

# Scolding can hurt more than help

A QUARTERLY NEWSLETTER FOR PARENTS EVERYWHERE

If you're like many parents, you may have caught yourself in an angry or frustrated moment scolding your child. "Stop that!" or "Do what I tell you!"

Some families believe that such outbursts are necessary if children are to learn to behave correctly and acquire knowledge and skills. But recent studies in preschools have shown that scolding can have long-lasting and damaging effects.

Children perceive scolding in different ways. Some know they've broken a rule and accept scolding to ease their guilt. Others don't see a link between their behavior and scolding; it's something adults can do if they want. Other children think that an adult doesn't like them or thinks they are stupid. Many children react with shock and fright: "It's like hitting someone with your voice," according to one 5-year-old.

Psychologically, scolded children can experience feelings of humiliation, guilt, shame, anxiety, and stress. If coupled with a lack of positive feedback,

children may have trouble forming social relationships as they grow.

Bystanders, the children who witness another child being scolded, also experience negative effects. Perhaps they identify with the targeted child, they feel anguish at not being able to help, or they fear for their own safety. In some cases, the effect on the bystanders can be stronger than on the victim.

## JUST SAY IT IN A NORMAL WAY.

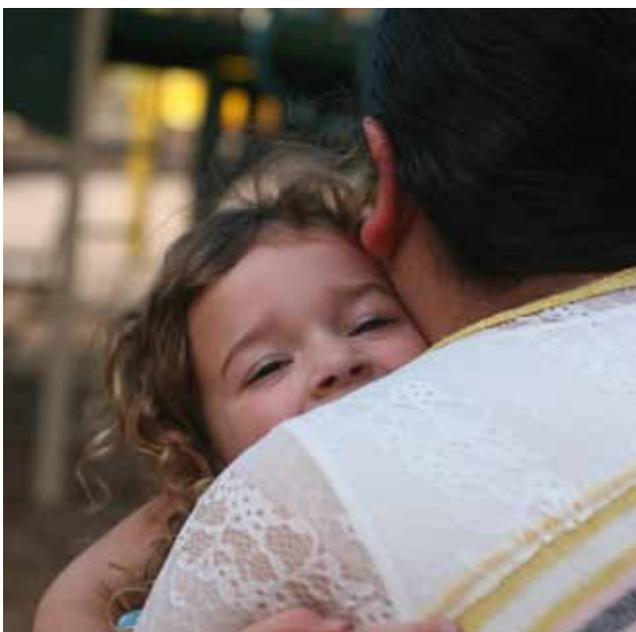
When asked what adults should do instead of scolding, most children say: "Just say it in a normal way."

The next time you are tempted to grab a child by the arm, force the child to look into your eyes, and speak angry words, count to 10. Breathe deeply to regain your composure. Ask the child in a non-threatening way to explain what happened and why. Little Jason may have spilled milk because he forgot to hold the cup with both hands. Use the situation to teach.

If Audrey has broken a rule, you might ask what she doesn't understand about it. You may need to repeat a rule and the reason behind it: "We don't hit anyone because it can hurt."

By assuming an attitude of inquiry and helping, parents can cultivate a home environment of appreciation and respect. ■

PHOTO BY SUSAN GAETZ



# Disinfectants in the bathroom: Use them sensibly

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If you have a new baby or you're concerned about infections, you may be taking extra care to rid your home of germs. At the same time, you may have become aware that many household cleaning products pose hazards to humans and the environment.

How do you get rid of germs without endangering your family? The first answer is to teach children (and adults) to wash their hands often, particularly after using the toilet and before eating.

The second answer is to clean first with soap and water and then target critical areas with a safe disinfectant.

## Cleaning and disinfecting

*Cleaning* means removing dirt and other contaminants. It should be done first because most germs attach to dirt and dust on surfaces. Cleaning may be all that's needed on some surfaces, such as windows, but cleaning first is essential in critical areas, such as toilets, to allow a disinfectant to work properly.

WASH HANDS OFTEN,  
PARTICULARLY AFTER USING THE TOILET  
AND BEFORE EATING.

A *disinfectant* is a substance that kills most microorganisms such as bacteria, viruses, and fungi (including molds). Any product that claims to disinfect is considered a *pesticide* and must be registered by the U.S. Environmental Protection Agency.

What about using antimicrobial and antibacterial cleaners? *Antimicrobial* means it kills microorganisms,

while *antibacterial* means it kills only bacteria.

Critics argue that such highly advertised products do little more than cater to our fears about catching widely publicized diseases. Furthermore, these products are often more expensive, and some products (even conventional ones) contain chemicals that have been linked to everything from asthma to cancer.

## Green cleaners and disinfectants?

Just because a product label says "green" doesn't mean it's safe for humans and the environment. One way of checking is to look for designations on the label from independent third parties that don't stand to benefit from sales.

Two non-profit organizations, Green Seal ([www.greenseal.org](http://www.greenseal.org)) and EcoLogo ([www.ecologo.org](http://www.ecologo.org)), have certified hundreds of products as green bathroom cleaners, but only EcoLogo includes disinfectants in its list of green cleaners.

Two other organizations offering their stamp of approval to green cleaners are the Good Housekeeping Research Institute, [www.goodhousekeeping.com/product-reviews/history/introducing-green-good-housekeeping-seal](http://www.goodhousekeeping.com/product-reviews/history/introducing-green-good-housekeeping-seal), and the Sierra Club [www.sierraclubgreenhome.com/go-green/cleaning/green-household-cleaning/](http://www.sierraclubgreenhome.com/go-green/cleaning/green-household-cleaning/).

The EPA does not verify environmental claims on disinfectants, but that may change in the near future. The agency does have a Designed for the Environment (DfE) labeling initiative, however. This program allows a DfE symbol on the label of products whose ingredients have been screened by a science team that has found that "the product contains only those ingredients that pose the least concern among chemicals in their class" ([www.epa.gov](http://www.epa.gov)).

Many homemade and inexpensive alternatives to commercial products can be found in books like

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*Planet Home* (2010) and on the Internet. To clean windows, for example, the EPA suggests mixing a tablespoon of white vinegar or lemon juice and a quart of water, spraying the solution on windows, and wiping dry with a sheet of newspaper.

The National Geographic website ([www.national-geographic.com](http://www.national-geographic.com)) suggests using baking soda, borax (a naturally occurring mineral), as well as vinegar and lemon juice for a variety of household cleaning tasks. Just remember that these ingredients are not EPA-registered and should not be used as disinfectants.

## Cleaning the bathroom

Because the bathroom is one of the most germ-prone areas of the house, it needs to be cleaned often. Using specialized products for different areas (such as window cleaner and tile cleaner) can create unnecessary clutter and inconvenience. But an all-purpose cleaner can be used on everything: mirrors, windows, shower walls, tub, commode, and floor.

Critical areas in the bathroom that need the second step of disinfecting may include the following:

- the surface of the diaper-changing table (if you use one) and inside the diaper pail that holds soiled diapers
- inside the potty chair (if you have one for a toddler)
- inside toilet bowls
- on surfaces that are touched often by hands, such as countertops, sinks, faucets, drawer pulls, and door handles.

After spraying disinfectant on critical areas, let them air dry. Disinfectants need to be left on a surface for a few minutes to work properly.

When buying disinfectant, look for an EPA registration number on the label. Also read the instructions for use, which may include cleaning first, rinsing, and letting it stand for up to 10 minutes.

You can make an inexpensive disinfectant by adding a tablespoon of regular household bleach to a quart of water. This dilution loses its potency after 24 hours, so it's best to mix it just before you start cleaning.

Even though bleach is a common household product, it must be EPA-registered if it makes public claims about killing germs. Note that Clorox® Splashless bleach and Scented Clorox®, for example, specify that they are NOT to be used for sanitizing or disinfecting.

Because chlorine bleach can irritate the mucous membranes and has been linked to asthma, you

might consider a disinfectant that uses hydrogen peroxide or a botanical as its key ingredient. Peroxide breaks down safely into hydrogen and water. Botanical products, such as those containing thymol (made from thyme) may be hard to find in stores, but they are available online.

## Use disinfectants safely

Many disinfectants, even in diluted form, pose hazards and should be used with care. Consider these guidelines:

- When using disinfectant, open the windows or turn on the bathroom fan to circulate the air and remove fumes that may arise.
- Don't use sponges because they are hard to clean. Choose either fabric rags (such as terry cloth) or microfiber cloths for cleaning surfaces.
- Avoid applying disinfectant to every object and surface just in case it may harbor germs. The goal is to minimize the use of chemicals.
- Don't spray disinfectants into the air. Spraying into the air has almost no effect in killing germs.
- Don't use air fresheners. Their purpose is to mask odors, not remove them. Air fresheners that contain a disinfectant expose your family unnecessarily to pesticides, are generally not effective at germ killing, and can aggravate asthma and other health issues.  
If you've just changed a soiled diaper or someone has just had a smelly bowel movement, you can spray a solution of water mixed with an essential oil like peppermint into the air.
- Store all cleaning products in a locked closet. Even diluted chemical solutions can be hazardous.
- Store products in their original containers. For mixed solutions in containers and trigger sprayers, use permanent markers to label the contents.
- Never mix products containing chlorine bleach and ammonia. Never mix bleach and strong acids (including vinegar). The combination will produce a toxic chlorine gas.
- Label and keep separate the mops and cloths used in cleaning the bathroom from those used in other rooms of the house. ■

# Choosing a doctor for your child

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The worst time to choose a doctor is when you're sick or injured. Ideally, you have established a relationship with a doctor or clinic in advance. In case of illness or injury, the staff will know about your family's medical history and your insurance plan and be able to provide care more quickly and thoroughly.

### ASK FRIENDS AND FAMILY MEMBERS FOR RECOMMENDATIONS.

The ideal time to choose a medical care provider for children is before your first baby is born. A pre-selected pediatrician can visit the baby before you go home from the hospital and offer advice on any health issues occurring during or after delivery. Here are three choices in providers:

- A *pediatrician*, a medical doctor who specializes in the health of children from infancy through adolescence. He or she may also be certified by the American Board of Pediatrics.
- A *primary care physician*, sometimes known as a family practitioner or general practitioner who is qualified to care for the entire family. An insurer may require a patient to see this physician first for diagnosis and treatment, and this physician may refer you to a specialist if the need arises.
- A *nurse practitioner*, a nurse with advanced training that qualifies him or her to do much of what a physician would do—take medical history, provide complete physical exams, diagnose and treat many health problems, interpret lab results, and write many prescriptions. (See [www.mayo.edu/mshs/careers/nurse-practitioner](http://www.mayo.edu/mshs/careers/nurse-practitioner).)

### Finding a provider

Choosing a medical provider may be limited by several factors such as your location, access to public transportation, and health insurance, for example. You might also limit your selection by devising criteria important to you, such as female versus male doctor and large versus small practice.

To identify potential providers:

- Ask your obstetrician or family physician for recommendations. A recommendation from a professional peer can be the best you will receive.
- Ask friends and family members for recommendations. They can offer their candid opinion and experience.
- Call the local or county medical society. The group may have a referral service to physicians in good standing who are taking new patients.
- Search online for a physician through professional groups like the American Academy of Pediatrics.

With a list of names in hand, call the offices of the ones that best meet your criteria. Use a notepad to jot notes about each one. Explain that you are looking for a physician and ask about the following:

- Where did the doctor go to medical school? Where did he or she do postgraduate and residency training?
- How long has the doctor been in practice?
- If your child becomes seriously ill or injured, which hospital would the doctor use?
- Who would cover for the doctor when the office is closed or when the doctor is on vacation?
- What is the doctor's policy on returning phone calls? Would a nurse be available for routine questions?
- What is the doctor's usual fee for routine examinations, immunizations, and sick visits? What is the office policy on processing insurance claims?

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The responses will help you select two or three physicians that you will interview either by phone or in person. Start the interview by explaining that this is your first child, or that you are seeking a different physician. Ask for clarification on any issues that were left open by your earlier call to the office staff.

Consider also the following questions:

- How would you describe your philosophy toward keeping children healthy? Do you recommend preventative measures such as immunizations and well-baby check-ups, for example?
- Do you focus only on medical problems or might you offer suggestions on nutrition and exercise, for example?
- Do you offer guidance on general well-being and growth such as home safety, behavior issues, and schooling?
- Which one or two books or websites on child health and parenting would you recommend?

After concluding the interviews, you may sense a clear preference for one over the others. If not, you might list the pros and cons on each. Consider whether the doctor and staff seem to have a genuine interest in children and your family in particular.

- Are they courteous and respectful? Or do you feel rushed, as if they want to hurry to the next patient?
- Do they communicate clearly using ordinary language (not with medical or technical terms)?
- Do they make an effort to ensure they have answered all your questions?

Time spent in choosing a doctor before illness or injury occurs can prevent many problems later on. ■

# Portfolios: A way of assessing a preschooler's progress

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**H**ow does your child's caregiver or teacher communicate with you about your child's progress?

The traditional report cards and progress reports that you may remember from elementary and high school don't work in early education. One main reason is that preschoolers are just beginning to learn academic and social skills, and this early learning cannot be measured with tests and rated with grades.

Early care and education programs, however, use distinct tools with the same purpose: to inform parents about how their child is doing and encourage cooperation toward educational goals.

In some early education programs, caregivers and teachers keep parents informed through informal conversations at the end of the day or week. These conversations may occur in person or take the form of handwritten notes or e-mail. Some programs invite parents to regular parent-teacher conferences.

A growing trend is the use of the portfolio. This is a collection of work samples that reflects a child's developmental progress on everything from language and vocabulary to play and friendship. The samples may be kept in an accordion file, inserted in a three-ring binder, or saved to a computer disk. The portfolio then becomes the focus of a conversation between teacher and parent and provides tangible evidence of a child's achievements.

The teacher may have chosen one work sample from each learning area in a classroom. For example, there might be an actual piece of the child's artwork or a sheet of paper with the child's attempts at writing a letter of the alphabet. The portfolio may contain an audiotape of a child telling a story or singing a song. More likely, the collection will consist of photographs (or sequences of photos) of the child stringing colored beads in order (math), holding an earthworm (science), and pedaling a tricycle (physical development).

In addition, the teacher may add written observations about any of these areas. Ideally these observations avoid education jargon such as "meets developmental milestones" and describes a specific, measurable event such as "solved a 10-piece puzzle in 7 minutes." All observations are written or translated in the parents' language.

Often work samples are collected and dated each month, so that progress becomes more visible over time. Brief videos shot at different times of the year may show how a child has improved in a skill like brushing teeth or using a fork. Ideally some of the work samples will be ones chosen by the child.

Regardless of the method used, parents need to feel free to ask about their child's progress at any time and find out what they can do at home to assist in learning and development. ■

