

# How to treat a cold



For kids over one year of age, the Honey Bear offers grrr-eat relief

So many children (and their parents) have colds now. Really yucky colds, often accompanied by fever. Take heart that it's not quite flu season- the yearly flu epidemic has not yet fully hit the United States. Are you staring at the medicine display in the pharmacy, wondering which of the many cold medicines on the shelf will best help your ill child? How we wish we had a terrific medication recommendation for how to

treat a cold. Unfortunately, we do not. And antibiotics-as powerful as they can be at killing bacteria- do not cure colds, which are caused by viruses.

Watching your child suffer from a cold is tough. But why give something that doesn't help her get better and has potential side effects?

Don't despair, even if you can't kill a cold virus, there are plenty of things you can do to make your child feel better:

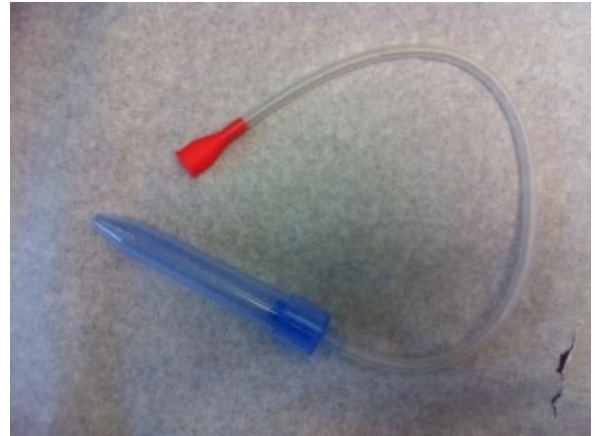
- -If she has a sore throat, sore nose, headache, or body aches, consider giving acetaminophen or ibuprofen to treat the discomfort.
- -Give honey for her cough and also to soothe her throat if she is over one year of age.
- -Run a cool mist humidifier in her bedroom, use saline nose spray or washes, have her take a soothing, steamy shower, and teach her how to blow her nose.
- -Break up that mucus by hydrating her well – give her a bit more than she normally drinks.
- -For infants, help them blow their noses by using a bulb suction. However, be careful, over-zealous suctioning can lead to a torn-up nose and an overlying bacterial infection. Use a bulb suction only a few times a day.

The safety and effectiveness of cough and cold medicine to treat a cold has never been fully demonstrated in children.

In fact, in 2007 an advisory panel including American Academy of Pediatrics physicians, Poison Control representatives, and Baltimore Department of Public Health representatives recommended to the U.S. Food and Drug Administration (FDA) to [stop use of cold and cough medications](#) under six years of age.

Thousands of children under twelve years of age go to emergency rooms each year after over dosing on cough and cold medicines according to a 2008 study in [Pediatrics](#) . Having these medicines around the house increases the chances of

accidental overdosing. Cold medications do not kill germs and will not help your child get better faster. Between 1985 and 2007, six studies showed [cold medications didn't have significant effect over placebo.](#)



The self billed “snot sucker” Nose Frida

So you can ignore the shelf of children’s cough and cold medicine. Instead, buy saline nose drops or spray to help stuffy noses, acetaminophen (Tylenol) or ibuprofen (Motrin, Advil), to treat discomfort, and fluids- and yes, milk is ok during a cold- to prevent dehydration.

Fortunately, when your kids have a cold, unlike you, they can take as many naps as they want.

Naline Lai, MD and Julie Kardos, MD

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*updated from our 2011 post*

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# Last Minute Holiday Gifts Ideas

We're on Happy Healthy Kids!

*12 Healthy Gift Ideas*

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## Fever: what's hot, what's not, and what to do about it



Photo by Lexi Logan



Parents ask us about fever more than any other topic, so here is what every parent needs to know:

Fever is a sign of illness. Your body makes a fever in effort to heat up and kill germs **without harming your body.**

### **Here is what fever is NOT:**

- Fever is NOT an illness or disease.
- Fever does NOT cause brain damage.
- Fever does NOT cause your blood to boil.
- Unlike in the movies and popular media, fever is NOT a cause for hysteria or ice baths.
- Fever is NOT a sign of teething.

### **Here is what fever IS:**

- Fever is a body temperature equal to or higher than 100.4 degrees F (or 38 degrees C)
- Fever is a great defense against disease, and thus is a SIGN, or symptom, of an illness.

### **To understand fever, you need to understand how the immune system works.**

Your body encounters a germ, usually in the form of a virus or bacteria, that it perceives to be harmful. Your brain sends a message to your body to HEAT UP, that is, make a fever, to kill the germs. Your body will not get hot enough to harm itself or to cause brain damage. Only if your child is experiencing Heat Stroke (locked in a hot car in July, for example), or if your child already has a specific kind of brain damage or nervous system damage (rare) can your child get hot enough to cause death.

When your body has succeeded in fighting the germ, the fever will go away. A fever reducing agent such as acetaminophen (e.g. Tylenol) or ibuprofen (e.g. Motrin) will decrease temperature temporarily but fever WILL COME BACK if your body still needs to kill off more germs.

**Symptoms of fever** include: feeling very cold, feeling very hot, suffering from muscle aches, headaches, and/or shaking/shivering. Fever often suppresses appetite, but thirst should remain intact: drinking is very important with a fever.

Fever may be a sign of any illness. Your child may develop fever with cold viruses, the flu, stomach viruses, pneumonia, sinusitis, meningitis, appendicitis, measles, and countless other illnesses. The trick is knowing how to tell if your child is VERY ill or just having a simple illness with fever.

## **Here is how to tell if your child is VERY ill with fever vs not very ill:**

Any temperature in your newborn infant **younger than 8 weeks old that is 100.4 (rectal temp) degrees or higher** is a fever that **needs immediate attention** by a health care provider, even if your infant appears relatively well.

Any fever that is accompanied by moderate or severe **pain, change in mental state** (thinking), **dehydration** (not drinking enough, not urinating because of not drinking enough), **increased work of breathing/shortness of breath**, or **new rash** is a fever that **NEEDS TO BE EVALUATED** by your child's doctor. In addition, a fever that lasts more than three to five days in a row, even if your child appears well, should prompt you to call your child's health care provider. Recurring fevers should also be evaluated. Additionally, if your child is missing vaccines, call your child's doctor sooner rather than later.

## **Should you treat fever?**

As we explained, fever is an important part of fighting germs. Therefore, we do NOT advocate treating UNLESS the side effects of the fever are causing harm. Reduce fever if it prevents your child from drinking or sleeping, or if body aches or headaches from fever are causing discomfort. If your child is drinking well, resting comfortably or playing, or sleeping

soundly, then he is handling his illness just fine and does not need a fever reducing agent just for the sake of lowering the fever.

**A note about febrile seizures:** Some unlucky children are prone to seizures with sudden temperature elevations. These are called febrile seizures. This tendency often runs in families and usually occurs between the ages of 6 months to 6 years. Febrile seizures last fewer than two minutes. They usually occur with the first temperature spike of an illness (before parents even realize a fever is present) and while scary to witness, do not cause brain damage. No study has shown that giving preventative fever reducer medicine decreases the risk of having a febrile seizure. As with any first time seizure, your child should be examined by a health care provider, even if you think your child had a simple febrile seizure.

Please see our “How sick is sick?” blog post for further information about how to tell when to call your child’s health care provider for illness.

Julie Kardos, MD and Naline Lai, MD

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## **Holiday gift ideas by ages and developmental stages**



It's gift-giving season! We love pop culture, but if you are tired of GameStop gift cards or feeling a bit overwhelmed by the latest Disney movie or game system marketing, here's another list of ideas arranged by ages and developmental stages.

**0-3 months:** Babies this age have perfect hearing and enjoy looking at faces and objects with contrasting colors. Music, mobiles, and bright posters are some age appropriate gift ideas. Infants self-soothe themselves through sucking- if you can figure out what your nephew's favorite type of binkie is, wrap up a bunch-they are expensive and often mysteriously disappear.

**3-6 months:** Babies start to reach and grab at objects. They enjoy things big enough to hold onto and safe enough to put in their mouths- try bright colored teething rings and large plastic "keys." We often see Sophie the Giraffe accompanying babies for their office visits. New cloth and vinyl books will likewise be appreciated; gnawed books don't make great hand-me-downs.

**6-12 months:** Around six months, babies begin to sit up. Intellectually, they begin to understand "cause and effect." Good choices of gifts include toys with large buttons that make things happen with light pressure. Toys which make sounds, play music, or cause Elmo to pop up will be a hit. For a nine-month-old old just starting to pull herself up to a



standing position, a water or sand table will provide hours of entertainment in the upcoming year. Right now you can bring winter inside if you fill the water table with a mound of snow. Buy some inexpensive measuring cups and later in the summer your toddler will enjoy standing outside splashing in the water.

**12-18 months:** This is the age kids learn to stand and walk. They enjoy things they can push while walking such as shopping carts or plastic lawn mowers. Include gifts which promote joint attention. Joint attention is the kind of attention a child shares with you during moments of mutual discovery. Joint attention starts at two months of age when you smile at your baby and your baby smiles back. Later, around 18 months, if you point at a dog in a book, she will look at the dog then look back at you and smile. Your child not only shows interest in the same object, but she acknowledges that you are both interested. Joint attention is thought to be important for social and emotional growth.

At 12 months your baby no longer needs to suck from a bottle or the breast for hydration. Although we don't believe mastery of a [sippy cups](#) is a necessary developmental milestone, Dr. Lai does admire the WOW cup because your child can drink from it like she does from a regular cup. Alternatively, you can give fun, colored actual traditional plastic cups, which difficult to break and encourage drinking from a real cup.

**18-24 months:** Although kids this age cannot pedal yet, they enjoy riding on toys such as "big wheels" "Fred Flintstone" style. Dexterous enough to drink out of a cup and use a spoon and fork, toddlers can always use another place setting. Toddlers are also able to manipulate shape sorters and toys where they put a plastic ball into the top and the ball goes down a short maze/slide. They also love containers to collect things, dump out, then collect again.

Yes, older toddlers are also dexterous enough to swipe an ipad, but be aware, electronics can be a double edged sword– the same device which plays karaoke music for your daddy-toddler sing-along can be transformed into a substitute parent. The other day, a toddler was

frightened of my stethoscope in the office. Instead of smiling and demonstrating to her toddler how a stethoscope does not hurt, the mother repeatedly tried to give her toddler her phone and told the child to watch a video. Fast forward a few years, and the mother will wonder why her kid fixates on her phone and does not look up at the family at the dinner table. Don't train an addiction.

**2-3 years:** To encourage motor skills, offer tricycles, balls, bubbles, and boxes to crawl into and out of. Choose crayons over markers because crayons require a child to exert pressure and therefore develop hand strength. Dolls, cars, and sand boxes all foster imagination. Don't forget those indestructible board books so kids can "read" to themselves. By now, the plastic squirting fish bath toys you bought your nephew when he was one are probably squirting out black specks of mold instead of water- get him a new set. Looking ahead, in the spring a three- year-old may start participating in team sports (although they often go the wrong way down the field) or in other classes such as dance or swimming lessons. Give your relatives the gift of a shin guards and soccer ball with a shirt. Offer to pay for swim lessons and package a gift certificate with a pair of goggles.

**3-4 years:** Now kids engage in elaborate imaginary play. They enjoy "dress up" clothes to create characters- super heroes, dancers, wizards, princesses, kings, queens, animals. Kids also enjoy props for their pretend play, such as plastic kitchen gadgets, magic wands, and building blocks. They become adept at pedaling tricycles or even riding small training-wheeled bikes. Other gift ideas include crayons, paint, markers, Play-doh®, or side-walk chalk. Children this age understand rules and turn-taking and can be taught simple card games such as "go fish," "war," and "matching." Three-year-olds recognize colors but can't read- so they can finally play the classic board game *Candyland*, and they can rote count in order to play the sequential numbers game *Chutes and Ladders*. Preschool kids now understand and execute the process of washing their hands independently... one problem... they can't reach the faucets on the sink. A personalized, sturdy step stool will be appreciated for years.

**5-year-olds:** Since 5-year-olds can hop on one foot, games like

Twister® will be fun. Kids this age start to understand time. In our world of digital clocks, get your nephew an analog clock with numbers and a minute hand... they are hard to come by. Five-year-olds also begin to understand charts– a calendar will also cause delight. They can also work jigsaw puzzles with somewhat large pieces.

**8-year-olds:** Kids at this point should be able to perform self help skills such as teeth brushing. Help them out with stocking stuffers such as toothbrushes with timers. They also start to understand the value of money so kids will appreciate gifts such as a real wallet or piggy bank. Eight-year-olds engage in rough and tumble play and can play outdoor games with rules. Think balls, balls, balls- soccer balls, kickballs, baseballs, tennis balls, footballs. Basic sports equipment of any sort will be a hit. Label makers will also appeal to this age group since they start to have a greater sense of ownership.

**10-year-olds:** Fine motor skills are quite developed and intricate arts and crafts such as weaving kits can be manipulated. Give a “cake making set” (no, not the plastic oven with a light bulb) with tubes of frosting and cake mix to bake over the winter break. Kids at this age love doodling on the long rolls of paper on our exam table. Get your kid a few rolls of banner paper to duplicate the fun. Buy two plastic recorders, one for you and one for your child, to play duets. The instrument is simple enough for ten-year-olds or forty-year-olds to learn on their own. Ten-year-olds value organization in their world and want to be more independent. Therefore, a watch makes a good gift at this age. And don’t forget about books: reading skills are more advanced at this age. They can read chapter books or books about subjects of interest to them. In particular, kids at this age love a good joke or riddle book.

**Tweens:** Your child now has a longer attention span (30-40 minutes) so building projects such as K’nex models will be of interest to her. She can now also understand directions for performing magic tricks or making animal balloons. This is a time when group identity becomes more important. Sleepovers and scouting trips are common at this age so sleeping bags and camping tents make great gifts. Tweens value their privacy – consider a present of a journal with a lock or a

doorbell for her room. It's already time to think about summer camps. Maybe you can convince the grandparents to purchase a week for your child at robotics camp or gymnastics camp this year.

**Teens:** If you look at factors which build a teen into a resilient adult, you will see that adult involvement in a child's life is important.

<http://www.search-institute.org/research/developmental-assets> We know parents who jokingly say they renamed their teens "Door 1" and "Door 2," since they spend more time talking to their kids' bedroom doors than their kids. Create opportunities for one-on-one interaction by giving gifts such as a day of shopping with her aunt, tickets to a show with her uncle, or two hours at the rock climbing gym with dad.

Encourage physical activity. Sports equipment is always pricey for a teen to purchase- give the fancy sports bag he's been eying or give a gym membership. Cool techy trackers like Fitbit will always be appreciated or treat your teen to moisture wicking work-out clothes.

Sleep! Who doesn't need it, and [teens often short change themselves on sleep and fall into poor sleep habits](#). Help a teen enjoy a comfortable night of rest and buy luxurious high thread count pillow cases, foam memory pillows, or even a new mattress. After all, it been nearly 20 years since you bought your teen a mattress and he probably wasn't old enough at the time to tell you if he was comfortable. Since a teen often goes to bed later than you do, a remote light control will be appreciated by all.

Adolescence is the age of abstract thinking and self awareness- Google "wall decals" and find a plethora of inexpensive ways to jazz up his or her room with inspiring quotes.

Enjoy your holiday shopping.

Naline Lai, MD and Julie Kardos, MD

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# Ear wax in your child: what to do with the goo



*"My, the wax just keeps pouring out of your ears"*

Babies are gooey. Spew tends to dribble out of every orifice and the ear is no exception.

Devin's mother tipped her four month old baby's head sideways in the office the other day and asked me what to do about the oily, yellow wax smeared around the opening of his ear canal. Despite the copious amount of wax on the outside, Devin's ear canals were clear. "But the wax is simply disgusting," said Devin's mom, "Can I clean his ears? "

If you can get the wax with a wash cloth, it's fair game. Otherwise, leave it alone. It doesn't matter if you use a wash cloth or cotton swab. The special shaped cotton swabs with the safety tips are unnecessary. Rest assured, you will not go too deeply into the ear canal if you only scrape off what is visible.

Now suppose your pediatrician does say the wax should be removed. Place an over-the-counter solution such as Debrox in

the ears (children and adults can use the same formulation) – three to four drops one or two times a day (during sleep is easiest for babies and toddlers) for a few days. The solution softens wax. For maintenance, mineral oil and olive oil are favorite remedies. Place one drop daily in ears. In the office some pediatricians can use a water irrigation system (like a water squirter in your ear) to wash out the wax. The worst side effect is that the child's shirt sometimes gets wet. Irrigation is a very effective for removing wax in a school-aged or teenaged child who complains of difficulty hearing.

Some say wax evolved to help keep bugs and other debris from reaching deep into our ear canals. Case in point: one of my least favorite memories during residency is of picking out pieces of a cockroach entrapped in a child's earwax!

Keep in mind the amount of wax you see on the outside of the ear is not indicative of the actual amount inside the ear canal. Chances are, the wax is not hard and does not block the ear drum. Even if there is a large amount of wax, it is unlikely to greatly affect a baby's hearing unless the wax is stuck against the ear drum. Equally normal is that some babies and children don't seem to produce any ear wax. If you are concerned about your child's ear wax or about her hearing, have your pediatrician take a peek with a light.

If you find you are constantly cleaning your kid's waxy ears, take heart. At least there won't be any roaches "bugging" them.

Naline Lai, MD and Julie Kardos, MD

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PS: Medical vocabulary FYI: light used to look into ears= otoscope. Medical term for ear wax= cerumen.



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# We give thanks, 2016

Nearly seven years ago, on the swimming pool bleachers at the local Y, I happened to sit next to Lexi Logan. Above the echoing din of kids splashing, I discovered that although she was trained as a painter, Lexi was interested in branching out into photography. Coincidentally, Dr Kardos and I were interested in branching medicine out into a new media called the internet and were dismayed at the lack of publicly available photos to accompany our blog posts. Lexi and I intersected in the right place at the right time. Since that chance meeting, Lexi has generously shared dozens of photos with Two Peds in a Pod.

The woman in the photo below, between your Two Peds (Dr. Kardos with the curly hair, Dr. Lai with the straight hair), is our photographer extraordinaire, Lexi Logan. Her work, which you can check out at [www.lexilogan.com](http://www.lexilogan.com), speaks for itself. Local peeps may want to contact her to take their own family photos.

This Thanksgiving we say thanks to all those parents we've ever sat next to on bleachers. All the kid-related information we have learned, from navigating chorus uniforms, bus stop times, best teachers, fun summer camps, and even starting up blogs, has been invaluable.

In particular- thank you, Lexi!

We wish all of our readers a very healthy and happy Thanksgiving,

Dr. Naline Lai with Dr. Julie Kardos

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**Extra school services offered  
to your child? Just say yes!**



When I was in first and second grade, I took “special gym.”

I attended a public school in a small New Jersey town. The school building was about 100 years old, and the “special services” that my school offered were speech, reading help, and special gym.

I remember being THRILLED that I was selected to take special gym, because instead of just *one* day a week of bouncing balls and running races and turning somersaults during the school day, I got to go *twice* a week. I remember how upbeat and energetic the gym teacher was, and how much fun she made these exercises. I do not recall such words as “physical therapy” or “occupational therapy.” In fact, I did not realize the true point of the extra gym days until many years later, when I was in college and reminiscing about elementary school and caught myself mid-sentence:

“Well, when I was in first grade, I took special gym... hey... WAIT a MINUTE....!”

That’s when I realized that I had been flagged with a coordination challenge. Unbeknownst to me, in school I went to

physical therapy weekly.

Now that first-quarter parent teacher conferences are over, you may be surprised that your child has been offered special services by the school. Teachers spend hours a day with our kids and are experts in the age group that they teach. Not all kids are good at learning all subjects and not all are equally sociable or equally physically adept. When teachers ask a parent's permission to supply extra help, parents should not take this request as an affront or attack on their parenting. Rather, it is an opportunity to help kids succeed.

I was never suspicious about my inclusion in special gym. No one made fun of me for being in the class, and in fact many were jealous. Kids in early grades may be aware that some of their classmates come and go during the day, but they do not distinguish between kids pulled out for a gifted program from kids pulled out for remedial education. As an adult, I appreciate that my teachers made me feel good about being included in the special gym club.

I have a magnet on my car now that says, simply, "13.1," which is the number of miles that I ran to complete the Trenton Half-Marathon this past October. Special gym did not hold me back—it propelled me forward. I had no idea that my participation in special gym was emotionally charged for my mom until after I called my dad to tell him my race time (2 hours, 11.5 minutes). Only then did he tell me how crushed my mom had been about my inclusion in special gym. I am grateful that she hid that from me.

My message: Let your kids get extra help in school, allow them to be pulled out of a class they are failing and placed into an environment where they can learn and overcome challenges. Allow yourself to mourn the loss of the child you may have pictured. But know this: young children do not have enough life experience to independently think of themselves as failures in the early school years. They look to adults who

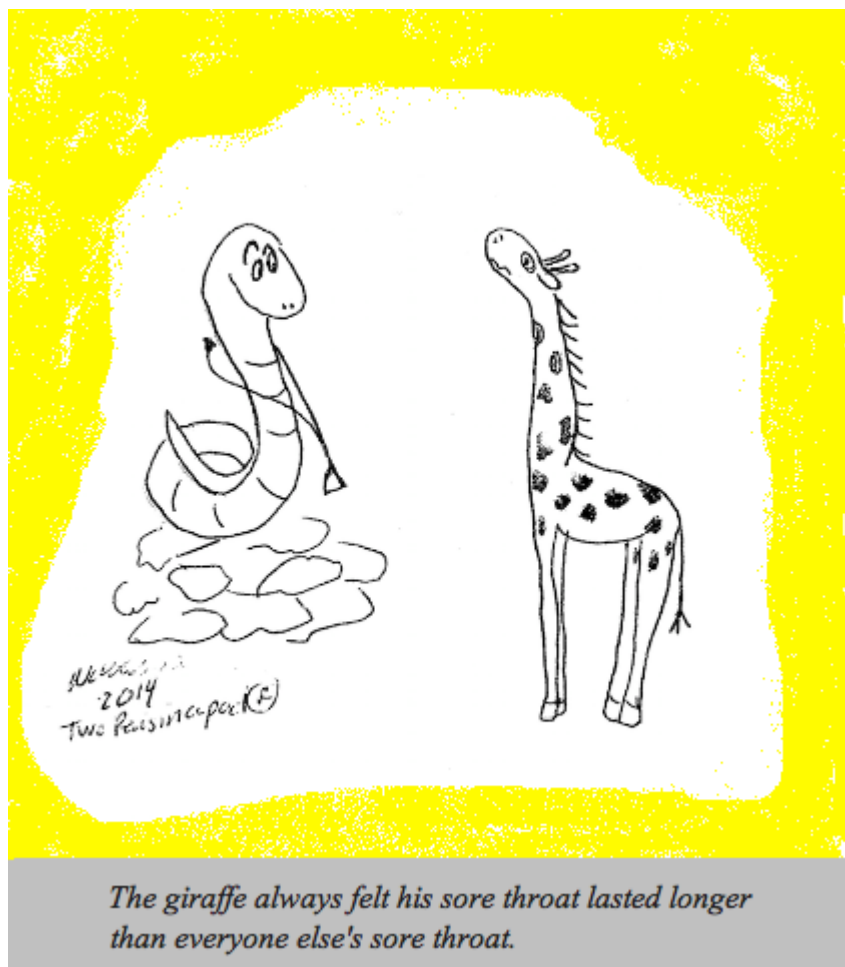
are important to them for how to respond to challenges and frustration. Encourage them with the positive message that they will receive extra attention and extra time to work at reading or math or physical skills or speech skills. Who knows? They may become the kid who applies to medical school or runs a marathon (or a half-marathon) someday.

Julie Kardos, MD

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## Sore throat relief



Many times parents bring their children with a sore throat



to our office to “check if it’s strep.” Some are disappointed to find out that their child does NOT have strep. Moms and Dads lament, “But what can I do for him if he can’t have an antibiotic? At least strep is treatable.”

Take heart. Strep or no strep, there are many **ways to soothe your child’s sore throat**:

- **Give pain medication** such as acetaminophen (brand name Tylenol) or ibuprofen (brand names Advil or Motrin). Do not withhold pain medicine before you bring her in to see her pediatrician. Too many times we hear parents say, “We wanted you to see how much pain she is in.” No need for this! Pediatricians are all in favor of treating pain as quickly and effectively as possible. Pain medicine will not interfere with physical exam findings nor will it interfere with strep test results.
- **Give lots to drink.** Some kids prefer very cold beverages, others like warm tea or milk. Avoid citrus juices since they sometimes sting sore throats. Frozen Slurpies or milkshakes, on the other hand, feel great on sore throats. Tell your child that the first three sips of a very cold drink may hurt, but then the liquid will start to soothe the throat. Watch for signs of dehydration including dry lips and mouth, no tears on crying, urination less than every six hours, and lethargy.
- **Provide soft foods** if your child is hungry. For example, noodles feel better than a hamburger on a sore throat. And ice-cream or sherbet therapy is effective as well.
- **Try honey** (if your child is older than one year) – one to two teaspoons three times a day. Not only can it soothe a sore throat but also it might quiet the cough that often accompanies a sore throat virus. Give it alone or mix it into milk or tea.
- **Kids older than three years** who don’t choke easily can suck on lozenges containing pectin or menthol for relief. Warning: kids sucking on lozenges may dupe



themselves into thinking they are hydrating themselves. They still need to drink to stay hydrated.

- **Salt water gargles** are an age-old remedy. Mix 1 teaspoon of salt in 6 ounces of warm water and have your kid gargle three times a day.
- **Magic mouthwash:** For those older than 2 years of age, mix 1/2 teaspoon of liquid diphenhydramine (brand name Benadryl 12.5mg/5ml) with 1/2 teaspoon of Maalox Advanced Regular Strength Liquid (ingredients: aluminum hydroxide, magnesium hydroxide 200 mg, and simethicone) and give a couple time a day to coat the back fo the throat prior to meals. The Maalox coats the throat and the benedryl acts as a weak topical anesthetic (pain reliever). **Do not** use the Maalox formulation which contains bismuth subsalicylate because bismuth subsalicylate is an aspirin derivative, and aspirin is linked to [Reye's syndrome](#).
- For kids three years and older, **try throat sprays** containing phenol (brand name Baker's P&S and Chloraseptic® Spray for Kids). Use as directed.

Strep throat typically does **not** cause a bad cough, profuse runny nose, ulcers in the throat, or laryngitis. If your child has these other symptoms in addition to her sore throat, you can be fairly sure that she does NOT have strep. For a better understanding of strep throat, see our updated post on this topic.

The following are each a very important sign that a child with a **sore throat needs to see a doctor** for further evaluation:

**1-can't swallow (kids might even spit out their own saliva)**

**2-can't open his mouth fully**

**3- hurts so much that the pain is not alleviated with the above measures in this post**

**4- presence of fever 101F or higher for more than 3-4 days**

**5-is accompanied by a new rash**

Please also see our prior post on [how to tell if you need to call your child's doctor for illness.](#)

[\\_Julie Kardos, MD and Naline Lai, MD](#)

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## Stop a bully: talk, walk, squawk, and support



photo by Lexi Logan

Can you identify your child in any of these scenarios?

-Your second grader comes off the school bus crying because another student was teasing him the entire ride home about his new glasses.

-Your fifth grader was punched on the school yard by a sixth grader and none of the playground teachers saw it happen. Your child's friend shoved the older child off your child before more damage was done.

-Your ninth grader keeps missing the school bus so you have to drive her to school. When she comes home from school she uses the bathroom immediately. You find out she avoids the bus and the school bathroom because kids make fun of her in both places.

Whatever your child's age, when you realize he or she is being bullied you will be outraged. In fact you might be tempted to retaliate against the bully yourself. However, here are more appropriate ways to help your child.

Bullying should never be tolerated. Teach your child how to directly deal with a bully, but be quick to talk also to the adult supervising your child when the bullying occurs. Your child should always feel safe in school, day camp, on a sports team, or any other adult-supervised activity.

Bullies are always in a position of power over their victims; either they are physically larger, older, or more socially popular. Teach your child first to try a strong verbal response (**talk**) such as "STOP talking to me that way!" or "Don't DO that to me!" Speaking strongly and looking the bully in the eye may take away some of the bully's power as well as attract attention of nearby peers or adults who can help your child.

Teach your child to **walk** away from a fight. Tell him to keep on walking toward a teacher, a classroom, a peer, or anyone else who can offer safety from a bully. Train him to breathe deeply/ignore/de-escalate situations to diffuse a bully's anger.

Have your child tell a teacher, camp counselor, coach, or other supervising adult about the abuse (**squawk**) as soon as it occurs. Always encourage your children to talk to you as well. Remember at home to ask your child questions such as "How is school," "How are your friends," "Do you know any kids who are being bullied?," and "Are YOU being bullied?" Dr. Lai always advises her patients to tell as many different adults as possible if he is not feeling safe. Even if one adult is unsure of how to help, sooner or later some one will.

If your child says he is angry at a friend or a classmate, be sure to ask questions that encourage your child to elaborate, such as "Oh, what happened?" or "Did something happen between you?" Listen carefully to his response. He may be taking out his anger at a bully on his own friends. This response is in retaliation for his friend's failure to protect him from a bully. Also, is your child becoming more reluctant to attend school, "missing" the bus more often and thus requiring a ride, or acting angry or sad more often? Kids who are victims of bullying can act like this.

In school, once you are aware that your child is a victim, talk not only to your child about how she should handle a bully but also alert your child's teacher and/or school principal about the situation (**support**). You should tell them in your child's words what happened, what was said, and be clear that you are asking for more supervision so that the bully has less access to your child. Ask for more supervision during times when there is usually less adult presence such as in the lunchroom or on the schoolyard. Your school may already have a "no bullying" policy. Often, the aggressor gets the heavier consequence in the event of a conflict. Again, children have a right to feel safe in school.

Restore your child's self-confidence. Bullies pick on kids who are smaller and weaker than they are, physically as well as psychologically. So your child has more positive experiences with kids who do not bully, encourage your child to invite

friends over to your home or host a fun group activity (kickball game in your backyard, show a movie/supply popcorn, etc.). Do family activities and show your child that you enjoy spending time with him. Enroll your child in activities that increase his self esteem such as karate, sports, or music lessons. A child who feels good about himself “walks taller” and is less likely to attract a bully

As a parent, you might read this post and think, “Yes, but I’d rather just teach my child to take revenge.” Unfortunately, escalating the situation only breeds anger and in fact may get your child into trouble. Rather than “hate” the bully, help your child see that a bully deep down feels insecure. A bully resorts to making himself feel better by making others feel bad. Teach your child to pity the bully. With your guidance, your child will project self-confidence and a bully will never, ever, be able to touch him.

While the topic of cyper-bullying could occupy an entire separate post, we just want to alert you to the power that social media has over our kids as well. Ask your kids and teens directly about bullying that occurs on-line just as you would ask about bullying at school. Virtual bullying, unfortunately, is just as potentially harmful as in-person bullying, and is a known risk factor for teen suicide. Remind your children how important it is to refrain from revenge: better to disengage from social media than to respond to on-line bullying because your child will leave a permanent footprint on their on-line presence. Lay down the general rule of never posting anything negative (even a simple “dislike”) online.

Help your child talk, walk, squawk and seek support. All kids deserve to feel secure in themselves and in the world around them.

Additional resources:

The American Academy of Pediatrics

Stopbullying.gov—Bully prevention site managed by U.S. Department of Health and Human Services

Cyberbullying Research Center—an organization dedicating to providing up to date information on cyberbullying

Teaching tolerance— a site where parents and educators can learn ways to foster tolerance

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# **How to raise an optimist (even in an election year)**





*In this time of United States “election stress,” we bring back guest bloggers psychologist Dr. Gage and pediatrician Dr. Penaflor’s post on how to build optimism in your children.*

Recently, my daughter’s friend announced before a race, “I’m just not going to try my best.”

Why would a child give up before even starting? Why such pessimism?

It turns out that her friend’s mother would say after every

race, “You just didn’t meet your potential. Did you at least beat Sarah (a fellow competitor)?”

This scenario illustrates how a parent who constantly gives negative responses can build pessimism in a child.

### **Why is optimism important?**

An optimistic child is strong, enterprising, and resilient. He or she does not wait passively for good things to happen to him or her. The optimist consciously plans, works hard to make things happen, and persists through challenges.

Research shows important benefits:

- A healthier heart and a greater ability to fight infections and survive disease
- Better response to stress
- Less likelihood to develop anxiety and depression
- More success in school, sports, social and recreational activities
- Greater accomplishments in life

### **How do I begin?**

Does your child tend toward optimism or pessimism? Is the glass half empty or half full? Which would your child say, “It doesn’t matter... I won’t get it right anyway,” or “I did my best... I’ll get it next time”? Optimism is a learned skill that you can teach your child at home.

Here are some important tips.

Model positive behaviors and attitudes:

“This is tough, but I can do it!”

“I will find that lost pair of socks!”

Create an environment that **fosters love and trust**.

When children have a sense of security and trust at home, they view the world as a positive place to explore and try new things.

Encourage your child to view life in a positive way and to rise above negativity.

For example, one of our favorite techniques is “**Rise up! Don’t dwell on it.**” If someone did or said something hurtful to your child, teach your child to pause. Have her ask herself “How important is it? Will it matter in 5 minutes, 5 months, or in 5 years?” Think of the big picture.

Another is to approach mistakes calmly. Say “Oops!” and move on.

Validate your child’s feelings of disappointment or sadness, but teach your child that failures and mistakes are opportunities to learn and do something different and better.

After all, in life “Sometimes you win, sometimes you learn.”

Patricia Gage, PhD, NCSP and Gina Penafior, MD, FAAP

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To learn more, please visit their website at [www.HangNthere.com](http://www.HangNthere.com) or Facebook page, or e-mail them at [busymoms@HangNthere.com](mailto:busymoms@HangNthere.com).