



Broadcast Transcript

Broadcast: Parenting Basics: Toddlerhood – Part 1

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

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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 again, and welcome to another week of Dr. James Dobson's Family Talk. We are so glad that you've joined us today. I'm Roger Marsh, and I want to ask you a question. Do you and your spouse have a young one, or maybe a couple, running around the house right now? I bet you have your hands full, if that's your situation and well, welcome to toddlerhood. On today's and tomorrow's broadcast we are going to present a classic conversation that Dr. Dobson had with an esteemed panel of pediatricians, dispensing practical advice for those in the midst of that most critical time of parenthood.

Dr. Dobson's guests are Dr. Paul Reisser, Dr. Bob Mann and Dr. Mary Anne Nelson. Dr. Paul Reisser is a retired family practitioner. He served as lead author of, *The Complete Guide to Family Health, Nutrition, and Fitness*, and the bestseller, *Complete Guide to Baby and Childcare*.

Dr. Bob Mann currently serves as the senior physician at Cooks 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.

Dr. Mary Anne Nelson is a family medicine specialist based in Cedar Rapids, Iowa. Dr. Nelson is affiliated with Mercy Medical Center and St. Luke's Hospital.

Well, we have a lot of material to cover, so let's go there right now. Here, now, is Dr. Dobson to introduce today's program.

Dr. James Dobson: Well, we've got a lot to talk about with these folks. The first series of broadcasts that we did on the book dealt with babies, primarily, getting youngsters safely through infancy, and we're going to start with the one-year-old now, and move up the age scale from there. Paul, before we do that, I just talked to Bob about writing this book and what a task it was. You bore the primary responsibility.

Dr. Paul Reisser: That's right.

Dr. James Dobson: How in the world did you find time to do this?

Dr. Paul Reisser: Well, as I mentioned on the prior broadcast, it was more an exercise in sleep deprivation, after a while. It was also about three years of always being behind. I must confess we had a lot of hours and days when I began to wonder if I could really keep going into the night to do some of these things-

Dr. James Dobson: Because this was done after hours and weekends?

Dr. Paul Reisser: It was all after hours. Yeah, we had full practice going, then, so after that, come home, sit down at the word processor, start writing, and weekends. I took the laptop everywhere. The laptop went on every car ride that was more than an hour, and on every trip and on every airplane ride, and I did a lot of making up time. I sat in LAX in a McDonald's one day, waiting for a plane with my thing plugged in, typing away. God just was really good to us as a group, and me in particular, especially on some nights when it was getting late and there was no tomorrow. Sometimes I just said, "Lord, what do you want this book to say?" and I think in some cases, and I'd like to think in a lot of it, He said, "The following," and out it came.

Dr. James Dobson: I've been there and every author has, where you have a deadline and you're plugging away trying to get your thoughts down. But, what made your job tougher is what's called group writing. I don't know anything harder than group writing, because it's so aesthetic, and it's somebody's judgment of the way things ought to be said, and you've got 11 physicians, who are used to making their own decisions, working together. How in the world did you pull that off?

Dr. Paul Reisser: I think we had an example of God's leadership in a group of people who were just willing to give and take. It was hard for me to have a lot of stuff that I had written get picked apart line by line, and believe me, these folks did. It was inch by inch, and we would often get into great debates and discussions about certain aspects. Sometimes we'd come back to the same chapter 10 or 12 times to get it right, and to get more input and then-

Dr. James Dobson: I got in on some of those debates, too.

Dr. Paul Reisser: We sometimes decided we would appeal to Caesar here, to get a final verdict. But, there was an interesting way God brought everybody together into the same room. We had just different things we brought in, and we came away from that experience, tighter, bonded together more, I think, unified than on anything we've ever done, and it was a wonderful experience.

Dr. Bob Mann: Someone said the other day, it was really the body together. All the different parts of the body were there. We all brought different things at the table, had different gifts, but God used each one of them.

- Dr. James Dobson: Molded it into what is now an 850 page book. Mary Anne, what was it like for you?
- Dr. Mary Anne Nelson: Well, we would also try to help Paul by doing some of the writing, and we would do that, but found out that each of us had very much a different flavor of writing, and it did take Paul's pen to smooth things over and turn it into the delightful flow that is part of the book, and that's part of Paul.
- Dr. James Dobson: Are you all proud of this now?
- Dr. Mary Anne Nelson: We are all very proud of this book.
- Dr. James Dobson: I think that this is going to be a blessing to parents for many years to come. Let's talk about the content. One-year-olds. Let's start with, Paul, what you call the, declaration of independence. So, what do you mean by that?
- Dr. Paul Reisser: Well, the one-year-old is a wonderful creature, in that he or she has been spending a lot of hours, a lot of months, starting around seven or eight months, exploring the world and finding out about everything. How it tastes, how it feels, what happens when you drop it, what happens when you throw it. Sometimes looking at the same thing over and over, even when you ask him not to, when he can crawl. Yet, it's an exploratory effort, but around 14, 16 months, something begins to change. The question that this, now, baby on wheels, is asking you is, "Who's in charge here? If you said to do that or not to do that, and I do it, what's going to happen around here? How much power do I have? How much can I influence this world around me, in perhaps opposition to other people, that want me to do something?" So there is this, what is called oppositional stage. Actually, it's often said to be part of the twos, but it really starts by about 18 months, and it's very important to get a handle on it as a parent.
- Dr. James Dobson: It's like something throws a switch. It is amazing when that occurs. In fact, I think one of the most dramatic facts of child development, for me, is that a six or seven or eight pound baby comes into the world absolutely and totally helpless. Cannot hold a bottle, can't roll over. Can't ask for anything except by screaming, and is totally dependent in every way. 18 months later, this, 18, 20, 22-pound child looks a 200 pound man in the face and says, "Where do you get off telling me what to do?" That transformation that takes place is just incredible.
- Dr. Mary Anne Nelson: I love to call this the Velcro age. At age one, they cling to the parents that are familiar adult tightly, but yet at the same time, like to break free, to explore their universe and do all the things that Paul has just talked to us about. It becomes a very trying time during examinations in the office, because parents are appalled by this child, who came in for well-baby checks prior to one month of age, and were very compliant and relatively easy to examine. Now, from age one to two, there is terror and screaming and fright by this person. Each parent

just can't quite understand that this is a very normal stage of development, but I really like to instill in the parents that this is very normal. It's how thankful we can be that there is that Velcro attachment from child to parent at that age, when their speed is so fast, and they are so fearless, and don't know gravity, how good it is that they have that clinging to the familiar parent.

Dr. Paul Reisser: We refer to this as the first adolescence, because the same kind of question of independence is going to happen again between about 12 and 20, except there, your job is to get that young adult independent. At this time, your job is to say, "I love you. I care about you. I'll do anything for you, except I'm in charge and you're not."

Dr. James Dobson: Yeah. It's very important to get across that message. Bob, one of the other things that parents worry about at this time is that the child stops eating as much, and they are afraid that they're not going to get enough nutrition for good health. What do you say to them?

Dr. Bob Mann: I say, don't worry about it. My own son went on strike for nearly five months. He ate breakfast, and the rest of the day, he just picked. That's very important at that particular stage, that one, the parents not worry. Secondly, that the grandparents don't come on the scene and worry about the baby's eating and start letting them snack, and letting them graze all day long, because babies can develop very bad eating habits. They're not growing rapidly then, and they just don't have the needs.

Dr. Mary Anne Nelson: The standard growth charts, which are included in the appendix of this book and a part of every well-baby exam, are tremendously helpful for parents to see, because they literally can see by the slope of the graph, that the rate of change of height and weight slows down dramatically at the age of one.

Dr. Bob Mann: And therefore they need fewer calories.

Dr. Mary Anne Nelson: That's right.

Dr. Bob Mann: And, then you're in the middle of this oppositional business and you think you're going to make this one-year-old, eat every last kernel of corn on the plate, or whatever you're serving them, or mashed potatoes or whatever, and they don't want to do it. This is the wrong fight. Really, you just put the food out and they'll pick out, as long as it's good stuff, let them figure out what they want to eat. Don't turn it into a big brawl every time you have a meal.

Dr. James Dobson: That's a battle a child can win.

Dr. Paul Reisser: Yeah, they will win it. They will win that battle every single time. Except the only thing is, as Bob was saying, you can turn into a food hostage where they will only eat this or that, and then the parent thinks, "I better give him macaroni and cheese, every meal or else he won't grow," and that's a big mistake.

Dr. James Dobson: Now, how about vision and hearing at that stage? Can you do accurate measures of vision at that age?

Dr. Bob Mann: Not in a standard office setting. It's very difficult to do. It's more observation than it is testing.

Dr. James Dobson: Can you tell if there's a serious visual problem?

Dr. Bob Mann: Most of the time, you can.

Dr. Paul Reisser: Mostly, what you worry about more is hearing, though, because these kids are sometimes getting ear infections, they're getting some material piling up in the middle ear as a result of that, and you start to wonder if the gobbledygook coming out when they speak is really something that reflects adequately what they're hearing, or are they losing some hearing because of those infections.

Dr. James Dobson: How do you tell if a child has a hearing problem?

Dr. Mary Anne Nelson: One way would be by observing what sounds are coming from them. Generally speaking, by the age of one, a child should be able to say one or two words that would be intelligible to the listeners, but generally be able to understand everything that's going on around them. Another way that you could tell a child is having hearing problem is if they seem to be uttering sounds that can be felt by them. If there were guttural sounds, as we would say, or sounds that could be felt in the throat, those types of observations might be consistent with a child with a hearing loss. There are ways of doing hearing exams without a child's cooperation, and in fact, even when a child sleeps, so there are ways of, technically, checking it at any age.

Dr. James Dobson: Do you recommend that parents cling a glass behind them, a ding, ding, ding, behind a child to see if he or she turns, or anything of that nature?

Dr. Mary Anne Nelson: I would say, generally speaking, if there is a hearing problem, parents will have observed it just by surroundings.

Dr. Bob Mann: They will have noticed.

Dr. Mary Anne Nelson: The other thing is, you mentioned about how would you know if your child had a visual problem? One of the most common things would be if a child's eyes seemed to be crossed consistently, or when they're very tired. That often is a clue that there is a visual problem. I might also mention about hearing, that many times in hospital settings during the newborn period, hearing evaluations are done as a matter of routine.

Dr. James Dobson: During the newborn period.

Dr. Mary Anne Nelson: Yes.

- Dr. James Dobson: How do they do that?
- Dr. Mary Anne Nelson: They do that by something called brain stem auditory evoked response. Help me, friends, is that right? Okay. That is done in our newborn nurseries. The other thing would be, in terms of visual checking, high risk children, children who have spent time in neonatal intensive care units, would have ophthalmologic evaluation prior to discharge, to make sure that the vision has indeed not been affected.
- Dr. James Dobson: Right, now, that period that we're talking about, 15 to 20 months or so, maybe a little beyond, is very important to the development of language skills. How can a parent contribute to the formations of language at that time?
- Dr. Paul Reisser: Lots of ways, and the most important is to talk with that child and use very appropriate language. I always caution parents, it's fun to do baby talk and change all your language around and, "Goo-goo, da-da," and all that, but the child needs to hear from you the King's, or Queen's, English. You can engage that child in all kinds of activities that allow you to do that. You can talk about what you're doing while you're folding clothes, or you're cleaning up something. You just talk about it. "What's going on here?" Also, something that we just talk about over and over, it's rarely too early, 18 months or beyond, to sit down with a little picture book and begin to start talking through images, and some other words. By two, some kids really are fascinated by books, and we just encourage parents to get them to build that fascination.
- Dr. James Dobson: How about toys? What toys do you recommend for that age group?
- Dr. Mary Anne Nelson: Soft toys, safe toys, toys that don't have parts that can come off and be inhaled. One of the biggest concerns would be young children inhaling small parts of toys, that can get clogged in their airway.
- Dr. Paul Reisser: This is not the good age for Legos. Little kids, this age, love balls. They love little balls that'll bounce around, and one toy that's funny is about an eight to 12 inch inflatable ball. Can't do too much damage, they can't inhale it. They love to watch it bounce around. It can't knock over the lamp, and if they blow it up or lose it, then just get another one.
- Dr. James Dobson: Everything goes to the mouth.
- Dr. Paul Reisser: Everything.
- Dr. James Dobson: At that age.
- Dr. Mary Anne Nelson: Expensive toys are not the object either. Sometimes there would be great fascination by a lid from a plastic container from the kitchen, or just any various safe, soft objects from the kitchen. Those are great toys.

Dr. Paul Reisser: Educational toys, also, are not that important.

Dr. Bob Mann: Right. The simple things, as Mary Anne was saying, are just as helpful as the expense ones.

Dr. Paul Reisser: You get them the big, fancy educational training set, going to teach them the ABCs by the time they're two, and they play with the box, forget the rest of the stuff.

Dr. James Dobson: Or pots and pans, and a spoon to beat on them. Something of that nature.

Dr. Paul Reisser: Yeah, they really don't care. It really is just the tactile sensations of it.

Dr. James Dobson: There are toys now, though, I'm a stage removed from what they're selling to kids this age, because our children are long beyond that, but I saw the other day, on a stroller, a little device that the child could punch and it played different musical sounds. This little kid, less than two years of age was just punching one button right after another, and obviously swinging with the music.

Dr. Bob Mann: You should be playing on a computer, too.

Dr. James Dobson: You should not get in a panic about trying to teach advanced learning concepts, reading for preschoolers, and so on. It comes naturally for some, but you shouldn't make a pressurized thing out of it.

Dr. Paul Reisser: Absolutely. The other thing is, as nice as some programs like, *Sesame Street*, are, some little kids and older age groups, two or three, especially, get into that, I always advise parents, "Don't rely on Bert and Ernie to do this job. It really happens in the home, as long as there are people there talking to that child."

Dr. James Dobson: Let's talk about sleeping. How much time, how many hours per night, should toddlers be sleeping?

Dr. Mary Anne Nelson: Probably the average 11 to 13, with a couple of naps during the day. Bedtimes vary greatly, sleep habits vary greatly, but it's reasonable to have a routine at night, to put the child down at the same time every night with the same slow down period. At least that gives the parents the time to themselves.

Dr. James Dobson: And you do feel napping is important?

Dr. Mary Anne Nelson: We do feel napping is important. Usually two, at this age.

Dr. James Dobson: Even if the child screams bloody murder and doesn't want to be put down?

Dr. Mary Anne Nelson: It is still important to have the child go down. At least that gives the parents a moment to themselves.

Dr. Bob Mann: But, like with many other things, you just have to agree that one size doesn't fit all. You can't say, "Because most kids need two naps." Some at 18 months may do very fine on one nap. It's a total hours of sleep in a 24 hour period that are probably more important than exactly the schedule.

Dr. James Dobson: Those total hours should be as Mary Anne said-

Dr. Bob Mann: 15 hours, 16 hours, over a 24-hour period.

Dr. Paul Reisser: Unfortunately, bedtime is often the great battle zone of this age because, man, it's not their idea. They don't want to go down. Everybody else is up. Things are happening, and there's a little separation anxiety, and, "Hey, I don't want to do this." An older child, especially, who's getting to the point where they can get out of their crib, can be a real problem. They're in and out of bed, not wanting to go down, and some parents make the mistake of thinking, "Well, I'll just let him wind down by himself." So they have this toddler wandering around the house till nine or 10, crankier, more irritable, nobody's getting any quiet time. We really believe strongly in getting those kids to bed early, because you need time with the older kids, if you have any, and if you don't, you need time by yourself, or with your spouse, without some cranky toddler in the room.

Dr. James Dobson: Okay, let's get real practical. You've got this 20-month old, 22, 24-month old, who's standing in a crib screaming bloody murder, and he is really upset because he doesn't want to be in there. You are determined that he's going to stay there. What happens?

Dr. Paul Reisser: Well, hopefully you've still got a crib that's got a sidebar high enough to keep them in place. If it's getting less than about three-fourths of their body height, look out, because they might be able to get out.

Dr. James Dobson: Tumble out the top. Sure.

Dr. Paul Reisser: Hit the floor. But, the other thing is to make sure, Mary Anne mentioned this, bedtime, get this whole ritual down to where it's really a fun time. It can be a wonderful time with a child, especially when they're older, but even at this age, so that they're not, you don't want to just have this big wild chase around the house, and say, "Okay, time for bed." They need to be eased into it. Then, once you're done with it, then that's it, and if you decide to come back to say something about all the screaming and yelling, it should be very short, very business-like. No more snacks, no more fun, no more party. Just, "We're going to bed."

Dr. Bob Mann: Not every child is going to be the same. We have a grandchild who, at 18 months, you read to her and she just dives into her crib. She just snuggles around in her stuffed animals. There's no battle at all. Never has been a battle. So it's not-

Dr. James Dobson: The difference between the compliant child and the strong-willed child.

Dr. Bob Mann: Yeah. Going back to what Paul said about the child falling out of the crib. The first time that happened, we would always lower the side of the crib, and just go ahead and allow the child to climb out, so that they wouldn't injure themselves. It was an interesting transition. We realized that we had reached a major point in the child's life and it made it a lot easier for us to sleep at night, knowing they weren't going to fall out, they were just going to climb out of the crib.

Dr. James Dobson: Then, what do you do with a child who won't stay in there? Then, you got another problem, right?

What do you all consider to be the most important emotional need that a child in the toddler years has? What would you put at the top of the list?

Dr. Bob Mann: Security. Love, and security, and knowing that they're loved. Knowing they're not going to be left behind, knowing that their needs are going to be met.

Dr. James Dobson: Can a two year old tell that?

Dr. Bob Mann: Oh yeah,

Dr. Paul Reisser: They can tell it a lot younger than that. One thing we encourage parents to think about is, in the midst of this, tearing around, with this small baby on wheels, it's into everything and all over the house, sometimes parents are just in survival mode at this point. All they can think of is, "How am I going to get through this day? How am I going to get this place cleaned up? How am I going to keep some order?" We remind them that this baby that's now running around is no less fearfully and wonderfully made than the newborn. To get fascinated by what they're doing, to just become an observer, to step back a little bit and just marvel at what's going on, rather than just thinking, "Oh no, there is another mess to pick up."

Dr. James Dobson: All right. Now, I want to make sure that parents understand what we're saying here. Obviously, when you leave a toddler at church, or with a babysitter or with someone else, and you do need to get away from that child, you can't mother 24 hours a day, seven days a week, there are times when you have to get away. That youngster is going to feel insecure, and is going to cry and cling, and throw a temper tantrum, perhaps, or do everything that he or she can to tell you they're unhappy about this, and threatened by it. In our desire to give security to that child, and assure them of our love, you're not suggesting that we avoid those kinds of momentary separations?

Dr. Paul Reisser: Not at all. That's something that's important for the parent and for the child. They need to know that you are going to come back after a little while, when you leave them. If they're with you every single second of the day, you're going to have problems, eventually, if they don't learn about how to do that.

Dr. Mary Anne Nelson: A child also needs to know before the event that this is going to happen. It's a mistake to just be gone and disappear without the child having some type of a forewarning that this brief absence of the parent is going to occur.

Dr. Paul Reisser: A little preconditioning helps too, and obviously, if the absence is going to be with grandma and grandpa, that spoil them rotten and they have a great time, hey, they're over there and say, "See you later, mom." But if it's maybe somebody new, a sitter, it's not a bad idea to let that person, whom you've already, pre-screened, needless to say, and you feel comfortable with, let them come over and spend some time around the house with you, with the baby, so that they become like part of the furniture. It isn't quite such a big jolt, then, to leave.

Dr. James Dobson: Paul, you and I both acknowledged a minute ago, the struggles, the exhaustion that comes with rearing a toddler, and you can just get worn out at it. I'm convinced that some child abuse grows out of that point of exhaustion, where maybe a young mother, she's 19, 20 years of age, and she hadn't even had a chance to be a kid herself yet, all the way through adulthood, and this youngster has just given her a hard time, can abuse a child, do things that she never believed she would be able to do. How do we avoid toddler burnout, for want of a better word?

Dr. Paul Reisser: You could do a whole program just on that subject, but a couple of things that we think are important. One is, as you mentioned, getting a little time away. The primary caregiver needs a little time out. They need to go do something, especially if it's a mom at home, who's there all day, they need to schedule some time. Go to the park, go to the mall, get out with a friend, have some coffee. Also, there's a big problem with adult conversation. If a woman is listening to toddlers all day long, she is dying for some adults to talk to at the end of the day.

It's very important for her husband, if he's the one outside coming in at the end of the workday, not to just fling his briefcase on the chair, sit down in front of the TV, and not start to help her deal with these kids and talk to her. I'm a big believer in the married couple making sure that they continue to cement that relationship for the child's sake, let alone their own, and to spend time talking with each other at the end of the day, especially when things are starting to get frazzled.

Roger Marsh: Roger Marsh here, jumping in to let you know that while we're up against the clock and we've run out of time for today's broadcast, but we're going to stop right here as our guests begin discussing parental burnout. That's exactly where we will pick up on tomorrow's program, with Dr. Dobson and his guests, pediatricians, Dr. Paul Reisser, Dr. Bob Mann and Dr. Mary Anne Nelson.

Thanks so much for joining us, and remember if you missed any part of today's broadcast, or if you want to check out today and tomorrow to catch the complete interview, just go to drjamesdobson.org/familytalk.

One final announcement. If you haven't done so already, I hope you'll join us during the month of July and take the, 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. Just go to drjamesdobson.org/kindnesschallenge.

Well, I hope you go out and are especially kind to someone today. God's richest blessings to you and your family, and be sure to join us again tomorrow for another edition of Dr. James Dobson's, Family Talk.

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

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