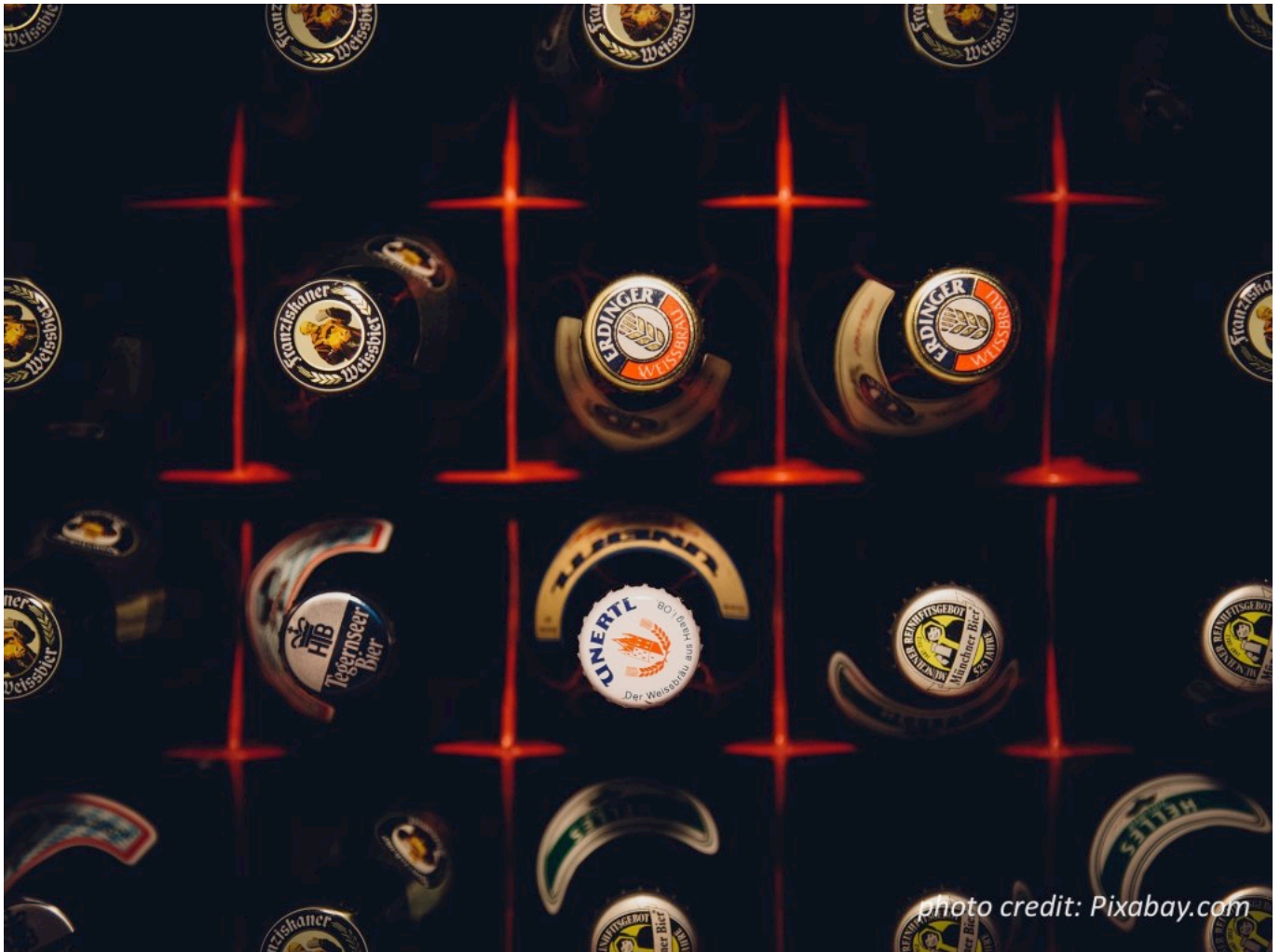


Binge drinking and college students update: what parents need to know



As your kids apply to college or return home from college for winter break, we urge you to keep in mind an alarming, yet typical scenario which involves binge drinking that student health physicians encounter on a too-frequent basis—Drs. Kardos and Lai.

A 19 year old young man comes in to the Student Health Center very concerned because he had woken up that morning in an apartment in bed with a woman he did not know. He had been out with friends drinking at a bar (a frequent occurrence), vaguely recalls meeting a woman, but had so much to drink that

he cannot even recall leaving the bar, let alone what happened afterward. His greatest concern is that he has no idea if he used a condom (he left before she woke up), and thus could have been exposed to HIV and other sexually transmitted infections.

Ironically, this student is worried about exposure to sexually transmitted diseases but not about the root of his problem: binge drinking. In other words, he is worried about sexually transmitted diseases but not about his drinking which caused his potential exposure to dangerous diseases.

Here is what Dr. David Turnoff, a career student health doctor since 2000 (and friend of Dr. Kardos) wants parents of college students to know about binge drinking in college students:

Although alcohol use is often considered a rite of passage for college students, it is also one of the major health risks for this age group. Alcohol-related health problems can present in a variety of ways and do not have to involve any signs of dependency. Among college-aged students, the most common manifestation of alcohol abuse comes from the consequences of binge drinking.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) reports the following **sobering** statistics regarding health risks directly attributed to alcohol use among college students between the ages of 18 and 24. These statistics* also serve as an important reminder that a person does not have to be drinking to be adversely affected by alcohol abuse.

-1,825 college student deaths from alcohol-related unintentional injuries (including motor vehicle accidents)

-599,000 unintentional student injuries

-696,000 cases of student-on-student assault

-7,000 cases of sexual assault or date rape

-400,000 students having unprotected sex and more than 100,000 students too intoxicated to remember if sex was consensual.

The first 6 weeks of the first semester of college is an important predictor of first year academic performance and is an important window period to monitor for any significant changes in a new student's behavior and lifestyle habits. Parents can help by being aware of these issues and by being open to speaking with their children about the potential risks of alcohol use both before and during the college experience. A simple rule of thumb for parents is to **stay involved**, while still allowing their children the space necessary for learning, exploring, and maturing into adulthood.

If your child begins to exhibit unusual behavior, such as lower grades, mood changes, or a new unwillingness to talk to you, this behavior should prompt you to find out more.

Additional information is available at <http://www.collegedrinkingprevention.gov/>.

David Turnoff, MD

Dr. Turnoff is currently a college health physician at the University of California, Berkeley. In the past, he has served as a physician for New York University and Columbia. He received his medical degree at Case Western Reserve University.

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*worse since Dr. Dave's original post in 2010

Telling your children about a miscarriage or still birth



Grief counselor Amy Keiper-Shaw joins us today to help families during the difficult time after a miscarriage or still birth occurs. – Drs. Lai and Kardos

If you are reading this, you or someone you love may have had a miscarriage. It is a tragic, often unexpected, experience that many families will encounter.

Bereaved parents may feel great sadness, regret, shock, confusion, some or all of these emotions. There may be anger directed toward the doctor, a spouse, or other women who have been able to conceive easily and carry their pregnancies to full term. Some women feel guilt, as if there were something that they could have been done to prevent this loss.

What should you tell your children?

When adults experience a traumatic event like a miscarriage, they often are so consumed by their own grief that they fail to see that their children may be struggling with the same emotions. They may wonder what they should tell their children, if anything. Some parents may feel that the children are too young to be told about the miscarriage or believe they would not understand and instead wait until the children is older to explain it to them.

If the surviving children were not aware of the pregnancy, parents may wonder about the need for them to know about the loss. Even though you may not have told them about the pregnancy or the loss, they will likely know something is wrong and may act out. You might have been tearful, in pain, or angry, or you might have been in a hospital and away from home. The children's routine might have changed, people could be speaking in hushed tones, and other family members may be visiting or bringing meals. It is difficult to hide changes such as these from children. Often a child feels or sees this change and worries about the parents' sadness and grief yet he may not have the skills to talk about it. If children are not told what has occurred, they often develop their own ideas of what has happened, such as mom is sick and dying or they must have done something to make everyone act differently.

It is usually best to be honest, to use simple language and to give clear explanations. Avoid euphemisms. If you say "lost" to young children, they may worry that they will get "lost" as well. If you say the baby has fallen asleep, they may become frightened of falling asleep or have nightmares.

You may also need to reassure them that the miscarriage was not anyone's fault. Children might believe that they are somehow to blame, especially if they weren't happy about the idea of a new sibling. One of the children who came to my bereavement camp carried the guilt of his baby sister's death for nearly five years. He believed that because he asked God for a baby brother and not a sister, he had somehow caused her

death. It was only by talking about it and processing those feelings in a supportive, safe environment that he came to understand that he had done nothing wrong.

If your children were aware of the pregnancy, they would probably need to be told about the miscarriage promptly. If they are small children, a later time might be more appropriate when they are more able to comprehend what has occurred.

Very young children are likely to pick up on the feelings of the adults around them, but will not fully understand the finality of the loss. Children under five will have some awareness of death. They may ask questions to try to make sense of what has happened, such as "Where has the baby gone? When will the baby come back?"

By the age of eight or nine, most children will understand that the baby is gone and not returning. As one parent illustrates, "We explained to her that sometimes, for no reason and through nobody's fault, babies can die."

Teenagers will think about death like an adult. At any stage, there will most likely be questions about the baby that died as the loss is processed.

Children as well as adults react in their own way to a miscarriage. You may see your children being more "clingy", acting out at home or school, or having tantrums. They may have disturbed sleep, appetite or concentration. They may have a lot of questions and need to share them with you or someone else they trust. They may also withdraw.

When parents can share their grief with their children openly and honestly, it implies to the child that it is understandable to be sad. This is a family loss that they will get through together. Some suggestions to help acknowledge the death are:

- Read books together
- Plant a tree or bush in memory of the baby
- Make a memory book of special things from the pregnancy
- Write a note to the baby on a string attached to a balloon and release it
- Participate in art/creative activities: painting, music, poetry, writing
- Visit the grave together

If you would like more information on helping children cope with a loss, please view the website for Hands Holding Hearts, a nonprofit organization in Bucks County, Pennsylvania that supports grieving children and their families.

Amy Keiper Shaw

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Amy Keiper-Shaw is a licensed grief counselor who holds a Masters Degree in clinical social work from the University of Pennsylvania. For over a decade she has served as a bereavement counselor to a hospice program and facilitates a bereavement camp for children. She directs [Handsholdinghearts.](#)

Cry baby: why is my baby crying?

Why do babies cry? In short, newborns cry to communicate. Remember, newborns cannot talk. They can't even smile back at you until around six weeks of age.

Ah, but what are they trying to tell us? Babies cry when they...



- Are tired.
- Are hungry.
- Feel too cold.
- Feel too hot.
- Need to be changed –I never really believed this reason before I had my twins. My firstborn couldn't have cared less if he was wet and could nap right through a really poopy diaper. Then I had my twins. I was amazed that their crying stopped if I changed the tiniest bit of poop or a wet diaper. Go figure.
- Are bored. Perhaps she is tired of the Mozart you play and prefers some good hard rock music instead. Maybe she wants a car ride or a change of scenery. Try moving her to another room in the house.
- Feel pain. Search for a piece of hair wrapped around a finger or toe and make sure she isn't out-growing the elastic wrist or ankle band on her clothing.
- Need to be swaddled. Remember a fetus spends the last

trimester squished inside of her mom. Discovering her own randomly flailing arms and legs can be disconcerting to a newborn.

- Need to be UN-swaddled. Hey, some like the freedom to flail.
- Need to be rocked/moved. Dr. Lai's firstborn spent hours tightly wrapped and held by her dad in a nearly upside down position nicknamed "upside-down-hotdog" while he paced all around the living room.
- Need to burp. Lay her down for a minute and bring her up again to see if you can elicit a burp.
- Are gassy. Bicycle his legs while he is on his back. Position him over your shoulder so that his belly presses against you. You'd be gassy too if you couldn't move very well. The gassy baby is a topic for this entire post— talk to your doctor for other ideas.
- Are sick. Watch for fever, inability to feed normally, labored breathing, diarrhea or vomiting. Check and see if anything is swollen or not moving. Listen to his cry. Is it thin, whimper-like (sick) or is it loud and strong (not so sick)? Do not hesitate to check with your pediatrician. Fever in a baby younger than eight weeks old is considered 100.4 degrees F or higher measured rectally. A feverish newborn needs immediate medical attention.

What if you're certain that the temperature in the room is moderate, you recently changed his diaper, and he ate less than an hour ago?

- **Walk outside with your baby**— this can be a magic "crying be gone" trick. Fresh air seems to improve a newborn's mood.
- **Offer a pacifier.** Try many different shapes of pacifiers. Marinade a pacifier in breast milk or formula to increase the chance your baby will accept it.

Pick him up, dance with him, or walk around the house with him. You can't spoil a newborn.

- **Vacuum your house.** Weird, but it can work like a charm. Place him in a baby frontal backpack or in a sling while cleaning.
- **Try another feeding,** maybe he's having a growth spurt.
- When all else fails, **try putting him down** in his crib in a darkened room. Crying can result from overstimulation. Wait a minute or two. He may self-settle and go to sleep. If not, go get him. The act of rescuing him may stop the wailing.
- If mommy or daddy is crying at this point, **call your own mom or dad or call a close friend.** Your baby knows your voice and maybe hearing you speak calmly to another adult will lull him into contentment.
- **Call your child's health care provider** and review signs of illness.

If you feel anger and resentment toward your crying baby, just put him down, walk outside and count to ten. It is impossible to think rationally when you are angry and you may hurt your child in order to stop your frustration. Seek counseling if these feelings continue.

Now for the light at the end of the newborn parenting tunnel: the peak age when babies cry is six weeks old. At that point, infants can cry for up to THREE HOURS per day. Babies with colic cry MORE than three hours per day. (Can you believe people actually studied this? I am amused that Dr. Lai won a prize in medical school for a paper on the history of colic). By three months of age crying time drops dramatically.

While most crying babies are healthy babies and just need to find the perfect upside-down-hot-dog position, an inability to soothe your baby can be a sign that she is sick. Never hesitate to call your baby's doctor if your baby is

inconsolable, and don't listen to the people who say, "Why do babies cry?...They just do."

Julie Kardos, MD and Naline Lai, MD

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Comforting Kids with Colds



We're on Happy Healthy kids this week talking about comforting kids with colds!

[Click here to read](#)

Naline Lai, MD and Julie Kardos, MD

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Should I bring my sick kid to a holiday party?



photo by Lexi Logan

The guidelines for school are straight forward. If your child is sick, the school nurse will tell you exactly what criteria your child needs to meet before she returns to school. The list generally looks like this: no fever of 101 degrees or higher for over 24 hours, no constant running to the bathroom, no vomiting for 24 hours, etc. However, Grandpa's house is not school. A friend's home is not school. The guidelines to attending holiday gatherings are not as straightforward.

First and foremost: If you are invited to a social gathering and you have an ill child, tell your family and friends who

will be there that you have an ill child. You never know if there will be people present who are particularly vulnerable to illness. Some of you have an Uncle Harry who has been too embarrassed to tell you that he is undergoing chemotherapy for prostate cancer or a sister Sarah just found out she is pregnant. Young babies and the elderly are more likely to develop complications if they are ill. On the other hand, if family members or friends all have intact immune systems and have no special risk factors for illness complications, they may be more forgiving and will want to see their ill nephew/cousin/friend who they just flew 400 miles to see. The key is communication.

Babies under two months old, because of their age and unimmunized status, are vulnerable to life threatening infections. Remember that a nagging cough in a toddler can be a life threatening cough for an infant. So you might reconsider bringing your coughing toddler to a gathering where there will be very young infants.

Don't get lulled into believing that germs are killed by Tylenol (acetaminophen) or Motrin (ibuprofen). Even if you have hidden your child's fever with a fever reducing medicine, she is contagious as long as something is spewing from any orifice (nose, eyes, mouth, or bottom).

So if you are going to a family gathering, and your child is mildly ill, here's how to minimize spread of germs:

1. Handwashing – wash your ill child's hands often to prevent spread of their germs. Also you should wash your healthy children's hands to prevent illness.
2. Handwashing (again!) -wash hands before eating and after bathroom use
3. Handwashing (again!!)- wash your own hands after you have helped your child do the above suggestions.
4. When all the children are piled in a heap watching The Grinch, take time to separate your ill child from the

batch. Daycares put two feet between sleeping cots in order to minimize spread of germs. Protect airspaces.

5. Elderly people will be happy to observe your runny-nosed children frolicking about from the distance. No need to force your five year old with the runny nose to kiss great-grandma's face.
6. Teach kids to cough into crook of elbow, to use tissues...and then wash hands.

If you realize that you will be dragging a medicine cabinet with you to a party, reconsider going. One mom says she cringes whenever she sees her sister show up to parties carting along a medication nebulization machine for her child. Consider what is best for your child. No matter how much your child, and you, have anticipated the holiday gathering, home is always the most comfortable place for a child to recover from illness.

Thinking hard about whether or not you should attend a holiday gathering? Then you are thinking too hard. Just stay home. Besides, you haven't been a real parent until you've missed at least one party because of a child's illness.

Julie Kardos, MD and Naline Lai, MD

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Thankful for Foster Parents



A foster mom brought a new child into the office the other day and I smiled picturing her with her last foster child. This thanksgiving, Two Peds in a Pod is grateful for the foster parents who open their homes for dinner today and everyday. Dr. Heather Forkey, Clinical Director of Foster Children Evaluation Service at UMass Children's Medical Center, provides a post on becoming a foster parent. -Dr. Lai with Dr. Kardos

There are approximately 400,000 children in the US foster care system, with 225,000 entering each year. Most of these children spend time with foster families who open their homes and lives to kids that need a safe nurturing environment while their own parents take the time to address issues which put the child at risk. All types of people make great foster parents, but it is not for everyone. Foster parents must be able to meet the physical, emotional and developmental needs of a child or teen in partnership with community agencies,

social workers, schools, and counselors.

If you are considering foster parenting, consider whether you can:

- Provide 24-hour care and supervision on a daily basis
- Be able to care for yourself financially without the child's stipend
- Be flexible, patient and understanding
- Have a sense of humor
- Recognize the impact of trauma
- Have a home free of fire and safety hazards
- Complete a criminal/protective services background check
- Have the ability to work as a member of a team

If interested, you need to become licensed or approved by your state or county, and that process is different in each locality. One should start by doing an internet search for "becoming a foster parent in (your state or county)". The child welfare agency for your state (Department of Children and Family Services or Department of Social Services) will also have information about how to start the process.

Children come to foster care often after adverse experiences which we know have health, emotional and developmental consequences. Foster parents who can look at the child's health and behavior from a perspective of "what happened to the child" rather than "what is wrong with the child", and observe a child's behavior through the trauma lens (and help foster and child welfare personnel to do the same) allow the child in their care to view their health and emotions as normal adaptations to unhealthy situations, rather than evidence of illness. This allows the child to go forward with a better understanding of their experience, their own responses and, ultimately, foster health.

Heather C. Forkey, M.D.

Dr. Heather Forkey serves as the Clinical Director, Foster

Children Evaluation Service (FaCES) and the Chief of the Child Protection Program at Mass Children's Medical Center

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What to do for your child's ear pain

"MY EAR HURTS!!!"



Most parents cannot diagnose their child's source of ear pain, especially in the middle of the night. Even I can't diagnose my own children at home because my portable otoscope, the instrument used to examine ears, died from overuse several years ago. However, there are ways to treat ear pain **no matter what the cause.**

Good pain relievers such as acetaminophen (brand name Tylenol) or ibuprofen (brand names Advil and Motrin) treat pain from any source, including ear pain. Treating pain does not “mask” any physical exam findings so please go ahead and ease your child’s misery before going to your child’s doctor. I cringe when parents tell me, “We didn’t give him any pain medicine because we wanted you to see how much his ear is hurting him.”

Heat, in the form of warm wet compresses or a heating pad, can also help. Prop your child upright. If the pain is from an ear infection, the position will relieve pressure. Distraction such as a 2:00 am Elmo episode can also blunt pain.

Fewer than half of all patients seen in pediatric offices with ear pain, or “otalgia,” actually have a classic middle ear infection. Sometimes kids with cold virus get ear pain that comes and goes, perhaps from the general congestion in their sinuses and nose. Pain can stem from many sources, including the outer part of the ear. Swimmer’s ear, which is an outer ear infection, is treated differently than a middle ear “inside” infection. Nearby body parts can also produce pain. Throat infections (pharyngitis), from strep throat or viruses, often cause pain in the ears. Even pain from jaw joint strain and dental issues can show up as ear pain. Over the years I have sent several children straight from my office to the dentist’s office for treatment of tooth ailments masquerading as ear pain.

No post on ear pain would be complete without addressing “ear tugging.” Many babies by nine months of age discover their ears and then play with them simply because they stick out (I will leave to your imagination what baby boys tug on). Babies often tug on ears when they are tired. Therefore, tugging on ears alone may not indicate an ear infection, especially if not coupled with other symptoms.

Although ear infections are one of the most common ailments of childhood, and most children have at least one ear infection

by age three, remember that not all ear pain is caused by ear infections. In the middle of the night, and even in the middle of the day, it IS okay to give some pain relief before seeing your child's health care provider.

Why ear pain always seems to awaken a child in the middle of the night, I'll never know. All I know is that I have to remember to buy a new otoscope for home.

Julie Kardos, MD and Naline Lai, MD

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Paris: explaining scary news to your children



In light of recent tragic events in Paris, you may be left wondering if, and how, to explain this or other tragedies to your children.

Understand that kids sense your emotions even if you don't

tell them. Not telling them about an event may make them concerned that they are the cause for your worried hushed conversations. Break away from your discussion with adults to say, " Do you know what we are talking about? We are not talking about you."

Even though an event may be far away, media makes it seem as if it happened next door, and sooner or later your children will see or hear about it. Tell the facts in a straight forward, age appropriate manner. Answer questions and don't be afraid to answer with an "I don't know." Preschoolers are concrete in their thinking—dragons are real and live under their bed, so don't put any there that do not exist. For a preschooler a simple "Mom is sad because a lot of people got hurt," will suffice. Young school age kids will want to know more details. And be prepared to grapple with more high level questions from teens.

Look for the helpers. Mr. Rogers who hosted Mister Roger's Neighborhood for 30 years, tells this story about seeing scary things on the news: "My mother would say to me, 'Look for the helpers. You will always find people who are helping.' To this day, especially in times of 'disaster,' I remember my mother's words, and I am always comforted by realizing that there are still so many helpers—so many caring people in this world."

If the kids ask, " Will that happen here?" or "Why did that happen?" Again, reassure in a simple straight forward manner. For instance you can say, "Many people are working hard to prevent something like that here." Consider answering the question with a question. Asking "What do you think?" will give you an idea of exactly what your child fears. You can also reach out to other family supports for help with answers. Say to your child, "I wonder what our minister or school counselor has to say about this, let's ask."

Routine is reassuring to children, so turn off the background 24 hour television and internet coverage and make dinner, take

them to sports activities, and get the homework done.

Give your kids something tangible to do to be helpful. Help them set up a coin donation jar at school or put aside part of their allowance for a donation.

If your child seems overly anxious and fearful, and her worries are interfering with her ability to conduct her daily activities, such as performing at school, sleeping, eating, and maintaining strong relationships with family and friends, then seek professional help.

Parent your children so they feel secure in themselves and secure in the world around them. You may not hold the answers to why a tragedy strikes, but you do hold the ability to comfort and reassure your children.

For more advice on this topic, please see this American Academy of Pediatrics recommendation for parents.

Naline Lai, MD with Julie Kardos, MD

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**Holiday gift ideas for
children of all ages and
stages**



Nice Auntie Mimi bought me Candy Land for the holidays... too bad I won't know my colors or understand how to take turns until next year.

For those of you who plan ahead: It's gift-giving season! We love pop culture, but if you are tired of GameStop gift cards or feeling a bit overwhelmed by *Frozen*, *Star Wars* and *Minecraft* 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." 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 alone or sit propped. 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 ([here is one way to teach kids about money](#)). The 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.

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 eyeing or give a gym membership. Cool techy trackers like Fitbit will always 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.

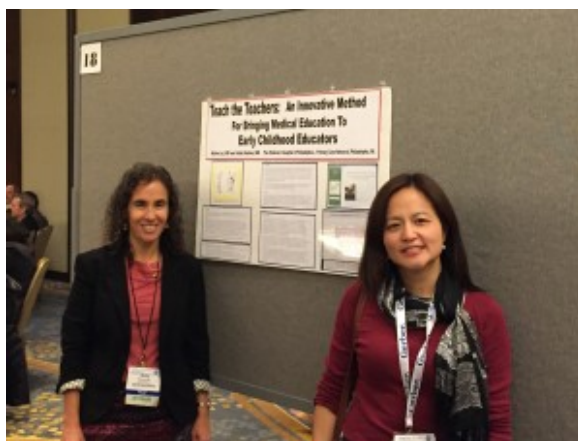
Adolescence is the age of abstract thinking and self awareness- Google "wall decals" and find a plethora of inexpensive ways to jazz up his or her room with inspiring quotes.

Enjoy your holiday shopping.

Naline Lai, MD and Julie Kardos, MD

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How to talk to little kids- why doesn't my kid listen to me?



Two peds in a pod presenting a poster at the 2015 AAP conference

We're back from the 2015 American Academy of Pediatrics conference where there was a call for pediatricians to focus on ways to identify and prevent the effects of toxic stress on children. Research shows toxic stress is disruptive to the developing brain, and has lifelong health ramifications. So in the future, look for more posts on ways for you to help the children in your family and community embrace stress and promote resilience. To start off, we look to the wise words of the late Dr. Barry Ginsberg on how to talk to young children. Whether you are discussing a dinner clean-up or tackling a complex issue such as an impending divorce, keep in mind that talking to a young child is not the same as talking to a "little adult."

Julie Kardos, MD and Naline Lai, MD

When children are young, it's important to be receptive to what we call teachable moments. Be prepared to respond when you perceive that your child is ready and then follow your child's lead. Here's such a moment:

Johnny, age three, asks Sam, his dad, "Why do I have to go to day care?"

Sam could explain that it's important to be with other children, or that he has to go to work. But instead, he realizes that he first needs to respond to Johnny's feelings. So he says, "You're not happy about going."

Johnny says, "Yes, I want to be with you."

"It makes me feel good that you want to be with me," Sam says, going to a positive feeling first. Then, he refers to his own feelings by saying, "That's important to me, too."

Only after Sam says this does he become specific and answer Johnny's question with facts: "It's important to go to day care because I feel better knowing where you are and that you are safe when I'm at work."

This was a teachable moment. Sam paid attention to Johnny's feelings, acknowledged both their feelings, and offered a reasonable explanation. This demonstrates Sam's respect for his son. As a result, Johnny truly "heard" his father.

When talking with young children, keep the following in mind:

1. Young children express themselves mostly through play.
2. Play is how they go about understanding their world and experiences.
3. Letting a young child lead you in play helps you understand the child better.
4. It may be hard to get a young child to let you know that

she understands you. Forcing her to respond may be threatening to her and frustrating for you.

5. Even though children may not seem to be showing you that they understand, they probably do.
6. Keep your comments short and simple. As much as possible, try to phrase things in children's terms, let them know you understand their feelings and use your feelings when you want to let them know what you want. For example, "You'd like to keep playing but I'm unhappy that the toys aren't picked up," and "The rule is that toys are put away before dinner."
7. If you want children to understand or do something, you need to be patient; repeat it a few times; gently convey through your movements what you want; and try not to act out of your frustration.
8. Try to be consistent, and have clear rules and expectations.
9. Pay attention to children's feelings when talking to them.

Read these nine suggestions over a few times. It takes a little practice to use them consistently. Be patient with yourself. You'll get it after a while.

Barry G. Ginsberg, PhD, ABPP, CFLE

Posted with permission from 50 Wonderful ways to be a Single-Parent Family. Child psychologist Dr. Barry Ginsberg served as a beloved child and family psychologist in Bucks County, PA since 1969 until his recent death.

To learn more about the American Academy of Pediatrics resilience project: Theresilienceproject

For a set of skills, experiences, relationships, and behaviors that enable young people to develop into successful and contributing adults: [The Search Institute](http://TheSearchInstitute)

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