

# Facilitating Emotional, Social, and Intellectual Growth: Key Issues for Parents and Families of Children with Growth Disorders

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Although it is necessary to understand and treat growth disorders medically, it is vitally important to also address the emotional, social and intellectual factors that accompany such disorders as well. This chapter introduces a number of critical issues that if ignored, can significantly undermine the medical management and long-term quality of children with growth disorders. Because it is impossible to do justice to so many important topics in one chapter, the information serves as a general overview, requiring you to explore specific content in more detail on your own. In each of the sections, references to books and websites where you can learn more about each topic are provided. To a great extent the content generalizes well to any child with special needs, and includes many topics that are important for all children and families regardless of medical conditions. In the end, you will likely realize that the critical emotional, social, and intellectual needs of growth disordered children are not so different from any other child.

The organization of this chapter is based on addressing the needs of a growth-disordered child, as well as the various competing needs of parents, siblings, extended family, and those with whom a growth-disordered child interacts with in the community, as illustrated below in Figure 1.

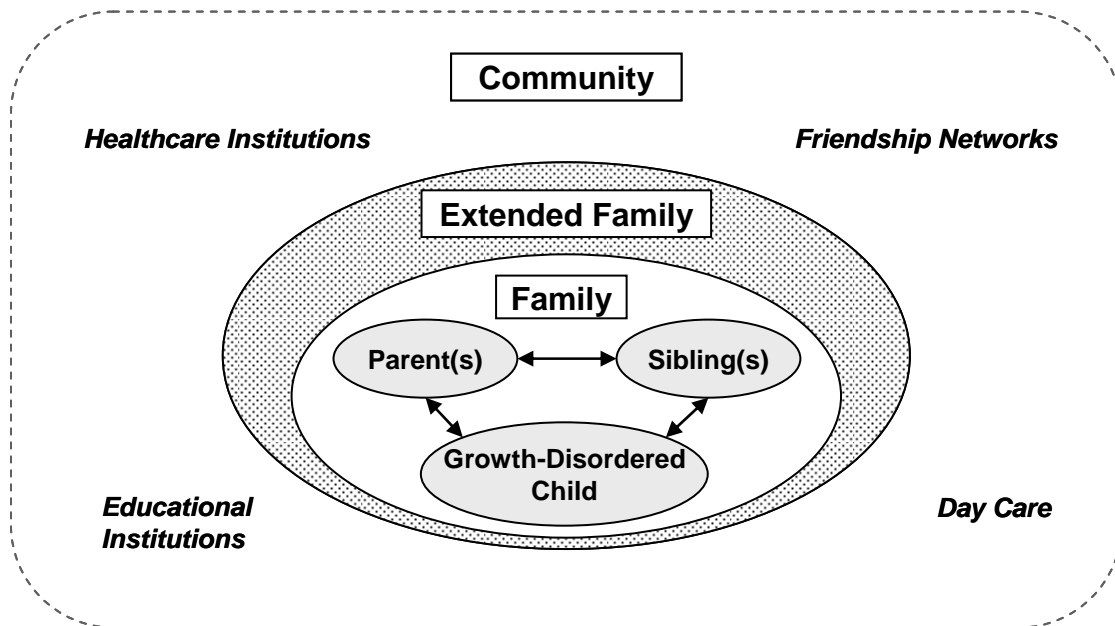


Figure 1

A central theme throughout this chapter is that because the needs of a growth-disordered child are largely dependent on all of the people and institutions represented in Figure 1, it makes sense to also be concerned about their health and wellbeing as well. If you as a parent are on the verge of a divorce, chances are good that you are

not functioning in a way that optimally supports the emotional and developmental needs of your child. Likewise, if siblings are acting-out because so much attention has been given to a growth-disordered child, then you will likely have more stress and the family as a whole will suffer. The various institutions and community that your child interacts with on a regular basis also play a significant role in whether critical needs are met. If you are doing everything right at home, but your child is attending a school where an underlying assumption is that children of the same age can all be taught as a homogeneous group using standardized methods, then very likely your child's educational experience will be far from optimal [1].

The key point is that there are many people, institutions, and factors that play an important role in your child's life. Taken together, they represent a *system* that supports the needs of your child. As a parent of a growth-disordered child, it is very easy to become overly consumed by physician appointments, feeding interventions, and other medical issues (i.e., healthcare) and lose sight of the importance of providing time and attention to your child's many other needs (i.e., other parts of the system). An important goal of this chapter is to help you take a step back from the medical aspects of a growth disorder, and assess the larger picture in which healthcare is only one of a number of important needs of your child. Although every parent is challenged to find ways of balancing all of the various needs, *feedback* and *change* are two things that can complicate matters and provide relief.

It can be useful to understand that all of the parts represented in the system in Figure 1 interact with each other in various ways, so *changes in one part of the system can have profound effects on other parts of the system*. If your child is struggling in school, learning bad behaviors from other students, and then coming home and acting-out or getting in trouble with peers, it is useful to realize that by appropriately addressing the problems at school (i.e., the educational part of the system), you also impact your child's behavior at home and with other children. Likewise, if you and your spouse have trouble in your marriage and frequently get into heated conflicts in front of your child, research tells us that your child will likely struggle in forming and maintaining peer relationships at school, day care, and with other children (i.e., other parts of the system) [2]. Thus, there are *feedback mechanisms* that take a problem in one part of a system and diffuse it to other parts in ways that can be hard to see if we are not aware of how systems work. But just as problems can reverberate throughout a system, so too can solutions. When you see how various parts interact, you can also see how intervening on one part can indirectly improve aspects of your child's life in other parts as well.

A second issue is that all of the people and institutions in your child's life are *constantly changing*, so a balancing act one day may not work the next. Changing schools, friends moving away, physicians leaving their practice, and new day care staff all keep the system in a dynamic state. An increasingly common phenomenon that has profound effects on the entire system is when extended family members become ill or require their children's care. If you find yourself being part of what is called the "sandwiched generation" then you are not alone. Approximately 10 percent of working couples are caring for both their children and their aging parents (and that number is increasing) [3]. Change can be both stressful and at the same time provide us with

relief. Perhaps most important is learning to stay focused on the present, roll with the tough times, and maintain flexibility in balancing all of the competing needs. Before jumping into a discussion of the emotional, social and intellectual needs of growth-disordered children, this chapter begins by briefly exploring some of the implications of a child receiving a growth disorder diagnosis.

### **The growth disorder diagnosis: Moving beyond the label**

Every parent has their own story about how their child comes to receive a diagnosis of a growth disorder. For some, the story begins at birth, and yet for others, it may begin years later. Just as the stories are very different, so too are the emotional reactions of parents. Although many experience feelings of sadness, anger, relief, or confusion, there is one emotion that appears universal among parents - *fear*. It is a very natural reaction that leads some parents on a productive quest for knowledge, while leaving others paralyzed by an overwhelming feeling of helplessness. For parents of growth-disordered children, the diagnosis can be particularly scary because there is so little information published about the syndrome.

From a very practical point of view, a diagnosis simply involves identifying or determining the nature and cause of symptoms through evaluation of physical exams, lab tests, and the collection of information about a child's history. The reason why a diagnosis is important is that it not only helps to differentiate one disorder or condition from another, but it assists in determining the most appropriate course of action in terms of interventions and treatment. This is critical for growth-disordered children that very often have particular treatment needs related to growth hormone deficiencies, gastroesophageal reflux, and feeding issues. Most important, a diagnosis means it is easier to optimize care for your child since empirical evidence exists as to how to obtain the best clinical outcomes.

At the same time, although diagnostic labels provide a useful framework for understanding a child's symptoms, they don't tell us enough about the specific needs of an individual child. Because there is such a wide variation in type, frequency, and severity of symptoms, children with the same diagnosis may be more different than they are alike in terms of their treatment needs. Likewise, children with different diagnoses may be more similar in terms of their underlying symptoms. The problem with labels is even more of an issue for diagnoses related to emotional or developmental problems including autism spectrum disorders and pervasive developmental disorder. In such cases, a child may be labeled with a diagnosis that says very little about the underlying issue. For example, because of hearing problems a child may have trouble relating to other children and be diagnosed with autism, when the underlying issue is more specific to processing auditory information. Greenspan and Wieder conclude:

By grouping children into diagnostic categories that are too general, we may obscure the underlying biological processing difficulties related to their problems and gain no clues about how to treat them. If, however, we look at how each child takes in, processes, and responds to information from the world, we can pinpoint underlying aspects of the

child's problems and develop a treatment plan to address them [4] (p. 22).

For some parents, a diagnosis can also mean that their child will forever have to live with a label that can become a source of significant emotional pain, shame, and suffering. Children may get teased about their height, stigmatized due to learning disabilities, or stereotyped in ways that are completely inaccurate. Because there is no way to completely shield your child from such problems, what you will learn later in this chapter is that the most important thing you can do is help your child successfully negotiate the difficult emotions that may arise in such situations. To do this, you must first confront your own emotions related to diagnoses and labels. Feeling helpless and stuck may be an appropriate reaction for a period of time, whereas the parent who jumps quickly into a search for information may do so as a way of escaping feelings that should be felt and talked about. Witnessing your child struggle with feeding tubes, gastric reflux, and teasing can be heart-wrenching, so it is easy to understand how the world of emotions can become a place to avoid: less feeling equates to less emotional pain. If you avoid confronting difficult feelings, how can you expect your child to deal appropriately with their emotions?

In the end, a diagnosis means many things. It can be a welcomed label that helps optimize treatment or a stigmatizing limitation that is best kept hidden from others. However you choose to deal with it, be aware that a diagnosis can become a *powerful organizing force within a family*. The growth-disordered child takes on the role of patient, and all other members take supporting roles. The script largely gets determined by parents who decide:

- The degree to which a diagnosis is talked about and processed emotionally among family members
- Who and when to share diagnostic information with in regards to extended family members, friends, teachers, and others
- How best to balance the needs of a child with a growth disorder while at the same time meeting the needs of all family members

Very often a family script gets played-out with little thought given to the above issues. Instead, parents own childhood experiences and developmental capacities become the primary motivators that shape how well a family copes with a child that has medical issues (and other stressful situations). Parents raised in families where little value is placed on talking about difficult topics and expressing emotions are likely to have a harder time addressing the above issues. In the book, *Parenting from the Inside Out: How a Deeper Self-Understanding Can Help You Raise Children Who Thrive*, authors Daniel Siegel and Mary Hartzell say:

If you had a difficult childhood but have come to make sense of those experiences, you are not bound to re-create the same negative interactions with your own children. Without such self-understanding, however, science has shown that history will likely repeat itself, as negative patterns of family interactions are passed down through the generations [5] (p.1).

Raising a child with special needs is not easy, but it is a lot easier if you have some awareness of how your own upbringing influences how you handle a diagnosis, your behavior toward your growth-disordered child, and your interactions with other family members.

### **What every growth-disordered child must have to grow, learn, and flourish**

In the late 1990's there was a conference held at the White House addressing infant and child development. Many who attended expressed concern about the unmet needs of children in the United States, and how as a country we have become less supportive of strong families as compared to other nations. A consensus was reached that if this situation was to improve, a greater emphasis on attending to the emotional and intellectual needs of children was vital. But what exactly did this mean? The President turned toward the panel of experts and asked the critical question: *What specific types of experience are the most important and how much of each of these experiences does a child need?* Although much had been written in scholarly publications and parenting books addressing these questions, no one had ever attempted to distill the absolute needs of children. The end product of the President's question was a book published in 2000 titled *The Irreducible Needs of Children: What Every Child Must Have to Grow, Learn, and Flourish* by T. Berry Brazelton and Stanley I. Greenspan, two of the world's foremost authorities on child development. The book details seven irreducible needs of infants, young children, and their families, that provide the essential building blocks for healthy emotional, social, and intellectual growth. Take any one of the needs away, and a child is likely to have a more difficult time of life in the future.

The book is *essential* reading for all parents and provides a useful framework for exploring the fundamental needs of growth-disordered children. In the section that follows, the seven needs are briefly summarized, and empirical findings from other sources are used to help illustrate the importance of each need. In addition, the implications for meeting these needs for growth-disordered children are discussed.

#### ***(1) The need for ongoing nurturing relationships***

To grow, learn, and flourish, every child needs to be bathed in ongoing nurturing relationships. From the moment a baby enters the world, there is a need for human warmth, touch, respect, and most important – love. We learned the importance of these things in the mid 1940s when Viennese psychiatrist Rene Spitz made vivid films of children left alone for long periods of time in orphanages; and again in the 1960s when American psychologist Harry Harlow demonstrated in his famous “wire/cloth” monkey studies that the need for affection created a stronger bond between mother and infant than the need for food. More recently, scientists have come to understand that critical emotional, social, and intellectual development is primarily learned in the *context of relationships* [1, 6]. Although we all begin life with a unique genetic inheritance, the expression of our genes – how they shape who we become – is largely dependent on their interaction with the environment. Not surprisingly, during the first few years of life when an infant's brain is developing at light speed, it is the parent-child relationship that is most influential in the environment [5, 6]. Brazelton and Greenspan say:

There is a sensitive interaction between genetic proclivities and environmental experience. Experience appears to adapt the infant's biology to his or her environment. In this process, however, not all experiences are the same. Nurturing emotional relationships are the most crucial primary foundation for both intellectual and social growth [6] (p.2).

But what specifically are *nurturing emotional relationships* and why are they so important? In the book, *Raising an Emotionally Intelligent Child: The Heart of Parenting*, world renown researcher Dr. John Gottman presents compelling evidence that such relationships are based on more than just love.

In my research I discovered that love by itself wasn't enough. Very concerned, warm, and involved parents often had attitudes toward their own and their children's emotions that got in the way of them being able to talk to their children when they were sad or afraid or angry. But while love by itself was not enough, channeling that caring into some basic skills that parents practiced as if they were coaching their children in the area of emotion *was* enough. The secret lay in how parents interacted with their children when emotions ran hot [2] (p. 16).

In very well documented research spanning almost two decades, Gottman's team of researchers have found that parents in general fall into one of two categories: those that facilitate the emotional intelligence of children (i.e., provide guidance and coaching about the world of emotions) and those that don't. What is most surprising, is just *how different* the lives of children are depending on which type of parenting a child receives. Children whose parents nurtured their emotions through coaching:

- Have better physical health and fewer illnesses or infections
- Score higher academically
- Form and maintain friendships much easier, and have more friends
- Are better able to focus and concentrate
- Have fewer behavioral problems and are less prone to acts of violence
- Are less likely to abuse substances or engage in addictive behavior
- Can better cope with challenging situations like being teased or embarrassed at school
- Are less likely to divorce once married
- Have higher levels of self-esteem and more positive self-images
- Experience fewer negative feelings and more positive feelings
- Bounce back quicker from stressful experiences including various traumas

It should be clear from the above list (and it is not even a complete list) that *few things you do as a parent are as important as helping your child effectively deal with emotions*. A growth-disordered child is going to have experiences related to his or her condition that are emotionally upsetting. Because of being small, looking different, or having psychological impairments, a growth-disordered child may get teased, ignored, or bullied by other children, leading to feelings of anger, sadness, or fear. Medical appointments and interventions (e.g., surgeries, shots, new doctors) can also bring on

feelings of intense anxiety. As parents, we cannot protect our children from such experiences, but we can arm them with a resiliency to get through such tough times by facilitating their ability to effectively deal with their emotions when these things happen. Gottman provides scientific evidence that good emotion coaching can be accomplished when parents do five simple things:

1. Become aware of your child's emotions;
2. Recognize the emotion(s) as an opportunity for intimacy and teaching;
3. Listen empathetically and validate your child's feelings;
4. Help your child verbally label emotions; and
5. Set limits while helping your child problem-solve

Although the steps are straight-forward, learning to be a good emotion coach does require some effort if you are not comfortable with your own emotions. Being able to read emotions in your child requires *empathy*, or the ability for you to feel what your child feels. Such a skill does not come easy for all people, nor do the remaining steps if you have grown-up in a family where emotions were not nurtured appropriately. Men, in particular, may have trouble developing emotional awareness and being comfortable displaying emotions as a result of being conditioned by traditional gender stereotypes. But Gottman says, "For most men, becoming emotionally aware is not a matter of picking up new skills; it is a matter of granting themselves permission to experience what's already there [2] (p. 78)." By reading his book you will learn the details of how to become an effective emotion coach even if you have your own emotional blind spots.

A final comment about nurturing relationships is that they need to occur with some consistency over time. Whether by choice or need, about 50 percent of young children today spend a significant part of each day being cared for by persons other than their biological parents [7]. Most of these young children are infants or toddlers under the age of four, who receive care from some type of day care facility. Although parents would like to believe that the care their child receives is on par with what they could provide, the research paints a very different picture. Among the most comprehensive studies to date on quality of day care reported that over 85 percent are not of high-quality for preschoolers, and over 90 percent are not high quality for infants or toddlers [6, 8]. *Quality* in this study essentially refers to the ongoing relationship interactions that occur between children and those delivering care, and the degree to which these interactions are emotionally nurturing, age-appropriate, and specific to each child's needs. Given that the average ratio of infants to caregivers in year one is 4:1, and in year two 6:1, and that most day care facilities experience high turnover rates and utilize staff with less than optimal education and training, it is easy to see why quality standards are not met [6].

Because growth-disordered children often have needs requiring consistent attention (e.g., GERD, caloric intake, feeding tubes), finding a way to limit or avoid day care is all the more crucial. But at the same time, because of the medical needs associated with growth disorders, parents may have increased financial stress resulting in the need for dual incomes. There is no easy answer as to how best to deal with this situation. For some parents, it may require a significant shift in lifestyle, giving-up unnecessary

materialistic items in exchange for family time. For others, help from extended family members or friends may be the answer. Brazelton and Greenspan suggest that dual income parents each cut back to non-overlapping part-time employment if possible, thereby allowing each parent a significant chunk of time with their child. For single parents, avoiding day care may be impossible and locating the best care provider may be the only answer (despite the research, there are some very wonderful providers). Perhaps most important, is that whatever care arrangements are made for a child, parents have a responsibility to ensure that ongoing nurturing emotional relationships are given the highest priority.

## ***(2) The need for physical protection, safety, and regulation***

All children deserve to grow-up in a safe and clean environment, yet the sad reality is that many (and perhaps most) will not have this need met. There are many factors that play a role in this issue, including:

- Growing levels of violence toward and among children and teenagers
- Dangerous levels of toxic substances in the environment
- Overuse of psychiatric medications in children
- Exposure to first and second-hand smoke from tobacco products
- Abuse (physical, emotional, sexual) and neglect of infants and young children
- Exposure of objects of addictive behavior to young children, including online video poker and pornography, alcohol, and other illicit substances
- Unknown risks associated with the overuse of television, computer games, cell phones, and other electronic devices such as portable music players
- Emotional and social stress related to parental unemployment and poverty that impacts a child's environment

Because growth-disordered children are small compared to other children of the same age, parents naturally pay more attention to the need for physical protection and safety. Parents are also more attuned to the physical aspects of their children because body size, muscle tone, and coordination all can play an important role in growth disorder conditions. But despite the increased attention to this need, it is critical that parents not overlook the above factors.

On Sunday, October 29, 2006, the largest newspaper in Oregon ran a cover story with the headline "There's danger in the air: Every breath you take in parts of Portland is laden with the toxic compound benzene." The article documented that benzene, a potent chemical found in gasoline that causes cancer and blood disorders, has been recorded in neighborhoods at levels many times greater than considered healthy for long-term exposure. Although it is only one toxin and its exact danger in infants and young children is still unclear, researchers have made significant progress in understanding how exposure to toxic substances in the environment are significantly linked to increases in a number of serious health problems. Consider that Asthma is now the most common chronic childhood disease and is the third-ranking cause of hospitalizations among children under the age of 15 [9]. Recent studies have also documented that human breast milk can be contaminated by high levels of dioxin (the chemical found in Agent Orange), and that the average dioxin level found in mothers in the United States is almost three times the safe limit set for cow's milk in a number of

European countries [6]. Although the benefits of breastfeeding still far outweigh the risks, parents should be concerned that something so beneficial to infants is being increasingly contaminated.

Children are also at risk for a wide range of toxins found in everyday products used for lawn care, insect control, household cleaning, and painting. Because children like to play on the ground and put things in their mouth, they are at increased risk for breathing-in, eating, and absorbing toxins through their skin at levels much more dangerous than adults because of their small size. Products that are tested for safety by the federal government are also based on the weight and physiology of an adult, and may have no bearing on the safety for a child. The bottom-line for parents is that growth-disordered children already have a tough go of it physically, therefore it is critical that everything be done to not make matters worse by exposing them to toxins in the environment. Learn as much as possible about the toxins in your area from local sources and the following websites:

- <http://yosemite.epa.gov/oachp/oachpweb.nsf/content/homepage.htm>
- <http://www.epa.gov/tri/index.htm>

Also, avoid purchasing products that contain toxins, maintain good ventilation throughout your house, lock-up all household products or chemicals that pose a danger to children (including prescription drugs), and use non-toxic paints and materials when renovating.

The other factors listed above all require some level of attention from parents. By far the best protection against most of them is a child that has access to nurturing relationships and learns from those who care about him or her steps to stay safe. Children should be told to avoid turning-up headphones on portable music players too loud since research definitively shows that this behavior can cause irreversible damage to hearing later in life (see: [http://www.hearingconservation.org/rs\\_forKids.html](http://www.hearingconservation.org/rs_forKids.html)). Parents should also monitor the content and time spent watching television, using the internet, and playing computer games. Studies now indicate clear links between such behaviors and obesity, violence, and increased rates of mental health problems in children [10-13] (also see: <http://www.cmch.tv/>). Since approximately 30 million adults (about 1 in 10) struggle with some form of addiction [14-19], and an even greater number of adults suffer from mental health disorders [20], these issues need to be taken seriously as children inherit a host of problems when they are not addressed appropriately (see section later in this chapter). All children deserve a safe and clean environment in which to grow, and parents have a tremendous responsibility in doing everything possible to make this need a reality.

### ***(3) The need for experiences tailored to individual differences***

Despite knowing that our children are all unique, as parents we do our best to encourage them to meet our own expectations about how they should act and behave, as well as the expectations of society at large. We shape their interactions and behavior in both obvious and subtle ways, by the toys we let them play with to the ways we act around them and others. Clearly, encouraging children to be empathetic, kind to others, and appropriately express emotions like anger is the right thing to do. But at

the same time, we have to recognize that children are very different in how they interact with the world, and how they go about learning to meet our expectations and those around them. To the extent that we can identify our child's unique qualities and needs, we can tailor our responses in such a way as to optimize their development, and increase the likelihood that they grow-up physically, emotionally, and intellectually healthy.

Although this need is important for all children, it is particularly critical for growth-disordered children who are at higher risk for:

- Learning disabilities
- Delay in gross and fine motor development
- Auditory, speech, and language difficulties
- Problems with attention and focusing (e.g., Attention-Deficit Disorder)
- Autism spectrum disorder or similar disorders like Pervasive Developmental Disorder

It is important to recognize that even within the population of growth-disordered children, there is significant variability in the above issues and what each child needs to thrive. Fortunately, there is now evidence that no matter where a child falls on the spectrum of developmental problems, given appropriate interventions tailored to individual needs, virtually all children can do better than expected [1, 4]. So how do we identify our child's unique differences and appropriately address them?

Perhaps the most widely accepted approach to addressing a child with special needs is *The Developmental, Individual Difference, Relationship-based Approach* (DIR) created by Dr. Greenspan and Dr. Wieder ([www.floor-time.org/index.php](http://www.floor-time.org/index.php)). DIR is a comprehensive, interdisciplinary approach that focuses on the needs of the whole child, and especially on how a child interacts with others. The approach is well documented in the book *The Child with Special Needs: Encouraging Intellectual and Emotional Growth* by the developers of DIR, and is a *must read* for parents of growth-disordered children. Assessment involves "looking at each child's unique profile – his particular biological challenges, his family patterns, and where he stands on the developmental ladder – and then using this information to design an intervention plan, which involves parents, therapists, and educators [4] (p. 22)." Each intervention plan is customized to the needs of the child, and focuses on: 1) mastering skills that promote emotional, intellectual and social development, 2) addressing specific biological challenges that affect learning and development, including those related to auditory, visual, motor, and speech processing, and 3) facilitating meaningful relationships with parents, siblings and peers. The details of the interventions are beyond the scope of this chapter, but are well documented in the above referenced book and website.

It is easy to give lip service to the fact that every child is unique and interventions should be tailored to a child's specific needs. But the reality is that obtaining accurate and useful evaluations, connecting with providers that have specific training in approaches such as DIR, and learning specifically how to intervene can be extremely challenging. Parents of growth-disordered children know how unique their children are – particularly in terms of their physical/medical characteristics. Most parents have tremendous

experience with the healthcare system, navigating through various medical departments, seeing multiple providers simultaneously, and locating professionals that have some experience treating growth-disordered children. The same skills used to locate and obtain optimal medical care need to be employed in searching out the best providers for addressing the developmental needs of growth-disordered children.

#### ***(4) The need for developmentally appropriate experiences***

Among the most important individually tailored experiences, are those that facilitate the mastery of particular developmental skills. By the time a child reaches about four years of age, the critical skills that form the basic foundation of an individual's mind should be solidly in place [1, 6]. Adult success in relationships, at work, and in a variety of settings including parenting, are dependent on the acquisition of particular developmental skills that unfold in a series of developmental stages [1]. When a child does not master one or a number of these early skills, we see a host of emotional and psychological problems that follow *all the way into adulthood*. When adults struggle to form and maintain healthy intimate relationships, have few or no close friends, and struggle in the workplace and in other contexts of life, critical developmental skills were never mastered. In fact, it is not a far stretch to say that the majority of mental health problems for which people seek help all come down to deficits or constrictions in developmental skills [1]. Every year billions of dollars are spent on self-help books, psychotherapy, and psychiatric medications, yet what most never realize is that the solution to most adult problems involves obtaining developmental skills that were never mastered in childhood. Ensuring that your child has this need met is among the most important roles you have as a parent.

In *The Irreducible Needs of Children*, Greenspan and Brazelton provide an overview of the six primary developmental stages, or six functional developmental capacities needed by all children to thrive, regardless of whether they have a growth-disorder. Below, each of the stages are summarized.

##### Stage 1: Security and the Ability to Look, Listen, and Be Calm

The first developmental skill is the ability to be calm and regulated and at the same time interested and engaged in the world. This skill allows a child to take-in all the exciting things going on in the environment through the various senses, organize them internally, and simultaneously focus on particular stimuli while ignoring other things. It is the ability to focus on the face of mommy, or touch a particular toy without losing control that leads to a sense of internal security. As sensations are exchanged between you and your child, emotions of pleasure and joy emerge, leading to greater engagement and the second developmental stage.

##### Stage 2: Relating: The Ability to Feel Warm and Close to Others

Critical to all childhood and adult relationships is the ability to relate to others in a warm, trusting, and intimate manner. Normally, this skill is in full swing by 4 to 6 months of age when a child smiles back at a parent in a special way, or later as a toddler when she enthusiastically shares her toys or gives hugs to other kids. As Greenspan puts it, "without some degree of this ecstatic wooing by at least one adult who adores her, a child may never know the powerful intoxication of human closeness, never abandon herself to the magnetic pull of human relationships, never see other people as full human beings like

herself, capable of feeling what she feels [1] (p. 51).” The ability to relate to others in a warm and intimate manner is a process that continues to evolve throughout childhood, and develops even more within the context of romantic relationships.

When children at any age experience trauma in some form (physical, sexual, emotional), this stage of development is very often critically affected. When trust is broken or a child’s expression of emotion is met by distance and rejection, then a child often will retreat into an internal world where thoughts, feelings, and sensations become disconnected and alienated from external reality. Children with special needs, particularly those with obvious physical or psychological abnormalities, are at increased risk for problems at this stage because of how cruel other kids can be. When a child expects to be humiliated or teased because of how he looks or acts, the best (and natural) defense is to isolate and avoid other kids. Because most learning occurs in the context of relationships, avoiding others results in significant problems with all later stages of development.

### Stage 3: Intentional Two-Way Communication Without Words

Developing the capacity to focus and relate to others allows children to begin communicating with willful intention through facial expressions, gestures, and body language. By 18 months of age, many children are quite good at reading nonverbal cues and engaging in the most rudimentary forms of communication. A smile leads to a smile, pointing results in obtaining an object, and crying brings on attention and comfort. It is through learning to read others nonverbal language that we learn to differentiate emotions in other people, and how to send and receive nonverbal messages that establish our personal boundaries. Children and adults who never master skills at this stage struggle in school, work, and in friendships because they are still learning to read nonverbal cues from others and figure out what a person is really saying. In one study by UCLA researchers, 93 percent of communication effectiveness was determined by nonverbal cues and 7 percent by the words that were spoken [21].

In the best selling book *Emotional Intelligence* by Daniel Goleman [22], he explains why bright individuals who have achieved significant academic success often struggle in relationships because they lack emotional intelligence, or the ability to read and respond appropriately to emotions in others. For children who grow-up in families where parents are not well equipped to facilitate emotional growth (because they are stuck developmentally themselves), academic success can become the primary vehicle for a child’s sense of self, leading to advanced degrees and professional careers where intelligence is highly valued. But for many who follow such a path, the price of academic and professional success comes at a significant cost – developmental constrictions and deficits in reading nonverbal cues, subtle emotional gestures, and knowing how to deeply engage with all sorts of people in different contexts.

### Stage 4: Solving Problems and Forming a Sense of Self

At this stage, children 14 to 18 months of age are successful at getting what they want, and begin to develop more advanced skills in relating to others and building an internal sense of who they are. In the beginning, a child’s sense of self is like a map with most areas still blank. The earlier developmental stages provide some essential outlines on the map, but the details get filled in as a child engages in more and more complex

interactions with other people. Greenspan and Brazelton use the phrase *circles of communication* to describe interactive sequences of behaviors in a given communication exchange. In the previous stage, it is not uncommon to observe an infant and parent going back and forth thirty or forty times in a series of smiles, laughs, waves, and giggles. As such reciprocal interactions grow in richness and complexity (and number), a child begins to discern patterns of behavior, both in himself and others. Areas of the map begin to get filled in, and children begin to solve problems with the help of others.

#### Stage 5: Emotional Ideas

As children master the ability to engage others with intention through their emotions and behaviors, they move on to the fifth stage of development that involves learning to form mental pictures or images of their wants, needs and emotions. This is the stage of symbolic expression where a child can substitute a thought or an idea for an action or behavior. Instead of throwing an object in anger, a child can now say "I am angry." As Greenspan and Brazelton note:

They not only experience the emotion but are also able to experience the idea of emotion, which they can then put into words or into make-believe play. They are using an idea, expressed in words, to communicate something about what they want, what they feel, or what they are going to do. This ability opens a whole new world of challenges: Children can begin to exercise their minds, bodies, and emotions as one [6] (p 119).

Children (and many adults) who never fully master the skills of this stage, have difficulty identifying what they are feeling and instead simply act-out feelings in actions and behaviors. Many who drink excessively or use illicit drugs do so in response to feelings that are difficult to identify, talk about, and experience. Parents can help children negotiate this stage by modeling appropriate expression of emotions in both words and nonverbal behavior (i.e., emotion coaching).

#### Stage 6: Emotional Thinking

The final developmental stage usually begins when a child is between three and four years of age, and involves taking the mental images from the previous stage and building bridges between them. Now, a child can go beyond simply labeling emotions, and connect them to external events or other internal images or ideas. "I feel sad because daddy cannot take me to the zoo" or "I feel angry because mommy won't let me play with my toy trains" are examples of feelings now connected to different categories of ideas. This final stage is so critical that Greenspan and Brazelton conclude:

This ability to build bridges between ideas on an emotional level underlies all future logical thought. More abstract logic and cause-and-effect thinking builds on this fundamental cause-and-effect thinking. In fact, emotional thinking is the foundation for all future thinking [6] (p. 119)."

The capacity to reflect on future behavior, feel empathy for others, and realize that actions can have consequences, all require mastery of the skills of emotional thinking. Parents play an important role in helping children at this stage to the extent that they themselves have such abilities.

In summary, by the time a child is around four years of age, if all goes well, he or she will have successfully negotiated each of the above stages and mastered the skills upon which all future learning and emotional growth occur. Unfortunately, for children (and adults) who get stuck at a particular stage, life can be very difficult. Many remain loners, dancing to their own drum, while others become aggressive and violent, lacking the capacity to feel empathy for others. Hopefully, it is now clear *just how much is at stake during the first few years of a child's life*, and the many problems that a child can face when he or she does not have this critical need met. For growth-disordered children who often experience a host of medical issues during these same formative years, it is all the more important for parents to understand the above stages, and approach this need with the same level of energy and dedication they give to the medical management of a growth disorder.

The previous discussion of emotional developmental stages and capacities is highlighted over other important life-span theories because they represent the basic building blocks of the mind. Without such capacities, cognitive, moral and ecological development will be hampered. This is not to say that other stage theories are not important; clearly it is useful to familiarize yourself with the theories of: Piaget (cognitive), Bandura (learning), Bronfenbrenner (ecological), Erikson (personality), and Kohlberg (moral) [23]. A life-span development text such as that referenced here can provide you a solid foundation of knowledge in just a few chapters. At each stage of development (infant, toddler, adolescent, adult) an growth-disordered child will face various developmental hurdles, social challenges, and life problems that ultimately will rely upon the degree in which the previously discussed developmental capacities are mastered.

For children and adults who do get stuck at a particular stage, it is never too late to acquire developmental skills. In fact, truly effective psychotherapy will do more than just treat patient symptoms (e.g., depression, anxiety, relationship problems). Instead, underlying developmental deficits and constrictions will be identified, and therapy will provide the corrective experiences necessary to master the needed developmental skills [1]. A more detailed discussion of the developmental stages, and what parents can do to help their child (and themselves) successfully accomplish this important need are contained in the books (also listed in the reference section): *The Child with Special Needs: Encouraging Intellectual and Emotional Growth* and *The Growth of the Mind: And the endangered origins of intelligence*.

##### ***(5) The need for limit setting, structure, and expectations***

Among the most difficult jobs of parenting is learning how to appropriately set limits, provide structure and discipline, while at the same time allowing space for a child to become their own person. For parents of growth-disordered children, addressing this need can be extremely challenging for a number of reasons. Because growth-disordered children are naturally small, and most often struggle with a number of critical

health issues early in life, parents can easily become overprotective. Limits and structure can become overly rigid, and a child's ability to explore the world becomes constrained. As parents control the medical management of their child, it is easy to see how this *control* can bleed into all aspects of a child's life. Without the necessary freedom to experience a range of behavioral outcomes both good and bad (within a safe structure), children get cheated of the developmental experiences they need to successfully work through problems they will encounter in the world.

Growth-disordered children also have a more difficult time successfully negotiating the previously discussed developmental stages when those around them *treat them based on their size and not their chronological age*. When this happens, the expectation-bar gets adjusted down, and environmental influences, primarily in the form of relationships, actually work against a child's emotional and intellectual development. It is absolutely vital that parents be aware of such dynamics, and counteract them as best as possible. This may include: intervening in the school system, working collaboratively with teachers, educating other parents, and enlisting the help of a professional with appropriate training in child development. This issue can be even more challenging for parents who have no *reference point* for a child's behavior. If you have no prior experience raising a non-growth-disordered child, or have spent little time around other children the same age as your own, how can you know what is age-appropriate behavior? The answer is to spend time learning about the developmental stages, get involved with your child in a variety of social groups where you can observe other children of the same age, and network with other parents of growth-disordered children about this issue.

T. Berry Brazelton, says "discipline is the second most important thing you can give your child. Love comes first, but very close on its heels comes discipline [6] (p. 151-152)." The reason is that discipline teaches a child to control his or her impulses, and eventually to internalize a set of personal standards that guide behavior. In the classic book *The Road Less Traveled*, psychiatrist M. Scott Peck is famous for saying "Discipline is the basic set of tools we require to solve life's problems. Without discipline we can solve nothing. With only some discipline we can solve only some problems. With total discipline we can solve all problems." Although there are numerous ways to teach discipline, the key is to find the most appropriate methods for helping a child differentiate right from wrong while *continuing to show great empathy and nurturing care*. In the midst of a child acting-out, parents know just how hard this can be. When done well (i.e., emotion coaching), a child will learn to behave out of a desire to maintain the positive feelings that come from being emotionally connected. Such an approach facilitates the development of an internal compass that helps a child know how to act in a broad range of situations. Learning discipline is a long-term process, and also involves helping a child internalize personal goals, feel respect for their own uniqueness, and feel pleasure from accomplishing things in life that are important to them.

#### ***(6) The need for stable, supportive communities and cultural continuity***

The ancient African proverb proclaims "It takes a village to raise a child," and for families with growth-disordered children, having a supportive and stable community can make a tremendous difference in the quality of life for all members. Brazelton and Greenspan believe that optimal communities provide: (1) protection and safety, (2) a

sense of coherence or connectedness, (3) clear expectations of behavior, (4) cultural continuity, (5) a framework for healthy communication among its different members, and (5) an environment of self-reflection where members collaborate in creating their future. The sad truth is that most communities have been edging ever farther from this reality for some time, and if anything, going in the opposite direction.

In 2004, researchers from the University of Arizona and Duke asked nearly 1,500 Americans in a high-quality random survey to provide them with the number of people with whom they discuss matters that are personally important [24]. The modal respondent (i.e., most frequently occurring response in the sample) now reports having *no* confidants compared with a similar survey done in 1985 where the modal respondent had three confidants. This equates to a quarter of all Americans who now say they have *no one* they feel close enough to share personal information, more than double the number who were similarly isolated in 1985. Further, the researchers found the number of respondents who said their spouse was the only person they confide in doubled since 1985. This means that if these relationships become strained or a spouse falls sick or dies, these people have no one else to turn to for support. Equally troubling is that “young (ages 18-39), white, educated (high school degree or more) men seem to have lost more discussion partners than other groups.” During a time when so many critical life events are unfolding (e.g., college, employment, marriage, children), much needed social support to negotiate these life milestones appears to be increasingly eroding. In an interview about the research, one of the studies authors said “We know these close ties are what people depend on in bad times. We’re not saying people are completely isolated. They may have 600 friends on Facebook.com [a popular networking web site] and e-mail 25 people a day, but they are not discussing matters that are personally important [25].”

In addition to increasing levels of social isolation, many communities suffer from: high rates of unemployment, substance abuse, violence, crime, and a lack of healthy activities for children. Today, many live in neighborhoods where a few houses away are families they have never met. The days of personally knowing our grocer, mailman, and teller are long gone, replaced by large chain supermarkets, Starbucks and the Internet. Although these changes have come with some benefits, the cost in terms of lost social relationships may be far greater than we realized. Solving these problems and strengthening our communities is critical to meeting the needs of our children. These are not easy problems to solve, particularly when you realize that many people in a community simply do not relate with each other in any meaningful way. As parents, there are a number of things we can do to strengthen communities for our children, including:

- *Become involved in your community* with your children by supporting local events, charities, and getting to know those with whom you interact with on a regular basis - learn their names and model healthy interactions for your children (remember – this is one way they learn).
- *Support local businesses* as they are a vital bridge to a healthy and sustainable community. Local businesses create good jobs, increase the local tax base, leading to better schools and necessary recreational outlets. Behind most civic

activities that support the needs of a community are local business people giving of their time, money, and resources.

- Read *Better Together: Restoring the American Community* by Harvard Professor Robert Putnam and Lewis Feldstein that provides concrete ways people are reconnecting in communities and meeting the needs of children. The authors have also developed a useful website: <http://www.bettertogether.org/index.htm>

### ***(7) The need for a protected future***

The final irreducible need is perhaps the most important, and the one we most often feel helpless in assuring for our children – a future. We are so used to hearing bad news about the environment, global warming, the consequences of population growth, and the needs of those in developed countries, that we eventually disconnect from these issues emotionally and focus on our immediate problems. This is not hard to do when you have a growth-disordered child that requires enormous amounts of attention and care. Add to the mix other children, the need to make a living, time for intimate relationships, and it is easy to see why approaching the topic of the future leads to fear, denial, and avoidance for most people. Nevertheless, if we fail to meet this need, then all our hard work in raising our children will be undermined by ignoring the very things that sustain life. Much like defining the irreducible needs of children, we must start by asking the right questions, and then determining the irreducible needs for a healthy future. David Suzuki, among the most prolific and outspoken scientists and environmentalists of our generation, says:

At this critical juncture in our history on Earth, we are asking the wrong questions. Instead of “How do we reduce the deficit?” or “How do we carve out a niche in the global economy?” we should be asking, “What is an economy for?” and “How much is enough?” What are the things in life that provide joy and happiness, peace of mind and satisfaction? Does the plethora of goods that our production economy delivers so effectively provide the route to happiness and satisfaction, or do the relationships between human and nonhuman beings still form the core of the important things in life?...We seem to have forgotten the real things that matter and must establish a bottom line of nonnegotiable needs in order to regain a balance with our surroundings [26] (p. 209-210, also see: [www.davidsuzuki.org](http://www.davidsuzuki.org)).

When we think about a bottom line of nonnegotiable needs to protect the future, we must recognize that the world has become *interdependent*. We are all linked together by economics, the Internet, war, and unfortunately fear. As a result, we cannot be successful at protecting the future for our children by ignoring what is taking place on the global stage. There are about 2.2 billion children in the world, 1.9 living in developing countries, and over a billion living in poverty. As easy as it is to see our children as separate from those whose basic needs are far from met, the foundation of a protected future is built upon the *right of every child to have the seven irreducible needs met*. For this to happen, there has to be agreement on how to deal with many of the most urgent problems in the world, including: poverty, disease, environmental

sustainability, and gender inequality. Fortunately, for perhaps the first time in history, there was unanimous agreement from 189 Heads of State and government at the 2000 UN Millennium Summit on how best to go about addressing these challenging issues. Leaders from both poor and wealthy nations committed themselves to a set of eight, time-bound target goals that when achieved, will end extreme poverty worldwide by 2015.

As parents, one of the first things we can do to protect the future for our children is learn, support, and teach others about the eight *Millennium Development Goals (MDGs)*. Never in history have so many people committed so much to ensuring a future for our children. Consider that the two wealthiest individuals in the world, Bill Gates and Warren Buffet, have joined forces and committed billions of dollars to achieving the MDGs (see: <http://www.gatesfoundation.org/AboutUs/>). But as you learn more about the goals, it will become clear that success will require all of us to play some role. Begin by visiting the following websites and deciding for yourself how to become involved:

- <http://www.un.org/millenniumgoals/> (Overview of MDGs on the UN website)
- [www.millenniumcampaign.org](http://www.millenniumcampaign.org) (Specific suggestions on what you can do)
- <http://www.unicef.org/mdg/index.html> (Additional information by Unicef)

In the end, successfully accomplishing the MDGs are well within our reach. It is possible to devote the majority of time to our families and children with growth disorders, and at the same time, commit to doing a number of small things that collectively will ensure a bright future for our children.

In summary, the seven irreducible needs of children outlined by Brazelton and Greenspan provide a useful framework for understanding the fundamental emotional, social, and intellectual needs of growth-disordered children. Most important to take away from this section is that the *primary focus of parenting should be on raising emotionally intelligent children*.

### **Maintaining a healthy marriage (or committed relationship)**

Among the most significant challenges for all parents raising children is maintaining a healthy marriage. Half of all marriages end in divorce within seven years and over a forty-year period, 67 percent of first-time marriages will suffer the same fate [27]. For second marriages, the divorce rate is even higher. Recent research indicates that perhaps the most difficult time for a marriage are the years following the birth of a child. For 25 percent of couples divorce will occur within five years. Although few, if any (this author is not aware of any), studies exist that specifically investigate the impact of a growth-disordered child on marriage, it is safe to assume that the added stress of parenting a child with special needs does not make marriage any easier. You are not likely to put much time and energy into your marriage if you have a child that does not eat or is not growing. Some things do come first. But a running theme throughout this chapter is that as parents, it is critical to take a step back from the drama of life and carefully consider how best to deal with difficult times. By overly focusing on the medical management of a growth-disordered child and ignoring the needs of a

marriage, it is easy to risk the very foundation upon which that child needs to thrive: nurturing parents that love each other and model that affection.

The divorce statistics may be grim, but the good news is that marital research has revealed the keys to making marriage work even under stressful times. For the past thirty years, Dr. John Gottman, professor emeritus at the University of Washington and founder-director of the Relationship Research Institute in Seattle, Washington, has been studying couples and families and uncovering the secrets to a happy marriage (yes, he is the same Gottman mentioned earlier in this chapter). In his best-selling book, *The Seven Principles for Making Marriage Work*, he summarizes years of research by saying:

What can make a marriage work is surprisingly simple. Happily married couples aren't smarter, richer, or more psychologically astute than others. But in their day-to-day lives, they have hit upon a dynamic that keeps their negative thoughts and feelings about each other (which all couples have) from overwhelming their positive ones. They have what I call an *emotionally intelligent marriage* (p. 3).

As it turns out, the most important aspect of parenting, facilitating the emotional development of your child, is very much related to maintaining a happy marriage. Parents who lack emotional intelligence rarely raise children that are emotionally intelligent, nor do they have the skills necessary to keep their marriage together for the long-run. Thus a cycle is often created where one generation simply passes on to the next their developmental shortcomings. Fortunately, just as children can be taught emotional intelligence, so can adults learn to overcome their emotional blind spots and develop the skills necessary to stay on the positive side of the divorce odds.

Much of what Gottman has learned about marriage has come about by studying what differentiates couples who divorce from those that stay together. He has become famous for predicting divorce with 91 percent accuracy after listening to a couple talk for *as little as five minutes*. Such power is the result of carefully crafted studies that involve couples spending a weekend at an apartment Gottman affectionately calls the *Love Lab*. In exchange for a nice leisurely weekend (where couples are simply instructed to act as naturally as possible), couples agree to wear heart-rate monitors and be video and audio taped during their stay. You may think such intrusions would get in the way of a couple's normal behavior, but similar to reality television, it does not take long for couples to let down their guard and act as they normally do. When this happens, Gottman's crew captures the most subtle of exchanges between couples, and the inner workings of marriage are revealed.

Although it is not possible to summarize in this chapter all of Gottman's important findings on marriage (you should read his book for that and visit [www.gottman.com](http://www.gottman.com)), some of the key findings include:

***Friendship is the foundation of a long and healthy marriage***

Successful marriages are built on a foundation of friendship that in essence boils down to how well you know your partner. It may sound simple, but Gottman has found that if you don't have a deep knowledge of your spouse, when stress hits your marriage the

relationship can quickly lose its way. We all have a place in our brain where we store information and details about our spouse, what Gottman calls a *love map*, that blossoms during the courtship period. But later in a marriage it is easy to stop updating the map of our spouse and let important aspects of it fade away. In research investigating marital satisfaction after the birth of a baby, Gottman found that detailed love maps made all the difference between marriages that thrived (33%) and those that suffered (67%). While the majority of couples struggled during the stressful transition to parenthood, those that thrived maintained detailed love maps. By maintaining an intimate knowledge of what makes your partner tick it is much easier to know what to do to keep a marriage on track.

One of the most interesting findings coming out of the love lab is that successful marriages have a magic ratio of *five positive interactions for every one negative interaction*. In a study of 700 newlywed couples, researchers taped 15-minute conversations between husband and wife and tallied the number of positive to negative interactions. They then predicted who would stay married and who would divorce based on the magic five to one ratio. Ten years later they followed-up with the couples and learned the fate of the marriages. Amazingly, in 94 percent of the cases they accurately predicted divorce. How do you achieve the magic number in your own marriage? One way is to think about your spouse having an *emotional bank account*. On any give day you are making both deposits (positive interactions) and withdrawals (negative interactions). The key is to become more aware of the number of deposits and withdrawals that you make – not in a competitive sense – but as a general gauge of how well the marriage is doing. Gottman also has a number of exercises in his book that can help strengthen marital friendship.

### ***Learn to effectively manage conflict***

Among the most useful insights from Gottman's research lab is a better understanding of conflict in marriage. All marital conflicts can be classified into one of two categories: perpetual (69 percent) and solvable (31 percent). Most couples make the mistake of fighting over perpetual problems, believing they will eventually be solved. Think about any fight you regularly have with your spouse, or a confrontational issue that continues to reappear again and again in different forms in your marriage, and you likely have a grid-locked perpetual problem with no solution. If there is no solution to such problems then how do successful couples deal with the conflict? They don't try to solve the problems but instead work to dialogue about the issues and learn to live with them in a way that does not harm the foundation of the marriage. They also understand that underneath perpetual problems are deep, influential childhood histories, different belief systems, and dreams that are not likely to change for either spouse. The key to dealing with perpetual problems lies in your ability to accept the differences between you and your spouse, live with compromise, and work with your spouse to find ways to take the pain and hurt out of the issues since they are not likely to go away. But a huge step in the right direction is *first being able to differentiate perpetual from solvable problems*.

For problems that are solvable, Gottman suggests five things that can make the process easier: 1) soften how you begin an argument by not initiating a conflict with a criticism or contemptuous statement, 2) learn to make and receive repair attempts (see his book for more details), and get out of an argument before it gets out of control 3) be

aware of your body and whether you are getting emotionally flooded (heart-rate over 100) and if so, leave the argument and return to it when you are calmer, 4) learn to compromise by accepting influence from your spouse, and 5) accept your partners flaws and realize that finding solutions to solvable problems is not about changing your spouse, but finding common ground where both you and your partner change together in a way that makes the marriage stronger.

Gottman also says it is important “to manage marital conflict so that your children don’t become enmeshed in your problems or feel that they are somehow responsible for them (p. 155).” When parents fight it creates a toxic environment that can have significant consequences to a child’s emotional and physical health. In a study of 63 preschoolers, those who were raised in homes where parents fought frequently in a hostile and negative manner, had *chronically higher levels of stress hormones* compared to children in families where parents managed conflict appropriately. Gottman said, “we followed them through age fifteen and found that, compared to other children their age, these kids suffered far more from truancy, depression, peer rejection, behavior problems (especially aggression), low achievement at school, and even school failure (p. 6).” Since all marriages will have conflict, it is critical to manage it in a way that protects your children. In the book *Raising an Emotionally Intelligent Child*, Gottman provides sound advice on how best to do this that includes (p. 155-162):

- Don’t use your children as weapons in marital conflict
- Don’t allow your kids to get in the middle of conflict
- Let your kids know when conflicts are resolved
- Establish networks of emotional support for your children
- Use emotion coaching to talk to your children about marital conflicts
- Stay engaged in the details of your children’s everyday lives

### ***Take preventative measures to protect your marriage during stressful child-rearing years***

It will come as no shock that when a baby arrives marital satisfaction takes a giant plunge. What is surprising, based on new research, is just how significant that plunge is on parents and the new baby. In the book, *And Baby Makes Three: The Six-Step Plan for Preserving Marital Intimacy and Rekindling Romance After Baby Arrives*, Gottman reviews findings from a 13-year study on couples transitioning to parenthood. Results indicate that following the birth of a baby, about 70% of parents experienced a mix of depression, marital conflict, and loss of intimacy that led to divorce in 25% of couples within five years. You can probably guess the most common reasons, including: lack of sleep, less time for dates and romantic intimacy, balancing work and parenthood, and issues related to how to parent a new child. For a parent with a growth-disordered child, we can add to the list: stress related to a child not growing or eating, loss of time due to multiple doctor appointments, sadness and anger related to others not understanding growth problems (that indirectly impacts the marriage), and fear about medical interventions and the future. Perhaps most alarming from Gottman’s research, is that the critical developmental years of a baby’s life also happen to be the same years most marriages begin to sour, leading many parents to be less than responsive to their baby’s needs.

The good news is that not all couples experience a meltdown when a baby arrives. By studying couples that thrive during the transition to parenthood, Gottman has discovered the key ingredients to keeping a marriage strong while at the same time providing optimal care for a new baby. Packaged into a two-day workshop called *Bringing Baby Home* ([www.bbhonline.org](http://www.bbhonline.org)) and detailed in the book mentioned above, the intervention involves three main goals: “(a) strengthening the couple’s relationship and preparing them for the marital difficulties typically associated with the transition to parenthood; (b) facilitating the father’s as well as the mother’s involvement in the family; and (c) giving expectant and new parents basic information about infant psychological development and giving them basic parenting tips, particularly on how to play with babies (p. 7).” Because parents of growth-disordered children are likely to be at higher risk for stress, both the book and website are welcomed resources.

### ***Don’t wait to seek professional help if you know your marriage is in trouble***

The average spouse waits *six years* before seeking professional help from the time they become aware that there are significant problems with their marriage. Many couples believe staying together for “the children” is better than divorce, and others simply would rather live with a known problem than face an unknown future. The sad truth is that when many couples do seek help, what they are really looking for is a way out of the marriage. Keep in mind that half of all divorces occur by the seven-year mark. Research indicates that the consequences of staying in a bad marriage for years are significant:

- 35 percent increased chance of getting physically ill
- Shortened life span by an average of four years
- Stressful environment for children that has shown to chronically increase their stress hormone levels
- Depression, anxiety, and other mental health problems

The corollary to this point is that when couples do seek help, *they need to seek the right kind of help*, preferably from a therapist that has experience with Gottman’s principles and interventions. It also helps if a therapist understands how to assess emotional development and knows how to facilitate developmentally appropriate interventions.

### **Siblings: Meeting the needs of every child**

If you are parenting a growth-disordered child and have other children, you are likely to feel concerned and guilty at times that your attention is not evenly divided among them. But a child with special needs *does take more time and energy*, and this does not mean that you cannot also meet the needs of your other children. Adapted from Greenspan and Wieder’s *The Child with Special Needs*, the following suggestions can help you proactively address sibling issues [4] (p. 374-376):

### ***Make sure you spend one-on-one time with your other children every day***

Although it may be difficult, it is important that each of your children know they get your full attention for some period of time every day. It may only be a few minutes (although ideally it would be longer), the time is theirs to be the boss and express their feelings and thoughts when others may not be around. When children are young the

time may be devoted to playtime, but for older children it may be used for simply talking or participating in some activity of their choosing (e.g., helping with homework, sports). Having time set aside each day for every child can compensate for the times when your attention must be given to your growth-disordered child.

### ***Have problem-solving discussions***

It can be very helpful to engage your children in problem-solving discussions related to your growth-disordered child using the emotion coaching skills discussed earlier in this chapter. Your other children are likely to have many thoughts and feelings about their sibling with special needs, including: wondering if their growth-disordered sibling might die, whether the medical problems are contagious, or how to deal with times when they witness their sibling being teased or bullied by other children. They also may express feelings of anger, resentment, or frustration that the growth-disordered child consumes so much time and attention, and may feel guilt or shame about having bad thoughts about the growth-disordered child or that they do not have the same condition. By appropriately coaching your children on such deep feelings, you will not only develop greater levels of intimacy with them, but reinforce powerful protective mechanisms against acting-out such feelings in negative ways (e.g., substance abuse, violence, isolation/depression).

### ***Make a child's growth issues a family challenge***

Greenspan and Wieder say, "When you talk with your children about their sibling's special needs, make it clear that this is a family challenge. The family members were not responsible for creating the problem, but together you can help the child with special needs grow and learn [4] (p.374-375)." Because many growth-disorder challenges revolve around feeding and growth, find ways to involve your other children in such issues. Have them help prepare meals, learn to give growth hormone shots (if acceptable to the growth-disordered child, they are age-appropriate, and want to do it), and engage in activities and play that facilitate emotional and intellectual development. Be sure not to pawn-off work that disrupts their life, but instead encourage their involvement in a way that builds teamwork within the family. At times it may be beneficial to have your other children come to medical appointments for your growth-disordered child and have the opportunity to ask doctors any questions they may have. If your growth-disordered child becomes hospitalized for some reason, include your other children in visits and avoid sheltering them from bad news (they will eventually find out anyway). Remember also that a family is a system, and changes in one family member impact all other members. Just because a child with special needs gets a great amount of attention, does not mean that another child or parent may have a need that demands significant attention at some point.

### ***Involve your other children in activities with growth-disordered siblings***

In cases where a growth-disordered child has developmental impairments that require professional intervention (e.g., autism, PDD), educate other children about how to do floor time (see: [www.floortime.org/index.php](http://www.floortime.org/index.php)) and participate in activities with their growth-disordered sibling. Quite often other children develop the ability to engage in particular kinds of play and floor time easier than adults.

### ***Use the seven irreducible needs of children framework for all your children***

As mentioned in the introduction of this chapter, the emotional, social, and intellectual needs of a growth-disordered child are not so different from other children. Therefore, most of the previous discussion on meeting the needs of a growth-disordered child are also applicable to your other children. They too need consistent nurturing relationships, developmentally appropriate experiences, and healthy communities in which to thrive.

### **Relationships with extended family and friends**

All parents raising children know the value of having extended family members and friends available for support. It truly takes a village to raise a child, and when the child has special needs related to growth issues, the help can be even more crucial. But due to the rare nature and limited amount of information available on many growth conditions, it is most likely that those close to you will only know what you tell them about your child's particular diagnosis. Even then, they may not truly comprehend what it means to be four standard deviations off the growth charts or why your child struggles to eat and gain weight. Instead, they will likely just want to help out in any way that they can. But help and support can come in many forms, and if you feel at times that what is meant as help actually causes stress, then you are not alone. It is very common for loved ones and friends to take an active role in wanting to help a child with special needs, and in the process, not realize that their actions actually make your life more stressful.

Among the most challenging of all issues related to growth disorders are those related to feeding. Every parent knows the necessity of caloric intake for growth and development. When a child is not consuming sufficient calories or eating at all, feeding times can become extremely stressful. So it should come as no surprise that loved ones will want to do what they can to improve this situation by suggesting foods your child might like, cooking special meals, or using their own special feeding techniques to get your child to eat. Surprisingly, their interventions will at times work! Your child responds to grandma's special meatloaf or your best friend's cupcakes and eats like there is no tomorrow. Loved ones get excited and want you to share in their success. But instead of feeling elated that your child is eating, it is quite common to feel stress and resentment. Why? Because you know that your child is capable of eating well for *one* meal. The next day (or meal) when grandma is gone, the meatloaf ends up on the floor and the cupcakes become table decorations.

Growth-disordered children are most often *picky* or *problem* eaters. What tastes good one day (or meal) is not appealing the next. Unfortunately, extended family members and friends may not have the benefit of experiencing your child's eating behaviors over a significant period of time (unless they live with you). Also, if their interaction with your child occurs sporadically, every time they feed your child they may have success because they represent a *unique stimulus* for your child (i.e., their success is not so much about the food as it is about your child wanting to please someone they don't see very often). As a result, they may have trouble comprehending what it is really like managing a child with feeding problems on a day-to-day basis. They may say they understand, but their experience negates what you tell them, so they naturally continue with their advice and suggestions (sometimes very subtly) – driving you crazy - believing they are being helpful. But given enough opportunity, no matter who is doing the

feeding, your child will eventually reject food and those who don't understand will begin to have more empathy for what you deal with on a regular basis.

Special Note: Google the **SOS Approach to Feeding** developed by **Dr. Kay Toomey** if you are not aware of it - perhaps the most comprehensive and humane approach to feeding disorders.

The previous feeding example illustrates the complexities that can arise in relationships with extended family members and friends. Clearly, no one close to you means to cause problems, say things that are hurtful, or behave in ways that cause stress – even though all of these things will likely happen. Likewise, you also will not mean to take advantage of loved ones, say hurtful things, or behave towards those you care about in negative ways – but you will. Such dynamics play out in all systems involving families, extended families, and friends – that is human nature. What is important is that you develop an awareness of the dynamics that involve your growth-disordered child (and likely other aspects of your life), and *proactively* take steps to deal with the issues in a constructive manner. The following suggestions may help:

***Learn to develop clear and appropriate boundaries (and how to enforce them)***

Among the most useful concepts for addressing the complexities in relationships is the topic of boundaries. In brief, personal boundaries are the limits that define who we are in relation to other people. They make it possible for us to separate our own thoughts, feelings, and behaviors from those of others, and to know who is responsible for what. There are physical, emotional, and mental boundaries that impact all areas of our lives, especially those with extended family members and friends. Boundaries develop from the acquired developmental capacities discussed previously, and are based on having a healthy *sense of self* (i.e., self-esteem, knowing who you are). When a person gets stuck developmentally *the self* does not fully mature, boundaries remain fuzzy, and as a result, intimate relationships can become quite challenging.

When problems with extended family members and friends arise related to your growth-disordered child, it is useful to consider the role of boundaries, and whether they need to be clarified. For example, the boundaries that exist between you and your parents or siblings have been shaped over many years, and likely retain aspects from early childhood. But now as a parent with your own child, such boundaries may not be appropriate and need adjusting. Instead of being the child to your parents, you now have to learn how to interact as an adult, setting limits related to your child, enforcing rules, and relating in new ways. This can be extremely difficult, particularly when your parents are not sure how to adjust to your role as a parent, or know how to establish a deeper relationship with you as an adult. Issues of boundaries are not easy, and the following suggestions may offer some guidance:

- As parents, recognize that it is *your responsibility* to establish clear boundaries both within your own family, and with extended family members and friends, about how issues related to your child's growth disorder will be handled. This includes the degree to which the diagnosis gets talked about and processed emotionally, what information to share with who and at what time, and how best

to respect the needs of your growth-disordered child in the process. In general, the more you share about a diagnosis with extended family members and friends, the better position they will be in to know how best to help.

- Don't allow your growth-disordered child to get in the middle of boundary problems with extended family members and friends that have long established histories and have nothing to do with your child.
- Becoming aware of boundaries, knowing how to define them, and most importantly, how to enforce them can be incredibly challenging. Consider reading *Boundaries and Relationships: Knowing, Protecting and Enjoying the Self* by Dr. Charles Whitfield to gain greater insight into the important topic and seek professional help from a therapist if necessary.

### ***Learn to effectively manage conflict***

The previous discussion related to the two kinds of problems in a marriage, perpetual and solvable, can also be very beneficial for understanding issues with extended family members and friends. Confrontational problems that surface again and again in various forms, likely stem from different underlying belief systems and ways of looking at the world. As a result, you may find yourself battling over issues with loved ones and friends that have no solution. Again, the first step is being able to tell the difference between a problem that has a solution and one that seems to never end. With such awareness, you can appropriately decide how to go forward.

### ***Learn to focus***

It is often the case that the complexities that arise in interpersonal relationships overwhelm our ability to know exactly what to do in particular situations. This is not only true for extended family members and friends, but for all relationships in our life. An incredibly helpful tool for getting unstuck is called *focusing*. Developed in the 1970s by Dr. Eugene Gendlin, focusing is a process in which you make contact with a special kind of internal bodily awareness known as a *felt sense*. Gendlin says:

A felt sense is not an emotion, and focusing is not a process in which you "face" painful emotions nor one in which you sink down into them and risk drowning. Conversely, it is not an intellectual or analytic process either. When you learn how to focus, you will discover that the body finding its own way provides its own answers to many of your problems [28] (p. 11).

Learning to focus can be done with relative ease and without the help of a trained professional. By reading the book *Focusing* (a very fast read) and exploring the well established website [www.focusing.org](http://www.focusing.org), you will learn about the six steps and discover that focusing is one of the rare discoveries in psychology backed by hundreds of empirical studies that delivers on what it promises.

### ***Learn to accept what is and be grateful***

Much of this section has focused on problems that may arise with extended family members and friends, but the flip side is that our life is made whole by their presence. For all the idiosyncrasies that they may have (and we have as well), it is our relationships

with those we love and care about that make life worth living. Their help and support in raising a growth-disordered child can be invaluable. Accepting those in our life for who they are, not trying to change them, and being grateful for their contributions, can go a long way to easing the tension when problems arise.

### **When emotional or mental problems require professional intervention**

In the United States an estimated 26.2 percent of Americans ages 18 and older, or one in four adults, suffer from a diagnosable mental disorder in any given year [29]. At the same time, at least one in five children and adolescents have a mental health disorder and at least one in 10 (or about 6 million children) have a serious emotional disturbance [30]. Research supported by the National Institute of Mental Health has found that “half of all lifetime cases of mental illness begin by age 14, and that despite effective treatments, there are long delays – sometimes decades – between first onset of symptoms and when people seek and receive treatment [31].” Many of those suffering from mental health problems are also among the approximate 30 million teens and adults in the United States who struggle with substance abuse or addiction (e.g., alcohol, drugs, gambling, sex and food) [15-17]. Taken together, mental health and addictive disorders are among the most serious of all problems a family may face.

It is unfortunate that nearly two-thirds of all people with a diagnosable mental illness do not seek help, and that about 80 percent of those who struggle with addiction never receive any kind of formal treatment [19, 32]. There are many reasons for this including: stigma, insurance/cost issues, misunderstanding about disorders, shame, and limited or no treatment providers (also see: <http://www.nostigma.org/>). But despite these barriers, it is important to know that for most mental health and addiction problems, there are a number of evidence-based treatment interventions that can vastly improve the lives of those who suffer [19, 32].

The purpose of this section is not to review all the different disorders and their treatments, but to encourage you to take the topic of mental illness and addiction *very seriously*. This means educating yourself about the most common disorders, learning the warning signs for each problem, and knowing when, where, and how to seek help. It also means being completely honest about who in your family may have emotional problems (e.g., yourself, your spouse, growth-disordered child, other children) and finding ways around the many barriers to treatment. None of this is easy, especially when emotional problems of family members get *displaced* onto the growth-disordered child. If you as a parent suffer from depression or alcoholism, keeping the family focused on the growth-disordered child can become a mechanism for avoiding problems that you need to address. Likewise, siblings of a growth-disordered child may become depressed or get involved in substance abuse that goes undetected by parents who are overly focused on care of the child with growth problems. This is particularly true when the symptoms of depression and substance abuse are subtle and purposely kept hidden. Going back to the introduction of this chapter, it is useful to remember that a family is a system where *the needs of every member matter*.

To learn about the most common mental health/addictive disorders and their warning signs, visit the following web sites and browse through the pages that are of most interest to you. All of these sites have specific information for both adults and children.

- National Institute of Mental Health (NIMH):  
<http://www.nimh.nih.gov/healthinformation/index.cfm>
- National Institute of Alcohol Abuse and Alcoholism (NIAAA):  
<http://www.niaaa.nih.gov/FAQs/General-English/default.htm>
- National Institute of Drug Abuse (NIDA):  
<http://www.nida.nih.gov/NIDAHome.html>
- Center for Addiction Management:  
<http://www.addictionmanagement.org>

Even after reading about mental health and addictive disorders, it can be challenging to see - and accept - problems in yourself or other family members. A mother whose son had been diagnosed with autism continued to take him to psychiatrist after psychiatrist in hopes that eventually one of them would say he did not have it. In the end, it was she who needed counseling to face her own emotions about her son's diagnosis. Very often those who have experienced trauma (e.g., sexual, physical, emotional abuse) unconsciously organize their life around avoiding feelings in hopes of avoiding the overwhelming emotions that accompanied the original traumatic event(s). But as hard as a person attempts to disconnect themselves from the pain of the past, trauma has an insidious way of replaying itself in ways that are not easily understood or stopped without professional help. It is also quite common that those who struggle with addiction are *ambivalent* about seeking help. On one hand, addictive behavior can become a person's best friend, providing pleasure, relief, and comfort during stressful times. On the other hand, addiction can result in serious physical and psychosocial consequences that can significantly impact the overall functioning of a family. Nevertheless, if you believe there is a need for professional treatment for yourself or a family member, it is important to know how to seek the best possible care. The following suggestions provide some guidance:

1. Finding the right therapist or counselor largely depends on the issue(s) you (or a family member) would like to work on and the outcome(s) you seek. Like primary care physicians, there are counselors who are generalists, good at solving a lot of issues that people bring to therapy. But also like medicine, there are those who specialize in helping people with particular problems like addiction, marriage or trauma resolution. If your goal is to explore your inner world with no specific issue that requires specialization, or you are not sure where to start in the therapy process, then a generalist works fine. However, if you know you have a specific issue it makes sense to seek out someone who specializes in that area.
2. Therapists come in all shapes, colors and sizes - and the therapeutic approaches they employ are equally as diverse. What you should know is that for the most part none of this makes much difference. Good outcomes are a result of what

happens in the *therapeutic relationship* which means that the number one criteria for selecting a therapist is your gut reaction to the person. Do you connect with them? Does what they say make sense? Do you believe they have really listened and understood you? Do you feel an *emotional* connection? Does their understanding of how change occurs match with yours? In the end, whether they are a psychologist, psychiatrist, licensed professional counselor, or licensed clinical social worker is not as important as whether you connect with them as a person.

3. Real therapeutic experience comes about when people move *developmentally* beyond where they are stuck. To do this, a therapist must know how to assess developmentally where you are stuck. Then therapy must encourage advances within and through emotional developmental stages, ideally helping you to develop the capacities for optimal mental functioning [1 ] (see chapter 9: Pep pills, pep talks, and real therapeutic experience). Ask whoever you see to explain their understanding of the role of emotion in therapy, and how what they do leads to real developmental growth and change.
4. It is not uncommon for people to choose a therapist or treatment that perpetuates the problem they came for in the first place. Why? Because we select options based on our existing personality or way that we see the world, and discount or avoid situations that evoke fear or require stepping outside of our comfort zone. This happens most often when people work with therapists who only rely on talk therapy to solve emotional problems. If you have emotional problems, talk therapy will only get you so far - emotional problems need to be solved by working with a therapist who knows how to work emotionally.

A good website that provides even more assistance in choosing a competent counselor or therapist is: <http://metanoia.org/choose/>

### **Optimizing education for a growth-disordered child**

Among the most critical roles you play as a parent is optimizing your child's education. The right learning environment will not only facilitate the previously discussed irreducible needs, but also provide a framework for optimizing your child's individual talents and skills in the world. Just like other topics in this chapter, so much has been written about education that it is impossible to do justice to such an important issue in so little space. But there are some key points that you should consider when making decisions about your child's education, in addition to following-up on the references in this chapter.

Although historically teachers have utilized numerous standardized learning exercises (e.g., memorizing, reciting, completing worksheets), it is now clear that optimizing a child's education requires an appreciation of the *developmental differences of children* [1].

To facilitate learning and appropriate mental growth, experiences must be tailored to the child's *individually different* central nervous system. Children are different in their degree of mastery of early developmental capacities, such as the ability to focus and attend, the depth of their intimacy and relatedness, their ability to be purposeful and intentional, their capacity to solve complex problems, their skill in using ideas symbolically and creatively, and their capacity to think logically and abstractly [6] (p. 87).

Attending to the developmental differences in children is not easy.

A teacher must have the time and resources to know each child as an individual and determine which developmental skills she has mastered and which need work. This means observing and assessing abilities such as reading nonverbal signals and reflecting on her own and others' ideas in addition to fine motor and language skills [1] (p. 221).

Because growth-disordered children are at higher risk for learning disorders, may need special attention as a result of being smaller than other children (e.g., help reaching things, seeing the blackboard), and require assistance with feeding issues, it is all the more critical that your child attend a school that *takes seriously the individual needs of children*. Unfortunately, many schools continue to operate on the assumption that children of the same age can be taught as a homogenous group using standardized methods [1]. Such an assumption is likely used by many public school administrators that have been forced to increase class sizes to 25-30 students due to reductions in funding. But, "for the most part, only children who are capable of learning basically without the help of school learn well in such large classes. To help gifted students to reach their full potential, average students do better than they are doing now, and children with challenges to become competent requires small classes for all children [6] (p. 89)." What is the optimal class size? Greenspan and Brazelton suggest a range of 12 – 15 students per teacher [6].

When class sizes are small, teachers can more easily attend to the developmental differences of students and facilitate learning through teaching methods that are far more instructive than standardized lectures and tests. Effective teaching ideally engages children in *dynamic emotional interactions* that promote problem solving skills, abstract thinking, and the capacity to reflect and relate deeply to others. Further, because students learn in different ways, teachers appropriately "present material in steps and at a pace appropriate to the child's cognitive abilities and learning style [1] (p. 222)." An optimal education also encourages individual creativity through art and music, teaches responsibility and self-discipline, and assists students in acquiring the skills and tools necessary for deeper explorations of life and the world. The best schools also realize that letter grades and standardized tests are poor indicators of progress. The best measure of how well your child is doing is the *shape of his learning curve once he is in an optimal educational environment* [4] (see chapter 20: What can we expect?).

A very real problem for many parents is finding a school that addresses individual differences, has small class sizes, and encourages learning through dynamic emotional

interactions – *and at the same time is within a family's financial means*. Although challenging, the following steps can help:

### ***Assess the specific needs of your child***

Because growth-disordered children can be quite different in terms of their educational needs, it is important to first gain an understanding of the specific needs of *your child*. What are his specific developmental needs? Does your child prefer structured environments or more independent settings? How well does she engage with other children? What are your child's thoughts about learning? Does he have particular talents that should be nurtured? By answering these questions it becomes easier when you visit schools and assess their learning programs to know which school will be the ideal match.

### ***Do your homework***

The only way you can really assess whether a school may be appropriate for your child is by visiting it multiple times, talking with teachers (and administrators) about how they understand their role in the classroom, and sitting-in on classes to observe first hand how children are taught. It is also helpful to talk with other parents who have children at a prospective school and learn what they like and dislike about the program. Most schools will also provide statistics about class size, the average academic achievement scores of students, and the percent that go on to other educational institutions (i.e., high school/college). All of this information is necessary when comparing educational options and determining the best fit for you child. You can begin your exploration of schools in your area by visiting the National Center for Education Statistics website at: <http://nces.ed.gov/datatools/> (on this page you can search for both public and private schools in your area).

### ***Public versus private schools***

In making decisions about your child's education, one of the most important considerations is whether you should select a public or private school. In the United States, approximately 76% of all schools are public and 24% are private [33]. Much has been written about this topic, and the primary conclusion is that there is no overall right or wrong answer regarding whether one is better than the other. Instead, your final decision should be based on which school is the *best fit* for your child after you consider all of the important factors. That said, there are some significant differences between private and public schools. Consider the following points:

1. Public and private schools should not be considered two homogenous categories, but instead are broad labels that say very little about a particular institution. Both types of schools represent a significant range of alternatives, making comparisons a bit like comparing apples and oranges. For example, private schools can differ from each other as much as they differ from public schools. When you begin your search for the optimal school, don't discount or eliminate a school based solely on whether it is private or public.
2. There are many factors to consider when comparing public to private schools, including: academic reputation and college preparation, school and class size,

safety reputation, special programs, costs, religious affiliation and moral instruction, location, and ideology. A well-balanced review of these factors can be found at: <http://www.publicschoolreview.com/private-public-schools.php>

3. Researchers have investigated the differences between public and private education in terms of student's academic achievement on various standardized tests. In general, private schools perform better than public. In a comprehensive study conducted by the National Center for Education Statistics comparing private and public schools over a five-year time span (2000-2005):

Students at grades 4, 8, and 12 in all categories of private schools had higher average scores in reading, mathematics, science, and writing than their counterparts in public schools. In addition, higher percentages of students in private schools performed at or above Proficient [as defined in the report] compared to those in public schools [34] (p. 1).

Unfortunately, this finding is not as straightforward as it may seem. In a follow-up study conducted by the same organization looking more closely at scores from 2003, when *individual characteristics* (e.g., gender, race/ethnicity, disability status, and identification as an English language learner) were factored into the statistical comparisons between private and public schools, the results indicated that there were no significant differences between private and public schools for Grade 4 reading and Grade 8 mathematics [35]. Private schools were still significantly better for Grade 8 reading, but surprisingly, public schools had a significant advantage over private schools for Grade 4 mathematics. Another way to think about this is that what differentiates private and public schools in terms of academic performance has *little to do with the school and a lot more to do with the students that attend that school*.

What is the bottom line? In terms of academic performance on standardized achievement tests, the latest research suggests that the differences between public and private schools are not as significant as previously thought, and in some cases public schools perform better than private. However, as was mentioned above, standardized achievement tests may not be overly useful in gauging the overall quality and value of a school, particularly in terms of its ability to focus on individual developmental differences and dynamic emotional interactions among students. A quality education is about more than just academic performance; it involves fostering emotional intelligence, creativity, and character – things that are not easily measured by standardized assessments.

4. Because growth-disordered children are at higher risk for learning disorders and often have special needs, it is important to realize that educational laws make it *mandatory* for public schools to provide services to address children with special needs, whereas private schools have no such obligation. Therefore, depending on the specific needs of your child and the services offered by the schools in your area, a public school may have some significant advantages over private

schools. However, Greenspan cautions that special needs programs can do more damage than good if they do not address the developmental, social and intellectual needs of children appropriately [1, 4, 6]. In most cases, children with special needs can benefit greatly from being around a wide range of other children, not just others who also have special needs.

5. In the final analysis, cost is a very important factor. According to the National Association of Independent Schools, the median tuition for private day school in the United States is about \$15,000/year (see: <http://www.nais.org/>). However, the range in private school costs is quite broad, with some costing as little as a few thousand dollars per year, to others that are over \$20,000 per year. Adding up the years can quickly lead to sticker shock, particularly if you have more than one child. At issue is the *cost/benefit ratio* which is different for every child (and parent). If you and your spouse must both work full-time to pay for a private education and as a result over-utilize day care, have little time for your marriage, and have minimal one-on-one time with your child, such costs will no doubt outweigh any private school benefit. Even in cases where money is not an issue, private schools are not always the best choice when all factors are considered. In some areas, especially where housing costs are higher, public schools can be very well funded and rival the best private schools. It may make more financial sense to buy a house in an area with good public schools instead of staying in an area with less desirable public schools and paying for a private education. But as the old adage goes - *you get what you pay for* - and in the case of private schools, money can buy you small classroom sizes, increased attention to developmental needs, and opportunities not available in many public schools (e.g., art and music programs, field trips, individualized attention).

### ***Stay involved in your child's education***

Critical to optimizing your child's education is working with the teachers, administrators, and other educational staff to review your child's developmental needs and overall functioning at school. Because you know your child better than anyone, you are in the best position to assess the physical environment of the school, whether the curriculum is appropriately challenging, and whether the interactions with other children are facilitating emotional growth. The optimal school will also welcome your involvement and be open to your participation in the educational process.

In summary, optimizing your child's education requires considerable effort. Because schools are as different as your child's needs, there is no one right school or option. Instead, you need to consider all of the factors that are important to you and find the school that is the best match for your child's needs. Because the process of selecting a school can take a lot of time, start your investigation as early as possible. You may also benefit from exploring the following websites:

U.S. Department of Education: <http://www.ed.gov/index.jhtml>.

Institute of Education Sciences: <http://ies.ed.gov/>

National Association of Independent Schools: <http://www.nais.org/>

Also see the following references:

- [1] Chapter 10: The Emotional Foundations of Learning
- [4] Chapter 19: School and Other Children
- [6] Chapter 3: The Need for Experiences Tailored to Individual Differences, and Chapter 4: The Need for Developmentally Appropriate Experiences

## **Conclusion**

Successfully raising a growth-disordered child requires more than simply attending to the physical and medical aspects of the condition. This chapter suggests strongly that the emotional, social and intellectual factors are equally if not more important, and that examining the factors within a systems framework can be useful. A lot of information has been presented for one chapter, with many references to books, websites, and scientific publications provided. Because dealing with the medical aspects can be quite overwhelming, don't let the information here add to your stress. Take away what you most need, follow-up on information related to issues in your life as they arise, and know that you can always get additional support from the MAGIC Foundation ([www.magicfoundation.org](http://www.magicfoundation.org)) and other parents of growth-disordered children.

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