

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, 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



The giraffe always felt his sore throat lasted longer than everyone else's sore throat.

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 times a day to coat the back of 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

Julie Kardos, MD and Naline Lai, MD

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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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***Dr. Patricia Gage** runs Brain Smart Academics, her own private practice as a school psychologist in Stuart, Florida, and has taken the lead in many charitable organizations that help promote children’s social/emotional wellness and women’s health.*

***Dr. Gina Penafior**, mother of a school-aged child, tween and teen, is a primary care pediatrician in South Florida with a background in emergency and hospital medicine. She and Pat have combined their knowledge and experiences to create a Hang-In-There educational card series. Their mission is to help busy moms and dads lead a more rewarding (and less stressful!) parenting experience.*

To learn more, please visit their website at www.HangNthere.com or Facebook page, or e-mail them at busymoms@HangNthere.com.

Potty training: the advanced course



Just when you thought your child graduated from potty training ...there's more

Believe it or not, this post is for parents of kids who are already potty trained. Because sometimes even kids who are potty trained will refuse to use the toilet.

Changes and transitions, such as the start of a new

school year, can trigger regression in kids who have been potty trained for years. Now that your children have been back to school for a few weeks take the quiz:

-Does your child come home from school and make **a mad dash for the bathroom** before he even gets his shoes off or asks you for a snack?

-Does your child stop eating and complain of **belly pain after two bites of dinner**?

-Does your child's **poop routinely clog your toilet**?

-Is your child's **underwear sometimes damp**?

-Have you noticed **skid marks** (small streaks or smears of poop) on your child's underwear?

If you answer "yes" to ANY of these questions, then read on.

Advanced Potty Training

The main problem many kids encounter is that once school starts, they have a lot of new distractions and can't be bothered to pee or poop. First, the morning routine might be more rushed. In school, the teacher is teaching. Your kid is interacting with other kids. The school's bathroom is foreign, and may even have an auto-flush toilet: scary for the newly-trained. And unlike your newly potty-trained toddler who often finds it thrilling to try out every public restroom he sees, kids in school may feel more self-conscious, and not as adventurous, about visiting new bathrooms.

School bathrooms can be smelly, loud, and even places where kids bully each other. Some kids develop an aversion to using the school bathroom. These kids hold their pee and poop all day long until they get home, then run into the house and make a mad dash for the bathroom.

A child's internal debate

For a kid who becomes overstimulated at school or who develops an aversion to the school bathroom, his bladder and brain have a conversation that goes like this:

Bladder: I am full.

Brain: Hold it, I don't want to use the bathroom right now.

Bladder: But I REALLY have to pee.

Brain: Tough luck, Bladder, just wait till we get home.

Bladder: But I have no more room for pee!

Brain: Deal with it, Bladder!

So, the bladder has two choices:

1-Bladder overflows, at least enough to relieve a bit of pressure. This causes damp underwear. (For other reasons click [here](#) to review our post on damp underwear.)

OR

2-Bladder distends to accommodate more urine and confuses the nerves that supply sensation to the bladder. Kids lose the ability to tell if they have to urinate, which leads to full bladder-emptying accidents, and can lead to urinary tract infections.

A similar discussion can occur between your kid's brain and his rectum:

Rectum: I am full of poop, Brain. Take us to the bathroom.

Brain: In school? Are you kidding? I am enjoying this game the class is playing/I am embarrassed to poop in school/I am afraid of the school bathroom. HOLD IT!

Rectum: OK, but you're not going to like how this comes out in the end.

The rectum also has two choices: release just a bit of stool so it doesn't feel so full and uncomfortable – these are skid marks. OR it will just hold onto the stool, making it larger and harder all the while, so it becomes painful and scary to pass and ultimately clogs the toilet.

This cycle leads to more problems – over time, the distended rectum develops decreased sensation (sound familiar?) and ultimately the child loses the ability to feel when he has to poop. Large poop masses in distended intestines can lead to pain while eating (the kid who eats two bites of dinner, then stops because of belly pain). Poop can leak out without your child knowing because he is unaware of the sensation of the chronically-ignored-full-rectum. In addition, a full rectum will also press on the bladder changing the way the brain is sensing whether or not to void.

How can we parents prevent these problems?

Remind your child to use the bathroom upon waking up in the morning and again before leaving the house for school. Even if he says he does not have to go, tell him to “Just check- sit for 2 minutes.”

Ask your child if he uses the bathroom in school. Preschool and early elementary school teachers often have scheduled bathroom breaks, but then it's entirely up to your child to remember to use the bathroom. Encourage him to stop in the bathroom around lunch time in school.

Once home from school, remind your child to use the bathroom or “just check” if he hasn't already done so.

If you leave the house again for an after-school activity, insist that he “just check” again to decrease your chances of having to use another “foreign” toilet.

Incorporate a potty check into your child's bedtime routine, even if he went relatively recently. Ideally the healthy

bladder empties four to six times a day and the healthy bowel easily passes a stool at least once a day or every other day.

Because boys usually stand to urinate, remind them to sit at least once or twice a day, even if they don't feel the urge to poop. As a mom of three boys, trust me: they often surprise themselves.

Even middle school and high school kids can have these problems. Suggest to your older child who, for whatever reason, avoids school bathrooms, that she can stop by the school nurse's office to use the bathroom. She could also get up in the middle of class, if needed, and use the bathroom when it is most likely to be empty of other students, unlike during change-of-class time.

School cafeteria food and snacks provided at sports or other after school activities are not always healthy and can contribute to making stools too hard, so make sure to provide healthy choices at home with plenty of fruits and vegetables. Teach your kids to avoid too many cookies and other high fat foods – these are constipating foods. Encourage water-drinking. Caffeine-containing drinks (ice tea, soda) cause excess urine production and thus more stress on the bladder that your child might already be forcing to “hold it” for too long.

As for the children who frequently run to the bathroom in the daytime, but only pee a tiny bit, beware of something called urinary frequency syndrome.

Final exam

1-Does your child use the bathroom regularly, without stress or pain?

2-Can your child “go with the flow” in school as well as home, without any toilet clogging?

3-At the end of the day, is your child's underwear without urine or skid marks?

If you can answer YES to all of the above, then you and your child have passed advanced potty training!

Julie Kardos, MD and Naline Lai, MD

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Where the boys are: raising emotionally healthy sons



photo by Lexi Logan,
www.lexilogan.com

We welcome back guest blogger Dina Ricciardo LSW, ACSW who

addresses how to support the emotional health of a boy – Drs. Kardos and Lai

Your son is crying. A mad dash across the playground has led to a spectacular trip and fall, complete with a bloody knee and hands full of dirt. Part of you wants to hold him on your lap and console him until he stops crying. The other part of you wants to firmly wipe away his tears and tell him to be brave. Which part of you is right?

In a world where there is a great deal of emphasis placed on the emotional health of girls, our boys are frequently overlooked. While girls are typically encouraged to develop and express a broad range of emotions, boys are socialized from a young age to suppress their feelings. As a result, many boys and men struggle to express fear or sadness and are unable to ask for help. It is time for us adults to stop perpetuating stereotypes and myths about manhood, and help each other raise emotionally healthy boys. Here are five ways for us to do so:

Make his living environment a safe space to express emotions.

Give your son permission to express *all* of his feelings. Boys typically do not have the freedom to show the full range of their emotions in school and out in the world, so it is essential that they have that freedom at home. Nothing should be off limits, as long as feelings are expressed in a manner that is not destructive.

Expose him to positive male role models. Boys need to be exposed to positive male figures who can indoctrinate them into their culture and teach them how to be men. It is an important rite of passage in a boy's development. Take a look around your social ecosystem and ask yourself, "Who would be good for my son?" Other parents, coaches, teachers, and pastors are examples of individuals who can play a positive role in his life.

Understand your unique role. Each parent plays a unique role in the development of a son, and that role changes over time. A mother is a son's first teacher about love and what it looks like, and this dynamic can breed a particular kind of closeness. As a boy grows and begins to develop his sexuality, however, it is natural for him to pull away a bit from his mother and turn more towards his father for guidance. While this distance can be unsettling for mom, it marks a new phase in a son's relationship with his father, who typically provides a sense of security and authority in a family as well as support for a boy's developing identity. Mothers still play an important role, but that role may look different. As parents, it is important to re-evaluate what our sons need from us at each stage of their development.

Look at the world with a critical eye. Our culture not only glorifies violence, it equates vulnerability in males with weakness and attempts to crush it. That does not mean we have to accept this paradigm. Talk honestly with your son about how and when to be gentle and compassionate, educate him on how the world view softness in men, and never tolerate anyone shaming him when he exhibits these traits. There is no shame in showing vulnerability, it is actually an act of courage.

Take a look in the mirror. Whether you are a mother or a father (or both), be honest with yourself: what are your beliefs about manhood? Do you feel safe expressing all of your feelings, or are some of them off-limits? If you are perpetuating negative stereotypes about men or are not comfortable with a full range of emotions, then your son will follow in your footsteps. Regardless of our own gender, we cannot expect our children to be comfortable with their feelings if we are not comfortable with our own.

There are times when insuring the emotional health of your son will feel like an uphill battle. Keep the conversation open, and do not be afraid to talk with others about the dilemmas of boyhood and manhood. And if you are looking for an answer to

the playground dilemma, then I will tell you that both parts of you are right. Sometimes our sons need loving compassion, and sometimes they need a firm nudge over the hump. You know your child better than anyone else, so it is up to you to decide which approach to use and when.

Dina Ricciardi, LSW, ACSW

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Dina Ricciardi is a psychotherapist in [private practice](#) treating children, adolescents, and adults in Doylestown, PA. She specializes in disordered eating and pediatric and adult anxiety, and is also trained in Sandtray Therapy. Ricciardi is a Licensed Social Worker and a member of the Academy of Certified Social Workers. She can be reached at dina@nourishcounseling.com.

When your child says, “My belly hurts”



This week Two Peds joined Kelley on her blog Happy Health Kids as she talked about the dreaded phrase, "My belly hurts."

If I crunched the numbers on how often my kids have uttered certain phrases, "my belly hurts," ranks pretty darn high. So common is this refrain, and typically uneventful the outcome, that there's a cry-wolf quality to it; I typically point my child towards the pantry or bathroom and go about my day. But sometimes, a stomachache persists, and then figuring out the cause can be like falling into a rabbit hole (and equally unpleasant)....[click here to continue](#)

School: Motivate your child to embrace learning



photo by Lexi Logan

*"What will happen if your grade drops from an "A" to a "C"?"
I sometimes ask during a check-up.*

*Many kids shrug and say, "Try harder next time, I suppose."
Others look shocked and anxious about the possibility and are
speechless.*

*Still others will point at their parents and say, "THEY would
kill me."*

*Observe a toddler learning a new skill. You will see him
repeatedly try to fit a ball into a hole until he is either
successful or wanders way. He is not anxious or afraid of
failure. He is not "stressed" about trying to learn. Although
all children start this way, too often toddlers become big
kids who end up in my office discouraged and worried about
school performance. Today's guest writers, based on the work
of Dr. Carol Dweck, discuss ways parents can influence their*

children so that they embrace learning.

– Drs. Lai and Kardos

Researchers under the leadership of Dr. Carol Dweck conducted a survey of parents of school aged children. The majority of parents thought it was necessary to praise their children's intelligence in order to give them confidence in their abilities and motivate them to succeed. Instead, this approach can lead to fixed mindsets in children. Kids with fixed mindsets believe "my abilities are what they are."

Instead, the most motivated and resilient students demonstrate a growth mindset. They are the ones who believe their abilities can be developed through their effort and learning. These students are resilient and persevere when tasks become challenging.

A study of students' brain waves revealed students with a fixed mindset were interested in whether they got an answer right or wrong, but when they were wrong, they paid little attention to the correct answer. Students who were praised for their intelligence later lied about their scores. They felt the errors were so humiliating that they could not own up to them. The students failed to persevere, believing they were no longer "smart," and therefore unable to meet academic challenges.

Students with a fixed mindset typically think it is best if they:

- Don't make mistakes – "I'm too smart to make mistakes."
- Don't need to work hard – "I'm smart and learning comes naturally to me."
- Don't try to repair mistakes- "I was wrong, and that is the end of it."

Students with a growth mindset generally:

- Take on challenges
- Work hard
- Confront their deficiencies and correct them

How should parents talk to their children in order to develop a growth mindset?

- Wow, you got 10 out of 10 right! What strategy did you use to get a perfect score?
- What can you learn from this mistake that will help you do better next time?
- I am proud of how hard you worked on this project and look at how your hard work paid off!

- The strategies you used last time didn't work. Let's take a look at them so I can help you figure out better strategies to use next time.
- You're becoming such a good learner!
- Smart is not something you are; it's something you become. Let's figure out how you can become smart at this assignment.

What is your child's mindset? Ask yourself, what is your own mindset? Have a conversation with your child as you discuss your child's report card. Use any upcoming parent teacher conference to examine outlooks, attitudes, and strategies that are or are not supporting your child's academic progress.

- Where applicable, praise your child's positive skills and attributes. Celebrate instances you observed that contributed to positive indicators.
- When necessary, examine areas of poor performance and strategize with your child about how he or she can turn a weakness into a strength. Again, you may revisit situations you observed this past grading period in which your child took shortcuts, provided incomplete work products, or did not do his or her personal best.
- Make your expectations very clear in terms of why you value attributes or traits of resiliency, and how they can and will develop into habits that will serve your child well.

Grades are a distant second to the level of effort a child invests in personal learning in any setting.

Leonard H. Schwartz and Michael R. Testani

Mr. Schwartz and Mr. Testani have been central to the Central Bucks School System in Pennsylvania. After forty-three years as an educator in two school districts and five schools, Mr. Schwartz retired in 2012 . Most recently he served as the principal of Mill Creek Elementary School. Mr. Testani wrote this while he was the Assistant Principal of the Mill Creek Elementary School. Mr Testani now serves as the principal of Gayman Elementary School. This post was published in its full original form in the publication Principal's Prose of Mill Creek Elementary School.

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Staggering: How to tell if your child's back pack is too heavy



Dr. Lai staggers under the load of a back pack

Although we see in the news that ebooks are replacing textbooks, our kids' backpacks look heavier than ever. Returning is physical therapist Dr. Deborah Stack with backpack pointers. -Drs. Lai and Kardos

With the return to school, we wanted to remind you of some healthy backpack tips. I recall the first day of school one year when the "first day of school" photo showed my not-quite-100-pound child bending in half under the weight of a backpack, trombone, lunchbox and art portfolio. I quietly decreed that it would not happen again. To make sure it does not happen at your house either, consider a few suggestions to keep your children healthy:

1. A traditional backpack with **two shoulder straps** distributes the weight more evenly than a pack or messenger bag with a single strap.
2. Look for **wide, padded straps**. Narrow straps can dig in and limit circulation.
3. Buckle the **chest or waist strap** to distribute weight more evenly.
4. Look for a **padded back** to protect your child from pointy pencils etc.
5. Look for a **lightweight pack** that does not add much overall weight.
6. **Multiple compartments** can help distribute weight.
7. **Place heavier items** close to the spine instead of in front pockets.
8. **Compression straps** on the sides or bottom of the backpack can compress the contents of the backpack and stabilize the articles.
9. **Reflective material** allows your child to be visible on those rainy mornings.
10. **A well fitting backpack** should match the size of the child. Shoulder straps should fit comfortably on the shoulder and under the arms, so that the arms can move freely. The bottom of the pack should rest in the contour of the lower back. The pack should “sit” evenly in the middle of the back, not “sag down” toward the buttocks.

How much should that tike be toting? [The American Academy of Pediatrics](#) recommends no more than 10-20 percent of body weight and the American Physical Therapy Association recommends no more than 15 percent of a child’s weight. Here’s a chart to give you an idea of the absolute maximum a child should carry in a properly worn backpack:

Child's Weight (pounds)	Maximum Backpack Weight (based on 15% of body weight) (pounds)
50	7.5
60	9
70	10.5
80	12
90	13.5
100	15
110	16.5
120	18
130	19.5

Here are some ideas to help lighten the load, especially for those middle school kids who have a plethora of textbooks:

1. Find out if your child's textbook can be accessed on the internet. Many schools are purchasing access so the students can log on rather than lug home.
2. Consider buying an extra set of books for home. Used textbooks are available inexpensively online.
3. Limit the "extras" in the backpack such as one free reading book instead of five. I am not exaggerating; one day I found five free reading books in my child's backpack!
4. Encourage your child to use free periods to actually study, and leave the extra books in his locker.
5. Remind your child to stop by her locker between classes to switch books rather than carrying them all at once.
6. Consider individual folders or pockets for each class rather than a bulky 3-ring notebook that holds every subject.

You may need to limit the load even further if your child is still:

- Struggling to get the backpack on by herself
- Complaining of back, neck or shoulder pain
- Leaning forward to carry the backpack

If your child complains of back pain or numbness or weakness in the arms or legs, talk to your doctor or physical therapist.

When used correctly, backpacks are supported by some of the strongest muscles in the body: the back and abdominal muscles. These muscle groups work together to stabilize the trunk and hold the body in proper postural alignment. However, backpacks that are worn incorrectly or are too heavy can lead to neck, shoulder and back pain as well as postural problems. So choose wisely and lighten the load. Happy shopping!

Deborah Stack, PT, DPT, PCS

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