

Journal Article: Naturopathic Doctor News and Review (NDNR)

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Target date for publication: September, 2009 Pediatric Issue

Target audience: Physicians, Parents, Professionals in relationship with the child's well-being

Title:

Nurturing the Child's Well-being: Key markers to support well-being in physiological and psycho-emotional development

“For a sick child, treat the mother.” This old but useful adage highlights an understanding that pediatric wellness depends greatly upon the relationships in the child's life. An optimal “pediatric well-child schedule” should check for relationship health markers and advise family members about expected stages of psychological and emotional development. The physician is in the best position to guide families through known vulnerabilities to ensure a foundation for mental and physical pediatric health. This article discusses the considerations for a new enhanced pediatric well-child schedule that would truly be a “wellness schedule” focusing on nutritional needs and based on the psycho-emotional markers developed by co-author Josette Luvmour, PhD, an expert in human development and co-director of the EnCompass Institute.

Guidelines for Enhanced Well-Child Visits

Well-being flourishes in both child and adult when the adult understands child development and communicates with the child in developmentally appropriate ways. The work of Josette and her husband Ba is a natural fit as an emotional/psychosocial parallel to the physical care provided by the naturopathic physician. This article provides the ND with a user friendly map of whole-child development for the first 8 years of the child's life as a guide for enhanced well-child visits. We propose that scheduling enhanced well-child visits provides (a) prevention before problems arise, (b) support for optimal well-being in the child, (c) information for parents about communication skills and environments that support the child's developmental capacities for optimal well-being, and (d) nutritional support for physical and emotional development including signs of early deficiency. Once identified, developmental needs (physical, emotional, and psychosocial) can be understood and are relatively easy to support. By meeting these needs, as doctors we can help our patients become the healthiest possible versions of themselves that their genetics allow.

Many parents believe they will figure things out as they go along. Childhood development is rapid and sometimes things are missed. As an example, three year old Mark came for an office visit with his mother Nancy. Upon entering the room, Mark immediately ran around the room and tried to climb the cabinet of shelves to touch interesting tools. Mark called Nancy stupid when she tried to make him stop. A well trained physician can use this opportunity to address relationships that support optimal well-being in the child and what to look for. Healthy development requires different psychological and emotional nurturing at different ages of development. Capacities are innate and come to fruition in relationship with primary caregivers.

The Organizing Principle

There is an organizing principle in each stage of childhood (Table 1). The Organizing Principle is a life force that determines the general ways in which human energy, capacities, inclinations,

and interaction are structured and act. The goal of each organizing principle is optimal well-being—and it determines the way in which the social, emotional, cognitive, and spiritual capacities are accessed by the child (Luvmour, 2006). Further, each organizing principle operates best in specific nurturing environments to bring forth optimal well-being. By helping Nancy recognize that her son is developing a sense of rightful place with her as the center of his world, the physician can give her a way to understand and reflect on Mark’s developmental needs.

Communication

Communication makes the social world in which the child’s self-concept is created and his or her identity emerges. Nurturing optimal well-being by using developmentally appropriate communication depends on understanding what the child is capable of valuing—how the child sees the world. What children value is most driven by the organizing principle and developmental changes that influence perception of the world and of self. In the example above, the physician can help Nancy learn to focus on sensation based communication by getting down on the child’s level, eye to eye, heart to heart, with safe touch and a kind face offering Mark reassurance in a soothing tone of voice.

Table 1: Developmental Chart of the Organizing Principle, Developmental Nourishments, and Effective Communication with each age child

Characteristics of Each Stage	Body Being	Feeling Being	Ideal Being	Reasonable Being
Ages	0 - 7	8 -12	13 -17	18 - 21
Primary Organizing Principle	Rightful Place	Trust	Autonomy Self-governance	Interconnectedness, Humor Humility
Secondary Organizing Principle	Boundaries& Strength	Reciprocal Cooperation	Identity Construction Personal Power & Freedom	Intentionality, Incisiveness, Relationship and Systems Creation
Primary Nourishment to nurture Well-Being	Loving Touch with an attitude of acceptance	Feeling Mentors who are honest and fair	Sensitive Respect for the teen’s identity explorations	Mature Recognition Recognition of: Commitment, Equality, Achievement, Recognition.
Effective Mode of Communication	Sensation Exploration	Feeling Engagement	Inquiry into Ideals	Dialogue into Meaning
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The Environment

The environment of the child includes being-to-being relationships with primary adult-caregivers. Being-to-being learning is learned from actions (not from words) and builds the child’s developmental competencies. The medium of this silent communication occurs between

adult and child every day. It gives the child a safe and secure base from which to explore. Included are the adult’s non-verbal attitudes, gestures, and behaviors toward the child. With a few simple questions the physician discovered that Mark was watching TV first thing in the morning as his mother got dressed for work. To help Nancy reestablish well-being in her son, the physician discussed reorganizing the home environment to include a small selection of sensation based play activities instead. When naturopathic physicians help parents learn basics about child development, age appropriate communication, and developmentally appropriate environments, well-being flourishes in both parent and child. The following table (2) offers some key suggestions.

Table 2: Optimal well-child visits chart

Age-range	Physiological Markers: Dietary Considerations By: Marnie Loomis, ND	Nurturing (Psychological and Emotional) Development: By: Josette Luvmour, PhD
<p>The primary organizing principle through 8 years of age is developing a sense of <i>Rightful Place</i>. The secondary organizing principles are <i>Boundaries</i> and <i>Personal Strength</i>. The child needs to know where she belongs and with whom she belongs. As her world matches her inner need to experience rightful place, she finds personal strength and the ability to respond to healthy (sensation-based) boundaries. Allow the child to move through cycles of explorations outward and then back to gain security and then back outward again.</p>		
<p>Birth through the First year</p>	<p>Nutritional Needs</p> <ul style="list-style-type: none"> • DHA and AA in formula, if food source. Breast milk supply depends on mother’s intake (Mahan & Escott-Stump, 2000, p. 218). • Vitamin D: by 2nd month, consider sun exposure or supplementation especially in children fed breast milk (Mahan & Escott-Stump, p. 220). • Iron: 4-6 months consider intake for children on either breast milk or formula. • B12 in breast milk depends on mother’s status (Mahan & Escott-Stump, p. 219) 	<ul style="list-style-type: none"> • Developmental Need: Sensation positive experiences of security, warmth, and attachment bonding. • Communication: Occurs in being-to-being contact and with warm, soft, and loving sensations. Frequent eye contact gives the child safety and communicates <i>you belong</i>. • Environment: The child needs safety and unwavering loving acceptance. Caregiver must be sensitive to and respond to the child’s physical cues. NO physical threat. The child needs to rely on her parents for <i>safety and security</i>. • As a result of nurturing their child’s security needs, parents report growth in emotional integration and a more positive sense of themselves with increased sense of adult well-being.

<p>Age: 1 – 2 years</p>	<ul style="list-style-type: none"> • Iron check in children with pica, pallor, fatigue, irritability, risk of lead exposure • Check food intake patterns monitor snack foods. • Juice, dilute. Not to exceed 4-6 oz a day • Zinc supplementation if child not getting meat or seafood (Mahan & Escott-Stump, p. 267). 	<ul style="list-style-type: none"> • Developmental Need: Security, emotional warmth, attachment bonding; as a blanket of love with an attitude of acceptance. • Communication: Being-to-being, sensations; keep explanations simple; link objects with names. • Environment: Safe for sensory exploration; healthy, firm, sensation-based boundaries; play is the field of learning. • Hesitancies are often accompanied by regressive behaviors as the child attempts to acquire needed safety, support, security and nourishment for what is coming.
<p>Age: 2½ - 4 years</p>	<ul style="list-style-type: none"> • Food choices depend on those of family. Parents should model eating a balanced diet. • Appetite will change depending on growth stage. Rule of thumb, 1 Tbsp. per food type for each year of age, more upon request (Mahan & Escott-Stump, p. 272). • Check for iron-deficiency anemia • Juice, dilute. Not to exceed 6-12 oz per day (Mahan & Escott-Stump, p. 273). • Essential fats as part of diet. 	<ul style="list-style-type: none"> • Hesitancy: Before a developmental jump, there is often hesitancy; the one at 2 ½ is accompanied by a new ability to use language symbolically. • Development: Trial-and-error phase of exploration of the environment and people; vicarious learning is a sensation experience with a learning imperative; need for security. • Communication: The child is playing with language; read stories aloud to develop vocabulary acquisition and learning. • Environment: observe the child's body for signals; nurture the child's sense of <i>rightful place</i> and <i>belonging</i> with security and limiting physical threats.
<p>Age: 5 - 6 years</p>	<ul style="list-style-type: none"> • Adequate iron, calcium levels, monitor especially in children exposed to lead (Mahan & Escott-Stump, p. 270). • Minerals for bone development. • Mineral salts, consider especially if child experiences "growing pains" 	<ul style="list-style-type: none"> • Competency phase of sensory learning; involve the body in learning. • Developmental needs: Using safe touch along with words to convey acceptance. • Communication: Engage the child face-to-face, eye-to-eye, heart-to-heart; engage pretend play explorations of the physical world. • Environment: Loving touch; new development is beginning with a new exploration of feeling relationships.
<p>Age: 7 thru 8 years</p>	<ul style="list-style-type: none"> • Monitor iron levels • Caffeine intake watch: especially via soda, chocolate, 	<ul style="list-style-type: none"> • Developmental need: Adventure—nurtures trust in that which cannot be named but can be felt. Inspirational

	<p>energy drinks, etc. Withdrawal may cause symptoms similar to attention deficit for up to one-week after exposure.</p> <ul style="list-style-type: none"> • Monitor food choices, especially with increasing social influences 	<p>experiences that arouse the emotion of awe and wonder (e.g., myths, nature, etc.).</p> <ul style="list-style-type: none"> • Communication: As sensation learning shifts to feeling relationships communication needs to involve honesty and fairness (from the child's view). • Environment: The child needs feeling mentors and models who are honest, fair, and caring.
<p>Transition to a new stage: Certainties are thrown into question by the awakenings of new developmental imperatives. With a great deal of vulnerability the child begins to explore the new capacities that are emerging. Elders who understand transition will recognize that the child, and therefore the entire family, is about to undergo profound change. During this transition, the child experiences new vulnerability with increased feeling awareness. The child develops new awareness that sets the imperative for relationships, interpersonal learning, and feeling-relationships with others.</p>		
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Summary:

Our relationship with the child is of critical importance for the child's well-being. Children learn competence in their developmental capacities in informal interactions with adults during everyday activities. Doctor/patient relations affect all procedures to both the child-patient and the family (Siegel & Hartzell, 2003). To make those interactions the best they can be, it is important to understand how the child sees the world. Every cell and organ in our body is continually adapting to interpersonal and environmental experiences (Lipton, 2008). With carefully timed wellness visits combined with knowledge of child development and appropriate communication, we can co-create relationships that match the child's developmental capacities and well-being will flourish.

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For more information about Natural Learning Rhythms and whole-child development practical applications go to CE courses at NCNM in Portland, Oregon. You can also go to www.EnCompassInstitute.org for more information about Natural Learning Rhythms, community talks, books, articles, programs, and CD sets.

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Josette has a private practice as a personal and family consultant. She also serves in the non-profit sector at EnCompass Institute as Director of Family and Professional Development, and she is adjunct faculty at NCNM. She has over 25 years of professional experience working with families, health professionals, educators, caregivers, and schools on all facets of relationships with children. Josette is available for speaking engagements.

Marnie Loomis, ND

Marnie currently works in administration at the National College of Natural Medicine and travels around the country speaking to the public and other health care providers. In addition to several writing projects, she is currently working to expand the professional opportunities for naturopathic physicians and CCM practitioners.

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Callout:

Many parents believe they will figure things out as they go along. Childhood development is rapid and sometimes things are missed. Developmental needs (physical, emotional, and psychosocial) can be understood and are relatively easy to support. Reason prescribes that these developmental milestones should be a central focus in all naturopathic pediatric well-child visits.