:</strong> Expand the range of walks by following nature trails in parks, camping and by taking trips to interesting locations.</th>
<th>Encourage the child to take up an <strong>organised sport or group lessons</strong> such as swimming.</th>
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<tbody>
<tr>
<td>Involve the child in <strong>daily chores</strong> around the house, such as gardening, washing the car and raking leaves. Not only do these activities keep everyone physically active, they also help the house run smoothly.</td>
<td><strong>Putting music on and dancing</strong></td>
<td><strong>Limit TV time.</strong> Encourage parents to monitor the amount of time children spend watching television or using the computer. Aim for no more than two hours a day and preferably less than 30 minutes a day.</td>
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### Helpful hints and tips:

- If a child is really resistant to walking, think about getting a pet dog for an incentive.
- Movement is what matters—it is recommended that 30 minutes of physical activity can help boost health.
- Have the child set a goal such as three activities a week and record on the family calendar.
- Keep an activities box at home and in the car with balls, frisbee, kite, beach bucket and spade so that you’re always prepared.
- Gifts such as balls, bikes and scooters are an incentive to promote physical activity and opportunities to play outdoors.
## Physical exercise (adult)

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<th><strong>WHO</strong></th>
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<tbody>
<tr>
<td>Parent/caregiver</td>
<td>Agency, home setting</td>
<td>Practitioner led, one-on-one</td>
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Research suggests that parents are less likely to exercise on a regular basis than the general population. Common barriers to exercise cited by adults include feeling tired and being short on time. It is interesting to note that despite parents often reporting feeling too exhausted to exercise, increased activity actually boosts energy levels. Other protective benefits include increased social connections within the community, as well as relaxation and personal satisfaction with fitness and appearance.

### Outcomes
- Improved self esteem, self-efficacy; this outcome is strongest when self esteem is low
- Improved psychological wellbeing—negative correlation with depression, anxiety and stress
- Improved sleep
- Prevention of obesity, high blood pressure, stroke and diabetes
- Reduced premenstrual symptom severity
- Reduced risk of developing type II diabetes and some cancers; particularly breast cancer and colon cancer
- Increased social connections within the community

### How you do it:

#### Provide rationale
When looking after children, parents often forget to take care of themselves. Parents’ health is as important as their children’s health. The oxygen mask metaphor may be useful to introduce the idea of self care and exercise to parents. For example, have the parent imagine sitting on an airplane and putting the oxygen mask on themselves first and then on their child. Although a parent’s instinct is to take care of the child first, if the parent passes out or is incapacitated, the child is not in a very good situation! A parent has a responsibility to put themselves in a situation where they will actually be able to help their child.

**For example:**
“Your health is as important as your child’s. It’s what allows you to take care of them. But with all the focus on looking after a child or baby, lots of parents forget or run out of time to look after themselves. Being a parent is much easier and more enjoyable if you’re feeling well. Keeping healthy can stop your day-to-day emotions from seesawing too far, and an active lifestyle contributes to general happiness.”
Ideas to incorporate exercise into everyday activities

| Encourage regular walks with children. For example, walking to school, child care or kindergarten. | Organise family activities: Expand the range of walks by following nature trails in parks, camping and by taking trips to interesting locations. | Encourage the parent to take up an organised sport or group lessons such as tennis or going for a walk with others |

Helpful hints and tips:

- Movement is what matters—it is recommended that 30 minutes of physical activity can help boost health.
- A more detailed information sheet can be obtained from the National Physical Activity Guidelines for Adults, available from the Australian Government Department of Health and Ageing at www.health.gov.au
References


To find out more information about our services, go to www.benevolent.org.au

National Office
Level 1, 188 Oxford Street
Paddington NSW 2021
PO Box 171
Paddington NSW 2021
T 02 8262 3400
F 02 9360 2319
Donations 1800 819 633
www.benevolent.org.au
or find us on  

Queensland
9 Wilson Street
West End QLD 4101
PO Box 5347
West End QLD 4101
T 07 3170 4600
F 07 3255 2953