



## Broadcast Transcript

**Broadcast:** Parenting Basics: Toddlerhood – Part 2

**Guest(s):** Dr. Paul C. Reisser, Dr. Bob Mann, Dr. Mary Anne Nelson

**Air Date:** July 12, 2022

[Listen to the broadcast](#)

**Dr. James Dobson:** Well, hello everyone. I'm James Dobson and you're listening to Family Talk, a listener supported ministry. In fact, thank you so much for being part of that support for James Dobson Family Institute.

**Roger Marsh:** Well, hello, friends. And welcome back to Family Talk. Family Talk is the radio home of Dr. James Dobson and the flagship program of the Dr. James Dobson Family Institute. Well, for today, we are continuing with part two of a classic conversation we started and presented to you yesterday. It featured Dr. Dobson and pediatricians, Dr. Paul Reisser, Dr. Bob Mann and Dr. Mary Anne Nelson. The topic, parenting basics focusing on the toddler and toddlerhood. So the question, what exactly is toddlerhood?

Well, it varies. There is no precise definition of this pediatric term or age range. But in general, if you have a toddler, you know you're in toddlerhood. It's often considered anywhere between one and three years of age. I like to call it the wobbly years. Let me start with a question for you. Do you and your spouse have a young one, or maybe a couple of little kiddos wobbling around in your house? Or maybe your kids are now having kids and they are in that season of life with children, literally underfoot.

Well, new parent or grandparent leaning in and helping watch and raise toddlers, I bet you have your hands full. Welcome to toddlerhood. Let me tell you a little bit about our expert panel and give you some context on what they discussed yesterday and where we'll be headed for today's program. Dr. Paul Reisser is a retired family practitioner. He served as lead author of the books, *The Complete Guide To Family Health, Nutrition, and Fitness*, and the best seller, *The Complete Guide To Baby and Childcare*.

Next on our panel, Dr. Bob Mann, currently serving as the senior physician at Cook Children's Hospital in Mansfield, Texas. He is the founding board member of Mission Arlington/Mission Metroplex, where a medical clinic was named in his honor. And finally, rounding out our panel, Dr. Mary Anne Nelson, a family medicine specialist who lives and practices pediatrics in Cedar Rapids, Iowa. Dr. Nelson is affiliated with Mercy Medical Center and St. Luke's Hospital.

Yesterday on the program, our panel shared with Dr. Dobson, some of the ins and outs of how to handle some of the key issues every parent with a toddler faces, from the toddler's first checkups, expected diet, exploring new foods, creating a healthy framework for food that doesn't become a power struggle, or even just those finicky eating habits. They also covered the predictable defiance and independence traits in those first years, as baby becomes toddler and toddler becomes child.

Our medical experts even discussed the necessary hours of sleep your toddler should be getting. They also unpacked attachment and separation issues affecting the toddler for you, your spouse, your extended family, heck, even the sitter, to understand and to manage. Well then, there is a lot of information to connect the dots today. Yesterday, as you'll recall, our panel closed by touching upon parental burnout, and that's exactly where we will pick things up right now. They're also going to offer sage advice on how to select childcare, how to do the vetting process. That is in fact, the number one issue on the minds of many new parents these days as they're returning back to work, how to select for, and pay for childcare. Sound interesting? Well, without further ado, let's go there right now as Dr. Dobson continues.

Dr. James Dobson: This is a subject that I've been very concerned about for some time, parental burnout, because I think it's a bigger problem than people realize. Parenting is a marathon. It's not a sprint and you have to find a pace that you can keep. You've got to get into a routine that won't drain your batteries to the point that you can't start the engine. And I see a lot of parents doing that. And in fact, the more you care, the more you love your kids, the more dedicated you are to that task, the higher, the probability of burning out.

And so there has to be time away and women especially, must resist the temptation to pull in, in an isolated cloister with those kids and never get out and never get away. You're draining the batteries. You've got to find a way to recharge them and I know you all feel the same way.

Dr. Paul Reisser: Absolutely.

Dr. Bob Mann: It's bad enough, Jim, in a family that has just normal, healthy kids, but so many families, moms that are taking care of special needs kids, kids they're sent home from intensive care nurseries on monitors and multiple doses of medication every day, kids with severe congenital handicaps and those-

Dr. James Dobson: Or just ADD kids who are just very, very, ADHD kids who are very hyperactive.

Dr. Mary Anne Nelson: And those children where the parents need the most relief are the ones that there's also the hardest time finding appropriate sitters for.

Dr. James Dobson: Yeah. Speaking of sitters, finding childcare is a real problem today and that which you trust and that, which you have confidence in, that which is clean and

safe. I, in the early days, was opposed to childcare centers because I wanted mothers to do that job. But there are many single parents out there who absolutely have to work. There are other parents where the financial situation is such that they have to go back to work. That's their decision. They have to make that decision. And in those cases, there does have to be good, safe childcare. Where do they find it today?

Dr. Paul Reisser: Well, I think the first thing is to remind everyone who's going to be making this kind of decision to think about the big picture. Now I realize for the single parent, there may be no choice in some families though, there may be a little bit of play in the question of how much income do we need versus how much time can we spend with our kids? But also to remember that when kids are young, especially at this age, it really is important for them to be cared for primarily by people who are passionately and sacrificially concerned about them.

Dr. James Dobson: And you can't hire that.

Dr. Paul Reisser: You can't always hire that. Sometimes you can get close, but this isn't to make anyone feel guilty. And believe me, this book talks all about all the options, but to keep that basic idea in mind and if possible, if possible, to spend the majority of the waking hours, especially in the early years, with one of their own parents or someone else who is equally committed to them, to their wellbeing. Now, granted, there's all kinds of variations on the theme. And there may be situations where I hate to say it, but in some families where a very irresponsible parent is not going to do as good a job as a caring relative. Unfortunately, that's the case. Hopefully that isn't for most of our listeners.

When the time comes to look at the whole issue of childcare, where we're really going to go with this, a variety of options might be available. Maybe somebody can come into the house and spend time with the child during the course of the day, a nanny, an Au Pair, a relative, someone along those lines. Sometimes there's an option of a small group home situation, where a few children are cared for by a family. And perhaps you have a possibility there of a little more attention to each child by the individual. But again, you may have to worry about who is this? Are they properly trained to do what they're going to do?

Dr. James Dobson: Well, there've been a number of stories in the newspapers and the media recently about tragedies that have occurred in various childcare settings, even one murder trial that caught our attention and parents are uneasy about that now. And for good reason, they're afraid to even bring a nanny into the house. Well, what red flags would you say parents should look for? How should they evaluate the childcare possibilities in their own environment?

Dr. Paul Reisser: Whether it's in their own home or outside of their home, I think the most critical thing is who is the person or the people involved? Do you feel comfortable with this person taking care of your child? Does this person look comfortable and relaxed around your child? What prior experience do they have? Do they have

any references? On the negative side, you'd be looking for things like, do you have a child that becomes upset or fearful if they're going to a particular caregiver and it doesn't seem like their behavior is normal, if they've been there before and now they don't want to go again? Does the caregiver look impatient and stressed and hassled?

- Dr. Paul Reisser: One that I always make a big point about is, does the caregiver encourage the parent, whether this is a childcare center or a home, does the caregiver encourage the parent just to drop in any old time? Because some of them are a little antsy about that and they want to get things straightened up. But the fact is, you ought to be able to walk in anytime and find things in reasonable order.
- Dr. James Dobson: Some people put video cameras in the home so they can watch it anytime and it's picked up on the internet. I don't know. That probably makes babysitter uncomfortable, but might not be a bad idea.
- Dr. Bob Mann: I've had some of the moms in my practice do that. And vast majority of the time, they've been very pleased with what they saw from the-
- Dr. James Dobson: I have a view on this that I get in trouble, at least I get criticized for saying every time I've said it, and I'll say it on the air, as long as we're doing this program. I know that some people strongly disagree with me. For all I know, you all may. But I would never ask a teenage boy to babysit with little girls. The sexual drive, the sexual curiosity is just too powerful in those adolescent years. I wouldn't put either one of them at that risk. You want to-
- Dr. Bob Mann: No, I agree. Totally. There may be a 15 minute thing where there's an emergency or something like that, but not for a standard sitting sort of situation.
- Dr. James Dobson: I think you're just asking for it. You agree?
- Dr. Mary Anne Nelson: I think that's great wisdom.
- Dr. James Dobson: It just is an unnecessary risk. Anything else, Paul, there that you want to comment on?
- Dr. Bob Mann: I had one other comment on that. You can do everything right, and still get burned. You can have somebody with excellent references, excellent credentials, someone you even had good experience with and still find that carelessness or deception or something else is going on. Recently in our family, we have a granddaughter who has diabetes. So my daughter and son-in-law were out and my wife went over to see that the shot was given at eight o'clock at night while a sitter was there.

Well, my five year old granddaughter was out sitting on the front porch, waiting for my wife to show up, right near a very busy street. And my wife went on into the house and the sitter had absolutely no idea where the five year old was it.

Dr. James Dobson: Incredible.

Dr. Paul Reisser: Now, Bob has mentioned a sitter and we've talked about daycares and sitters, and they're really different issues. The sitter's going to be their short time and the daycare is perhaps a long term arrangement. But I think it's good to make the point that you may spend a lot of time pre-screening your daycare and checking the facilities and make sure they're safe and that everybody's doing the right thing and they're sanitary and the people and all that, and then leave your child for an evening with somebody that you barely know. And that question of, hey, would you leave this person, your car? Would you let them house sit for you? This is the most precious thing in your life. Are they capable of doing the job that you need to do?

Dr. James Dobson: And one of the saddest events in life, and I've seen it, and I know you all have too, is where a parent trusts a child, even a little older child to somebody and then that child is sexually abused or in some way not taken care of properly and then you feel guilty the rest of your life.

Dr. Paul Reisser: It's every parent's utter nightmare to think of that happening. And I think there's nothing more important than to spend little time with whoever this is going to be, and it may be a teenage girl, this is a common babysitting cadre, and really get to know them. It's nice to get references. It's nice to interview them. Let them spend little time with your child. And when you get a good one, pay them, pay them real good. Let them know that you appreciate the kind of work that they're doing and reward them. And you'll have somebody who will be ready in a minute if you need them.

Roger Marsh: Well, this is Roger Marsh, and you're listening to Dr. James Dobson's Family Talk. We are in the middle of a fascinating conversation. Actually, we like to call it a panel discussion or a round table, if you will. It's hosted by Dr. James Dobson, of course, and joined by three experts in the field of child and baby development. They are all pediatricians and their names are Dr. Paul Reisser, Dr. Bob Mann and Dr. Mary Anne Nelson.

Each of these medical professionals have devoted their careers to studying, caring for and treating babies, toddlers, and young children. Dr. Paul Reisser is a retired family practitioner. He served as lead author of *The Complete Guide To Family Health, Nutrition, and Fitness*, in addition to the best-seller called *Complete Guide To Baby and Childcare*. Dr. Bob Mann serves as the senior physician at Cook Children's Hospital in Mansfield, Texas. He is the founding board member of Mission Arlington/Mission Metroplex, where a medical clinic is actually named in his honor.

And last, but certainly not least a kind woman and an experienced pediatrician, Dr. Mary Anne Nelson rounds out our panel. She's a family medicine specialist based in Cedar Rapids, Iowa. Dr. Nelson is affiliated with Mercy Medical Center and St. Luke's Hospital there in the Cedar Rapids area.

Well, we have a lot of material yet to cover, on the world of toddlers and how parents can navigate and survive and thrive this season, in toddlerhood together with those precious children whose care has been entrusted to them by our creator. Now that bear's mentioning for sure. So, let's go back to this conversation right now. Here once again is Dr. Dobson.

Dr. James Dobson: Now in our earlier discussions, there was just a passing reference to ear infections, which are very common at two years of age. How serious are they? How seriously should we take them? And what about just fevers at that age, from the viruses and bugs that come along? Give us some guidance on that.

Dr. Mary Anne Nelson: Ear infections are very common through infancy and through toddler ages. They are serious in the sense that while a child does have an active infection or fluid in the inner ear, which often follows infection sometimes for many weeks. During that time, their hearing is not correct. And it's somewhat like hearing underwater during that period of time. So the learning curve is down while there is not excellent hearing.

Dr. James Dobson: Is damage done to the hearing, permanent damage during that time?

Dr. Mary Anne Nelson: It's very uncommon that there would be any permanent damage done to the hearing, but it does cause problems with the learning curve. Also, there's the concern about a lot of antibiotic use. And there's a lot lately that's come out about resistant organisms and numerous antibiotics and we're concerned about that. We want antibiotics prescribed when there actually is an infection, but if there just as fluid in the inner ear, that is not always necessitate having an antibiotic administered.

Dr. James Dobson: Can any of the ear infections go into secondary infections that can be much more serious?

Dr. Mary Anne Nelson: Yes, they can. Ear infections oftentimes correspond to sinus infections. And sometimes there then would be bronchitis that would come, all rolled into one.

Dr. James Dobson: Any link to encephalitis?

Dr. Mary Anne Nelson: It would be extremely unusual, but yes, especially in very tiny infants, ear infections can lead to encephalitis, but that generally isn't a problem in the-

Dr. James Dobson: So, you don't want to ignore them.

Dr. Mary Anne Nelson: No, you don't want to ignore them.

Dr. Paul Reisser: In this age group, you're going to be seeing a lot of colds. You're just going to see a lot of colds, maybe as many as six or eight a year, especially-

Dr. James Dobson: I've got one right now as you can hear.

Dr. Bob Mann: Well, partly because they're out and about a lot more they used to be.

Dr. Paul Reisser: That's right. They're with other kids, or if they're in daycare, it is well documented that they are going to get more upper respiratory infections.

Dr. Bob Mann: Not only more, but oftentimes harder to treat because these kiddos are already in a situation where many of them are on multiple antibiotics. And so you're going to find the more resistant germs in a daycare situation.

Dr. Paul Reisser: Right. But nevertheless, we do encourage parents not to get too carried away on insisting that Johnny needs an antibiotic, because if he doesn't get his amoxicillin or whatever, he's going to get this or that. We really need to see the infection going before we jump in with that, for all of these reasons.

Dr. James Dobson: Would you criticize a medical profession for giving antibiotics too quickly and too often in the past?

Dr. Paul Reisser: I think that we are all under that pressure in an office because we all want to do something. And there's often that feeling, well, you got an antibiotic, so the visit was really worth it. And just to tell the mom, no, it's okay, it's a virus and just some simple things to do at home, it'll go away, really does not satisfy a lot of parents. They want something more done and there is this magic bullet kind of effect. And the pharmaceutical manufacturers have come out with some really dandy antibiotics. We call them "Godzilla-cilin." They cover everything and they are now, unfortunately, they're very effective, but we are seeing more and more, very scary resistance patterns developing in the community.

Dr. James Dobson: Are we, at this time in the heyday of our ability to control microorganisms? Will a generation from now, we have fewer antibiotics that will control infectious disease because of that desensitization process?

Dr. Bob Mann: I wouldn't say heyday. I think we may be past the heyday, at least what appears to be now that it is much more difficult to create new and better antibiotics. And maybe 10 years ago was the heyday, we may have peaked.

Dr. James Dobson: So that there may be strains coming that we can't treat?

Dr. Paul Reisser: Yes. But one bit of good news, there has been some work in Europe where there are concerted efforts to downscale the antibiotic use in certain countries. And they have found that the bacteria are retreating in terms of the sensitivity. They are becoming more sensitive again. So I think it is possible to back off that

hardcore resistant bug pattern, but it's a big social issue. It's going to take a lot of doctors making a lot of different decisions.

Dr. James Dobson: So, the bottom line for what we're saying to parents right now is don't insist on an antibiotic. Take the advice of your physician. In your day by day practice, I'm sure you see many childhood diseases and problems that are not that serious, that even if you didn't take any action, the child is going to do pretty well. What do you worry about most? When a child comes in with a particular set of symptoms, what disease or development causes the greatest alarm for you? What do you need to jump on the fastest?

Dr. Mary Anne Nelson: One of the more common illnesses that is very important to look for carefully is urinary tract infection. And that can present very obviously in the case of a bladder infection, where there would be very frequent voiding, perhaps bloody urine, pain with urination. Those signs are very obvious, but the most-

Dr. James Dobson: More common in girls than boys?

Dr. Mary Anne Nelson: It is more common in girls in the age one and up years, than it would be in boys. It's different in the first few months of life. However, the harder urinary tract illness to identify is when it involves the kidneys. Kidney infection does not give, what we call the lower tract symptoms. It does not give the frequent urination, the burning with urination or the blood in the urination, but it does often present more like a flu with high fever or fussiness, just generally this child is not feeling well and you absolutely can find nothing on physical exam to explain the presentation. And that's when it's incredibly important to look for urinary tract infection.

Dr. Paul Reisser: I can speak to that from personal experience. My daughter at three ran 103 fever for two or three or four days. I don't know how long it was. I was watching her, figured, didn't see anything going wrong until she just got sicker and sicker. And she had a full blown kidney infection that was not declared by any other symptom other than fever, and just getting more and more lethargic.

Roger Marsh: Well, this is Roger Marsh stepping in here as we close today's broadcast and offering a big thank you to you, Dr. Dobson, and also a thank you to our panel of guests, pediatricians, Dr. Paul Reisser, Dr. Bob Mann and Dr. Mary Anne Nelson for this special edition of Family Talk. The timeless truths and best practices that you all have shared are surely going to benefit a new generation of young parents who are starting out on this journey. And if you fall in that category, as Dr Dobson said, remember, this is a marathon and not a sprint.

So, we are sending prayers and admiration your way, mom and dad. And remember, if you need a resource, we have you covered here at the Dr. James Dobson Family Institute. Check out our resources page for books and materials on just about every subject you can imagine associated with raising a child, go to [drjamesdobson.org](http://drjamesdobson.org). Look for the toolbar, click resources, and then click store.



You'll be amazed at what you find there, all of doctor's classic books and more. That's [drjamesdobson.org](http://drjamesdobson.org). Hit the word resources and then click store.

I was thinking so much as listening to the past couple of day's programs, thinking about how much I appreciate the sage wisdom that the panel of experts have been giving us, but also reminded too of all the sage wisdom that I received just from other parents and grandparents, when I was starting out in the parenting journey. Lisa and I are the parents of six children between our two families. And I'll tell you what, there are times when you sit there and pray that the potty training goes well, so you don't have to deal with diapers anymore. You step on one too many Legos or Matchbox cars, and you begin to ask, oh my goodness, is this ever going to end?

And then of course, when it comes to fussy eaters, three fussy eaters, three not so fussy eaters, which ones are good at taking naps, that type of thing. You know, I realize that raising kids in the 80s and 90s, a whole lot different than what parents are going through right now, but I'll tell you what, I'm still going to say this, getting kids potty trained, probably the best part of toddlerhood because I don't miss the diapers and I'm sure you won't either.

But I'll tell you what, this is a topic that is still very, very important for us as grandparents now, to be able to have with our kids in terms of the children that they are raising, the next generation of the faith tradition in all of our households. Well, we hope that you found our discussion on parenting basics in a parent's critical role in raising a toddler to be most helpful.

If you did, would you please let us know? Drop us a line, give us a call, even go to our Facebook page and make a comment. The broadcast is posted right there in today's feed. And if you missed any part of today's broadcast, as always, just go to [drjamesdobson.org/familytalk](http://drjamesdobson.org/familytalk). Okay, one final announcement, if you haven't done so already, I hope that you will join us during this entire month of July and take our 30 day kindness challenge. It's being presented in partnership with our ministry friend, Shaunti Feldhahn. 30 days of encouragement to improve any relationship, with an email to your inbox every morning, packed with suggestions and other helpful hints from a more Christlike, graceful behavior, directed at someone meaningful in your life. Just go to [drjamesdobson.org/kindness](http://drjamesdobson.org/kindness) challenge.

Look, in this day and age, with so much division uncertainty and angst in the world, couldn't we all use a little more kindness? I want to tell you that I'm personally taking the kindness challenge this month, and it's really going well. I started on July 1, but remember you can actually start anytime. I'm honestly amazed how it has already enhanced the daily interaction I'm having with the person for whom I am doing it. And I had a conversation with Shaunti Feldhahn about this recently, where we discussed how important it is to exercise the kindness challenge for someone. We're not doing this to someone to make them more kind, but rather we're doing this for someone, so that you could

actually have the opportunity to see the kindness of God demonstrated through you in the life of someone else.

So, I highly recommend you get involved even starting today. You could do this for 30 days, starting from this day forward, July 12, but I encourage you to check this out. Shaunti Feldhahn is definitely right. A positive outlook with kind interaction can go miles to rekindling something or starting it for the first time. So more reports this month for me as we have time. But if you're doing the kindness challenge right now, I just want to encourage you, stay with it and check it out if you haven't done so already. I can guarantee you that you will not regret it. That's [drjamesdobson.org/kindness](http://drjamesdobson.org/kindness) challenge.

Well, God's richest blessings to you and your family and your kids and your grandkids too. Until next time, this is Roger Marsh. Thanks so much for listening and join us again for the next edition of Dr. James Dobson's Family Talk.

Announcer:

This has been a presentation of the Dr. James Dobson Family Institute.