

# Healthcare is selfcare.

## THE PODCAST



### Transcript - Episode 3: Focus on the little things.

**Aloysius Ballard** *Host*     **Tyler Sexton, MD** *Pediatrician*

**Ballard:** If there's one thing we've learned it's that taking care of ourselves is key. And there are a lot of ways to do that. Selfcare has come to mean taking time for the things that make us happy, for the things that make us feel good, and for the things that keep us healthy. Healthcare is Selfcare: The Podcast presented by Singer River Health System focuses on candid conversations with medical professionals aimed at improving health and saving lives. So sit back, grab a cup of coffee, and prioritize you.

Welcome to Healthcare is Selfcare Podcast—and I am today's host, Aloysius Ballard. I am the Digital Coordinator here at Singer River Health System, and I have a great guest today. Go ahead and introduce yourself.

**Sexton:** What's up Lo! My name is Dr. Tyler Sexton, and I have the esteemed privilege and honor of being the chair and medical director of Singing River Health System's Pediatric Program.

**Ballard:** Well, Dr. Sexton, I am so excited to have you here on the podcast today. Today, we're going to talk about an amazing subject—stress in kids! What do you think?

**Sexton:** You know, it's funny. It is amazing because it's actually an undervalued topic. It's one that I think we don't appreciate. You know, we deal with stresses on our lives as adults from making money, providing for the kids, the social climate, the political climate, whatever it is. And then our physical ailments that produce psychological or emotional stresses as well.

What we don't realize—or some of us do—in my own background of having cerebral palsy, having

16 surgeries, being told I never walk, talk, or even be a doctor here with you today, by the grace of God—there's a lot of stressors that these kids go through, whether it be bullying, whether it be issues at home or at school and kids manifest stress a lot differently than adults. And I think that's what is exciting and what's fun to talk about, because we can kind of address those things and be bold to talk about it. It is real. It's important to say “You know what? Here we are. Let's talk about it and let's address it with our kids.” But also, how do we attack it? How do we make a change? And how do we make it fun at the same time?

**Ballard:** Now, let's rewind a second. Growing up, they said it was just being a child. But sometimes being a child is not just being a child. Sometimes it's a child dealing with stress. What is stress in your opinion?

**Sexton:** Sure. That's a great thing. Stress is anything that's unseen, anything that the body manifests physical symptoms of. So anything that is going to, you know, I'm talking about emotional psychological stress here. We'll talk about body stress for a minute, like viral and things like that. But a stressor can be anything that causes a psychosocial response in the child.

And what's amazing is it can be something as small as stubbing your toe or the anxiety associated with a test. Anything that creates some sort of physical reaction to a social stimulus.

**Ballard:** Now, you alluded to it being almost like a multi-layered onion, so to speak.

**Sexton:** Sure.

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**Ballard:** What are some common stressors that you have come across in your profession?

**Sexton:** Sure. So when it comes to pediatrics, a lot of that's going to be in the home, for one, is school. You know, I want to tell everybody out here, just because we are talking. I love this platform just being real and being candid because we want kids to be successful, but we put a lot of focus on performance. You got to, whether you want your kid to be the next Mike Tyson or Michael Jordan, you got to put in a bunch of practices, or I want you to be the next Albert Einstein. And you got to have all A's or you're going to go in the closet for an hour. You know, I joke, but these are things these kids are experiencing and some kids are just innately driven.

There are three types of children the American Academy of Pediatrics kind of talks about. And one is an easy child, meaning no matter what happens, they go with the flow, they pursue, and they just no matter what happens to them, they're chill. Then there's a slow to warm child, which means depending on what stressors, they start off a little bit cold or things affect them, but then they can balance out and manage certain things like stressors or emotional kind of things. Then there's something called the difficult child. No matter what you do to them, whether you self-correct them with quality discipline in terms of reward systems or takeaways, whether you admonish or reward, whatever you do, it's a tough child to navigate. And that also puts stressors on the parents because whatever type class your child is, therefore your response to stress or theirs is going to then dictate the parents response, which are putting more stressors on the kids. So understanding your child and really being open and honest with them is first a key.

You see a lot of it in school. And bullying right now in the society we're living in is a huge psychosocial stressor for these kids. And I think for me, Lo, if I was being honest, like in my own life, 20 years ago we didn't have Facebook. We didn't have the

all-time access. So when these kids got made fun of at school, they could go home and get support from their parents. Now, on Facebook, they're getting cyber-bullied and then they get bullied at school. And then the truth of it is, in some situations, as sad as it is, the home life isn't as strong and so they're getting the support at school or with their friends, but maybe not at home. So, you got to realize these stressors can come at home. They can come at school or other places as well.

**Ballard:** I want to be transparent because, as a parent myself, over the last few years, I've noticed that my child, one of our children, has developed a lot of stress and anxiety. It was very new to us as parents because our oldest never had any signs of this. Our youngest, he started to develop where he would vomit every day before he went to school. We didn't know what it was. We didn't know. We were thinking it was something he was eating or maybe he wasn't getting enough rest. But we come to find out that it was actually stressors. That leads me to ask you about similar situations. Parents like myself, who we do everything we can and sometimes it's still out of our control. How would you suggest we approach those situations?

**Sexton:** Well, first and foremost, that's a great thing and I appreciate your candor. One is working with your pediatrician and actually asking those questions. Two, in children, I'm just talking about kids from like 12 and under for now. You know, children have a totally different manifestation of physical stress, how they manifest it versus like young adults, right? So kids, what you just alluded to is classic.

One of the number one physical manifestations of psychosocial stresses at first is vomiting, headaches, abdominal pains, or chest pains. You can still see some of the nail biting and things like that that are classic, but a lot of times the physical manifestation, when you first might say, "Hey, my child every day has an abdominal pain," and notice it when he talks about a math class or right before

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school. But then on the weekends or the summer you think “My kid’s perfect. I don’t have a problem with them. What’s going on?” That is a big tell, when you know that your child is perfect, they’re just a good kid or trying to be right. But at school they notice and they just always are throwing up or having a headache and complaining. That is the number one indicator, you should say “You know what? Let me look at the physical possibility.” But also I need to really be real and say, “Could this be a manifestation of stress?”

For example, since we’re talking globally, there are great medications that do not change personalities, that are not addicting, that will change your your child’s outlook, and be able to manage the stress well. It’s not crippling, and it’s not something they have to have for the rest of their lives either. This is usually a three to six month period. And also we look at counseling.

The other big thing is being able to come out and say, “Hey, let’s talk about it as a family or with a counselor.” If nightmares appear, all of a sudden, they’re out of the blue, not just from watching a scary movie or something. But if you had a child that really had no issues at all and now all of a sudden, we’re having a nightmare about forgetting to study for a class or bedwetting. You have a child that was completely potty trained and we’re six, seven years old now, and now we’re wetting the bed a lot more. That’s a stress, and so that’s a psychological thing you need to be looking at. Now, of course, UTIs and things like that could be the problem—your doctor will check that. But we’re talking about stress here, and that’s definitely one. In younger kids, it presents a little bit more oddly.

**Ballard:** So you touched on something and—we’ll bring you back for a deeper conversation on this—a lot of people, parents included, are a little nervous about introducing medicine as a means of coping with children. You just mentioned that it’s a safe process. Can you speak a little bit more to that.

**Sexton:** Absolutely. It’s a tool. You can’t build a house with just a hammer. You need tools. And so with good counseling, good physical exercise, those kind of things, it’s a tool. But when you add medication to the global multi-disciplinary approach with your child, you can see dramatic differences. It’s not a failure as a parent. That’s the big thing now, in this community or the society we’re living in, it’s “Oh, you should you have done this better. You should have breastfed them longer. You should have saw this or got this thing.” Whatever it is—and I jest, but I want to be real—I want people to hear my transparency, too. I love this community. I love my kids. And I wouldn’t do anything to my own children—I’ve got a pair of children myself—that I wouldn’t do to my kids that I take care of in my practice. And I know that all of our pediatricians at Singing River Health System feel the same way. And we’re family. We’re moms and dads, right?

And I think that is what I want you guys to realize. That it is a tool in your toolbox. And you would be silly not to at least explore a tool that’s there and say, “Wow!” Some of you guys may be different. I liken it to this. I’m a new woodsman. I got into woodworking and things like that. And I got me a new planer, for example. And the way that cuts through wood! I had no idea that tool even existed. But when I used that tool, it changed my life. I want people to realize if you could use a tool that you may not know, talk to your doctor, talk to us and say, “What does this look like?” But when you use that tool, it’s going to change your life and it will impact these kids. And in the long and short of it, we all want what’s best for our children, and sometimes adding medication may be that.

**Ballard:** Now I love...oh, man, that was such a great example. I want to speak to some ways that we can use tools that we already have or may be discovering to help alleviate stress in our kids.

**Sexton:** Sure. The big one there is just communication, right? Finding a way when you notice stress or you notice like, say, school is a trigger or you do have a certain bully or a classroom. The big one, first of all, is demystifying the conversation. Being open

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and upfront about it for one. And then the second would be finding outlets, whether you're doing something fun because the big thing is, bottling it all up, say we'll talk about it tomorrow or whatever else—you got to find an exit or release, whether it's something as silly as going to play basketball. But that's not silly. Spending time with your child to open them up and soften the area. Because when you spend time and you're just loving the time together and spending time together, it'll open up a conversation. It'll be more casual. It's always easier to bring up a casual conversation than point blank, "What happened at school? Your teacher told me you did this." Or, "Johnny's parents called and said you did this." You know, in a more organic conversation you can start seeing the red flags that we talked about by being able to engage your children in a more organic way. You're going to be able to really touch on that.

Another big one is finding physical outlets. You know, I mean, we're all guilty of this, right? I love our video games, too, but our kids shouldn't be spending more than 2 hours in front of the TV a day. At least an hour a day out there really getting active, letting their blood pressure and their heart rate really getting up and moving. We don't do that. And I know, I'm guilty of it, too. And I try not to be and I think if you're looking at smaller—it's baby steps—you don't have to do it all right off the bat. But when you do that with these kids, you can see a dramatic difference. And then that's going to open up—it's going to decrease stress on them, but also open up your communication.

**Ballard:** You're right. I think a lot of us, we work so much, we go and we have all these other things that hinder us from just jumping out and doing these walks or shooting a game of basketball, just being outside something, unplugging. What would you say to the people who just say how do I really find the time?

**Sexton:** Well, I would say this, that I get it. Part of it. You know, we're all human. But being a pediatrician did make me a better father. Being a father makes me a better pediatrician. And I think that for me, it's

a reframing. I admire the hard-working parents out there that are trying to make ends meet. I've been there, and like I said, having cerebral palsy, being told I'd never do this—I had to be the first one up and the last one to leave to prove my worth. I know how it is working. You may or may not believe this, but I had three or four jobs to get through residency. I get it. That's why I love these parents, because I see you, how you feel, and mean it. But I do think that it's a prioritization, and I think that is where we've missed. We get so bombarded just being—talking globally, with the world today,—we're too busy thinking about what's happening overseas or with COVID or anything else. We're forgetting the blessings in our own home, I think if you really downplay it. Remember, it's you have to walk the rocks to see the mountain views. It's not A to Z, it's A to B. And I think I encourage people to take that step one day at a time. And you'll notice that every day you'll turn your stumbling blocks into stepping stones. And that's what I tell these parents. You don't have to have it all figured out. You don't have to be parent of the year. We're going to screw up. We're human. But by recognizing...I also feel the need to tell parents we need recognize we struggle with anxiety. It's us. Some fears and some anxieties are learned and you don't meant to, but you need to be able to recognize "You know what? That might be me. Let me talk about it." Just recognize it and then coming together means, you know, we can come together as a family and make some positive changes. I think that's a big one, too.

**Ballard:** I want to shift a little bit so that we can get to know you a little bit more. If you're listening at this point, you know that you've referenced your family. So let's give your family a shout out.

**Sexton:** And so, yeah, so I have a beautiful wife named Laura. She is actually a pediatric ICU doctor at Jackson's Children's Hospital, Batson's Children's. I have a daughter who's six years old, Harper Grace. And then I have a little, fat 15-month-old named Luke Sexton. He's a blessing. And I'll tell you, we

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didn't expect to have a second one and it's just been awesome. And they're my whole reason for doing it. And it's been a real blessing.

**Ballard:** I love family. Now, I'm going to give you a couple questions. And I don't want you to have to overthink them—just whatever comes to mind. We're going to play a little game called this or that. Are you an early bird or night owl?

**Sexton:** Early bird.

**Ballard:** All right, city or country.

**Sexton:** Country. Yeah.

**Ballard:** Chocolate or vanilla?

**Sexton:** Chocolate.

**Ballard:** Coffee or tea?

**Sexton:** Sweet tea—in the vein.

**Ballard:** Now. Would you rather camp out or have a hotel?

**Sexton:** A hotel. You know, I don't mind the refinements if I can.

**Ballard:** All right, so if you had to pick one super hero from Marvel to be, who would it be?

**Sexton:** Oh, man. Marvel. So I'm nondiscriminatory. I like DC and Marvel both, but if it was Marvel, it'd be Spider-Man.

**Ballard:** Yeah, for sure. I agree. What is the last movie you watched?

**Sexton:** The last movie I watched was Spider-Man Homecoming.

**Ballard:** How did you like it?

**Sexton:** It's the best movie I've ever seen. It's top ten for me.

**Ballard:** Now, this one is one that our audience loves to argue over. Dog or cat?

**Sexton:** Dogs! I mean, you guys know at my feet is my

service dog. I mean, listen, I'm going to make people mad out there, but, you know, I love it. When you have a service cat—a true service cat—I'll renounce all my bad things that I ever think about a cat. You don't see a cat wanting to serve somebody. They're not going to go fetch a stick. They're gonna look at you and say get home to feed me, you know? I mean, they're not going to come up and visit you. Actually, I have a nurse practitioner who has a cat that acts like a dog. So there are a few out there, you cat lovers that have those dog qualities. But let's be honest, it's dogs all the way.

**Ballard:** I'm gonna get you out of here before you get in trouble. So this is the part of the show where you can spotlight anything you want to spotlight and then you can tell our audience how to get in touch with you.

**Sexton:** I want to tell you guys how much it has been a privilege to impact the Gulf Coast, because it's been the greatest honor of my life. I want you guys to know that I want Singing River Pediatrics to be more than words. We are about impacting people. You know, my life, with writing the two books, the God Bless These Little Legs, and No Such Thing As Can't, especially the special needs population. We're here and we want you to be here with us. And so to get in touch with me or anything you guys need, you can call our office. And we're, of course, on the third floor of Pascagoula Hospital. And I bounce around the different hospitals, but 228-809-5419. We'd be happy to serve you when we can.

**Ballard:** Thank you for tuning in to this episode of Healthcare Selfcare: The Podcast presented by Singing River Health System.