The Benefit of Supportive Relationships

Relationships are important for the health and well-being of every family. All families face difficulties. For some, the challenges are intense or too frequent for a child to manage. When a child is stressed often, is stressed for a long period of time, or experiences a severe stressor without the support of a caring adult, her body may react with a what is called a "toxic stress" response. Over time, without the right support from a trusted caregiver, this toxic stress response can harm a child's developing brain and body. But the good news is—it doesn't have to!

Supportive relationships

Parents also need reliable and supportive relationships for sharing thoughts and feelings. You can build strong relationships in your community by connecting with family, friends, faith communities, and local resources such as parenting groups. Making healthy relationships a priority will help you feel more supported, which can *improve your ability to do the following:*

- Parent in ways that help your child feel safe, cared for, and protected.
- Provide a safe space for your child to explore, learn, and grow.
- Teach your child words for different feelings, like sad, happy, and mad. Help them recognize how and where they feel these emotions in their bodies. Sometimes the first sign of feeling stress is having a tight

The first thing you can do is get support for yourself. A healthy, stable parent can more easily provide his child with a loving and supportive home life. Safe and nurturing relationships can protect children's brains and bodies from the harmful effects of stress and adversity. Other things, like healthy nutrition, daily exercise, making a good night's sleep a priority, practicing mindfulness, and getting mental health support if needed, can also help. These practices are great for you, and also for your child! chest or a clenched jaw! Labeling and understanding these emotions is an important step in learning to manage feelings in a healthy way—for both adults and children!

- Set age-appropriate limits, state expectations clearly, and be consistent with age-appropriate discipline that focuses on teaching, not punishment.
- Treat everyone in the household with respect.
- Keep adults in your household from using violent or abusive language around or directed at children.
- Avoid physical discipline with children.
- Use daily routines to provide structure and a sense of safety.
- Tell your child when there will be changes to the daily routine, and what these changes will mean for him.
- Give your child some choices—like asking if she would like to brush her teeth before or after bath time.

- Pay attention to your child's signals and respond with love and care.
- Make sure you enjoy special one-on-one time through play, stories, bath time, and shared meals.
- Let your child take the lead by letting him choose an activity and paying attention to him without distraction when you do something together.
- Recognize when you are feeling stress! When this happens, have an action plan. For instance, you might think about taking an "adult time out" for a few minutes. This will allow you to take a deep breath, refocus, and return to your family in a calmer state of mind. This is important! Because when kids see adults around them manage stress in a healthy way, they learn to do the same thing.

These practices help create safe and stable homes that are good for everyone in the family.

SOURCES

American Academy of Pediatrics. (2007). The importance of family routines. Retrieved from https://www.healthychildren.org/English/family-life/family-dynamics/Pages/The-Importance-of-Family-Routines.aspx

American Academy of Pediatrics. (2018). Sleep. Retrieved from https://www.healthychildren.org/English/healthy-living/sleep/Pages/default.aspx

Burke Harris, N. (2018). The deepest well: Healing the long-term effects of childhood adversity. New York, NY: Houghton Mifflin Harcourt.

Center on the Developing Child at Harvard University. (2012). The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain: Working Paper No. 12. Retrieved from http://developingchild.harvard.edu/wp-content/uploads/2012/05/The-Science-of-Neglect-The-Persistent-Absence-of-Responsive-Care-Disrupts-the-Developing-Brain.pdf

Center on the Developing Child at Harvard University. (2014). A decade of science informing policy: The story of the National Scientific Council on the Developing Child. Retrieved from https://developingchild.harvard.edu/resources/decade-science-informing-policy-story-national-scientific-council-developing-child

Centers for Disease Control and Prevention. (2014). Essentials for childhood: Steps to create safe, stable, nurturing relationships and environments. Retrieved from https://www.cdc. gov/violenceprevention/pdf/essentials_for_childhood_framework.pdf

Khoury, B., Sharma, M., Rush, S. E., & Fournier, C. (2015). Mindfulness-based stress reduction for healthy individuals: A meta-analysis. J Psychosom Res, 78(6), 519-528. doi:10.1016/j. jpsychores.2015.03.009

Murray, D. W., Rosanbalm, K., & Christopoulos, C. (2016). Self-regulation and toxic stress Report 4: Implications for programs and practice. OPRE Report # 2016-97. Retrieved from Washington, DC: https://www.acf.hhs.gov/sites/default/files/opre/acf_report_4_final_rev_11182016_b5082.pdf

Office of Disease Prevention and Health Promotion. (2018). Chapter 3: Active children and adolescents.

Purewal Boparai, S. K., Au, V., Koita, K., Oh, D. L., Briner, S., Burke Harris, N., & Bucci, M. (2018). Ameliorating the biological impacts of childhood adversity: A review of intervention programs. Child Abuse Negl, 81, 82-105. doi:10.1016/j.chiabu.2018.04.014

Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., Garner, A. S., ... Wood, D. L. (2012). The Lifelong Effects of Early Childhood Adversity and Toxic Stress. Pediatrics, 129(1), e232-e246. doi:10.1542/peds.2011-2663

Yousafzai, A. K., Rasheed, M. A., & Bhutta, Z. A. (2013). Annual Research Review: Improved nutrition--pathway to resilience. J Child Psychol Psychiatry, 54(4), 367-377. doi:10.1111/ jcpp.12019



