

STEP BY STEP



TO EFFECTIVE PARENTING

FIRST AID -
WHAT PARENTS NEED TO KNOW

By Don Buchman

About Step by Step

Parenting is both an exciting and challenging journey. Having a child to love, nurture, and encourage is a blessing. However the journey is filled with challenges which are sometimes puzzling and at other times frustrating. This booklet and others in the series are designed to help you sort through the steps in helping a child grow and develop to reach her fullest potential.

Each booklet contains core information on parenting attitudes, skills and abilities. There are activities to work through to help in applying each strategy. While the booklets contain information which can lead to more effective parenting, it may not answer all the questions a parent might have in the area presented. It is therefore recommended that each and every parent join the thousands of other parents in the journey for lifelong learning. Parenting is a step by step learning process.

We invite you to read all our titles and join us in one of our many different training sessions. We look forward to walking together with you step by step to effective parenting!

Sincerely,

Ruby M. Johnston

President, International Leadership and Development Center

Founder, LAMb International

© LAMb International – 2008 All Rights Reserved

FIRST AID - WHAT PARENTS SHOULD KNOW

CHILDREN AND INJURIES

Being a parent goes hand-in-hand with childhood injuries. It is extremely uncommon to raise a child who does not experience an injury that requires parental attention. Many common injuries can be treated with a few simple steps and some tender loving care. However, some injuries can be very serious and will require professional medical attention. In this STEP-BY-STEP booklet we will look at some of the most common injuries, how to recognize them, and first-aid treatment for them.

This booklet is intended to make parents aware of some of the most common childhood injuries. There are many types of injuries that are not described in this booklet. The information in this booklet is not intended as a substitute for professional medical advice, emergency treatment or formal first-aid training. If you are ever in life-threatening or emergency medical situation, seek medical assistance immediately.

The next few pages of this booklet contain the following:

- Items for a Home First-Aid Kit
- Common Injuries
- Signs and Symptoms to Recognize Them
- First Aid Treatment For Them
- Additional STEP-BY-STEP topics and titles.



FIRST-AID KIT FOR YOUR HOME

In order to be prepared for injuries and other emergencies, it is a good idea to have at least one first-aid kit in your home. This home first-aid kit should be kept out of the reach of children, but somewhere that is easily accessible if it is needed.

The American Red Cross recommends the following items for your home first-aid kit:

- (20) adhesive bandages, various sizes.
- 5" x 9" sterile dressing.
- conforming roller gauze bandage.
- triangular bandages.
- 3 x 3 sterile gauze pads.
- 4 x 4 sterile gauze pads.
- roll of 3" cohesive bandage.
- germicidal hand wipes or waterless alcohol-based hand sanitizer.
- (6) antiseptic wipes.
- pair large medical grade non-latex gloves.
- Adhesive tape, 2" width.
- Anti-bacterial ointment.
- Cold pack.
- Scissors (small, personal).
- Tweezers.



COMMON INJURIES AND TREATMENTS

CUTS AND SCRAPES

Minor cuts and scrapes are common with children and usually do not require emergency care. However, proper care is important to avoid complications such as infections. The following guidelines should be helpful in caring for simple cuts and scrapes.

- **Stop the Bleeding.** Minor cuts and scrapes usually stop bleeding on their own. If a cut does not stop bleeding on its own, used a clean cloth to apply gentle pressure for about 20 minutes. If the bleeding continues after continuous pressure or the blood spurts, seek medical assistance.
- **Clean.** Clean the wound with clear water. Use a pair of tweezers that have been cleaned with alcohol to remove pieces the dirt that may remain. A healthcare professional may need to be consulted if dirt or debris remains in the wound. Clean the area around the wound with soap and water, but avoid getting soap in the wound because it can be irritating.
- **Apply an Antibiotic.** Apply a thin layer of antibiotic cream or ointment to keep the surface moist to help prevent infection. Some people may be allergic to some antibiotics. If a rash occurs, discontinue using the antibiotic.
- **Cover the Wound.** Cover the wound with an adhesive bandage or use a clean, dry cloth of tightly woven fiber. Change the dressing daily or if it becomes dirty or wet. Stop dressing the wound when it remains closed on its own and becomes healed enough to make infection unlikely.
- **Stitches May Be Needed.** Stitches are usually needed for cuts that are deep, jagged on the edges or have muscle tissue or fat protruding from them. A doctor should be consulted if you

cannot easily close the wound together or if the wound cannot be held together easily by a small amount of tape.

- Watch for Infection. Signs of infection are redness, drainage, warmth, or swelling or a wound that is not healing. If any of these symptoms occur, a doctor should be consulted.
- Tetanus Shot. Tetanus shots are recommended every 10 years. A tetanus shot booster may be recommended for someone if they receive a deep or dirty wound and their last tetanus shot was over five years ago.

NOSEBLEEDS

Nosebleeds are common, especially in children. They can occur spontaneously, or may be a result of a blow to the nose. Nosebleeds can usually be easily treated.

To treat a nosebleed:

- Have the person upright.
- Pinch the nose with your thumb and index finger. Be sure the child continues breathing through the mouth. Hold this pressure for 5 to 10 minutes.
- To prevent rebleeding after bleeding has stopped, don't pick or blow your nose and don't bend down until several hours after the bleeding episode. During this time, keep the person's head higher than the level of their heart.

Nosebleeds may be a sign of something more serious.

Seek medical care immediately if:

- The bleeding lasts for more than 20 minutes
- The nosebleed follows an accident, a fall or an injury to the head, including a blow or punch in the face that may have broken the nose.

SEVERE BLEEDING

When helping someone who is bleeding severely, try to keep the wound as clean as possible. If possible, wash your hands and use clean, dry cloth for dressings. If you encounter a very severe abdominal wound and organs are out of place, do not push them back into place. Cover the entire wound with a dressing and seek medical attention.

Follow these guidelines for severe bleeding in other cases:

- Have the person lie down. If possible, elevate the injured area. Also if possible, elevate the person's legs.
- Remove the obvious dirt or debris from the wound. Do this wearing latex gloves or using a clean cloth to cover your hands. Do not remove any large objects or objects that are deeply embedded. Do not clean the wound.
- Apply direct pressure on the wound. Use a sterile bandage or clean cloth if it is available. If not, use a piece of clothing or even your hand.
- Maintain pressure. Maintain continuous pressure for at least 20 minutes. Do not stop to look to see if the bleeding has stopped for at least 20 minutes. Pressure can be maintained by binding the wound tightly with a bandage, tape, or piece of clothing.
- If the bleeding continues and soaks through the bandage material, add more bandage material and continued pressure. Do not remove the first bandage!
- Squeeze a main artery if necessary. It may be necessary to apply pressure to a main artery if the bleeding does not stop with direct pressure. The main artery pressure points in the arm are on the inside of the arm just above the elbow and just below the armpit. The main artery pressure points of the leg are just behind the knee and in the groin. Squeeze the main artery in these areas against the bone. Keep your fingers flat. With your other hand, continue to exert pressure on the wound itself.

- Get medical attention as soon as possible. Leave the bandages in place.

Emergency medical help is required for internal injuries. Indications of internal injuries are:

- Bleeding from body cavities (such as the ears, nose, rectum or vagina)
- Vomiting or coughing up blood
- Bruising on neck, chest, abdomen or side (between ribs and hip)
- Wounds that have penetrated the skull, chest or abdomen
- Abdominal tenderness, possibly accompanied by rigidity or spasm of abdominal muscles
- Fractures
- Shock, indicated by weakness, anxiety, thirst or skin that's cool to the touch

BURNS

Burns are divided into three categories, or degrees, depending upon their severity.

First-degree burn

First-degree burns are the least serious. First-degree burns are those that only involve the outer layer of skin. In these burns the surface of the skin is usually red, swollen and painful, but the skin has not been burned through.

Second-degree burn

Second-degree burns occur when the first layer of skin is burned through in the second layer of skin is also involved. In second-degree burns the skin is very reddened and blisters develop. There is also swelling in severe pain.

Third-degree burn

Third-degree burns are the most serious. Third-degree burns involve all layers of the skin, and may involve other tissues such as fat, muscle and even bone. Burned areas may appear charred black or they may appear white and dried. They may be accompanied by respiratory difficulties if accompanied by smoke inhalation.

Treating Minor burns

Minor burns include first-degree burns and second-degree burns that are no larger than 2-3 inches in diameter. Minor burns can be treated in the following ways:

- **Cooling.** A minor burn can be cooled by holding it under cold running water for at least five minutes. Minor burns can also be cooled by immersing them in cold water or using cold compresses. This will help reduce the pain and swelling. Do not put ice on a burn!
- **Cover.** Minor burns can be loosely wrapped with gauze or similar fabric. Cotton and other fluffy fabric should be avoided because they may irritate the skin.
- **Watch for signs of infection.** Signs of infection include increased pain, redness, fever, swelling or oozing. If these signs occur, seek medical help.
- **Do not break blisters.** Broken blisters are more susceptible to infection.

Treating Major burns

Major burns include second-degree burns larger than 2-3 inches, second-degree burns on the hands, feet, face, groin or buttocks, or over a major joint, and all third-degree burns.

All major burns require professional medical treatment as soon as possible. The following are some emergency guidelines which can be followed until then:

- Make sure the victim is out of harm's way. Make sure the victim is not exposed to smoke or heat. Make sure the clothing is not burning or smoldering.
- Do not remove burned clothing.
- Do not apply cold water to severe large burns.
- Check for circulation and breathing. Begin CPR if necessary.
- Cover the burned area. Cover the area of the burn with a cool moist sterile bandage, clean cloth or towel.

CHEMICAL BURNS

Minor chemical burns usually heal without professional medical treatment.

The following guidelines should be used for chemical burns:

- Remove the chemical from the skin. This can be done by flushing the skin with cold running water for 15 minutes or more. The chemical should be brushed away before flushing if it is a powder such as lime.
- Remove clothing or jewelry that has been contaminated by the chemical.
- Wrap the affected area loosely with a dry sterile dressing or clean cloth.

Seek emergency medical assistance if:

- The victim has signs of shock, such as fainting, pale complexion or breathing in a notably shallow manner.
- The chemical burn penetrated through the first layer of skin, and the resulting second-degree burn covers an area more than 2 to 3 inches in diameter.
- The chemical burn occurred on the eye, hands, feet, face, groin or buttocks, or over a major joint.

ELECTRICAL BURNS

An electrical burn may or may not be visible in the skin. Even if it is not visible, and electrical burn can cause damage deep into the

tissues beneath your skin. A strong electrical current passing through your body can cause internal damage, such as irregular heart beat or even cardiac arrest.

Seek emergency medical assistance if the person who has been burned is in pain, is confused, or is experiencing changes in his or her breathing, heartbeat or consciousness.

While helping someone with an electrical burn and waiting for medical help, follow these steps:

- Do not touch the victim right away. The electrical source may still be in contact with the victim, so do not touch the victim until you are sure the electrical resources off.
- If possible, safely remove or turn off the source of electricity.
- Only after the source of electricity is turned off or removed, check for signs of circulation and breathing. Perform CPR if necessary.
- Lay the victim down with the legs elevated and head slightly lower to prevent shock.
- Cover burned areas with sterile gauze or similar clean cloth.

POISONING

Poisoning can occur from a large variety of substances with many different symptoms. The following are some signs and symptoms of poisoning:

- Redness or burns around the mouth and lips.
- Chemical smell on the breath.
- Difficulty breathing, drowsiness, confusion, vomiting or other unusual behavior.
- Odors, stains, or burns on a person, clothing, or surrounding area and objects.
- Medication bottles, scattered pills, or other sources of poison.

Follow these guidelines to treat victims of poisoning:

- If the victim is conscious and not having convulsions, begin diluting the poison by having him drink a glass of water or milk.
- Discontinue dilution if victim becomes nauseated.
- Save the label or container of the suspected poison for identification, and seek medical advice by calling a poison center or your doctor immediately.
- If victim becomes unconscious, keep his airway open.
- Give CPR or artificial respiration if indicated.

SHOCK

Shock can be the result of your body's reaction to several causes including trauma, infection, poisoning, excessive heat, and others.

The signs and symptoms of shock are:

- Cool and clammy skin.
- Skin may appear very pale or gray.
- Weak and rapid pulse.
- Abnormal breathing which can be slow and shallow breathing, or rapid and deep breathing.
- Abnormally low blood pressure.
- Unfocused or blank eyes. Sometimes a person's pupils are dilated (enlarged).
- Person may feel confused, weak or faint.
- In some cases, a person may become anxious and excited.

If you suspect a person is in shock:

- Get medical help as soon as possible.
- Keep victim lying flat.
- Cover victim only enough to maintain body heat.
- A person with a head injury may be propped up or kept flat. Head must not be lower than rest of body.
- Shock victims may improve if feet are elevated 8 – 12 inches. However, if victim experiences breathing difficulty or increased pain, lower feet again.

FRACTURES

A fracture is a break or crack in the bone. This may be something small as a small hairline stress fracture. Or it may be a severe break as result of a serious accident.

Signs and symptoms of possible fractures are:

- Severe pain, which may worsen with movement
- Swelling
- Tenderness
- Bruising
- Obvious deformity of affected area
- Limited range of motion.

If your child exhibits any signs or symptoms of a fracture, you should seek immediate medical attention. This is especially true if they occur after an accident such as a fall or vehicle accident. Some fractures can be severe, potentially life-threatening injuries that require emergency medical services to help protect the area from further damage. This would require your child be taken to your local hospital.

The right treatment for you or your child depends on the exact site and severity of the injury. For example, a severely fracture may require surgery to implant devices into the broken bone to maintain proper alignment during healing. Other injuries may be treated with a cast or splint until they're healed.

The following are some steps that can be taken while you are waiting for medical help:

- Apply pressure with a sterile bandage, clean cloth or other fabric to stop the bleeding.
- Do not move the injured area or tried to realign the bone.
- Apply a splint and immobilize the injured area if you have the training to do so.
- Apply ice packs to reduce swelling and pain. Do not apply ice packs directly to the skin. Wrap them in cloth.

- Treat for shock if necessary.

CHOKING

Choking occurs when an object becomes lodged in a person's throat or windpipe and blocks the flow of air. A piece of food is often the reason for adult choking. It is common for young children to place small objects in their mouths which can lead to choking.

A person may be coughing forcefully in an attempt to dislodge a foreign object in the throat, don't interfere with the victim's efforts. This is most likely a partial obstruction and will dislodge itself with the coughing. However, if the child is unable to breathe, cough or speak because of a foreign object being lodged in the throat, you must take action. It is important to administer first aid to a choking victim as quickly as possible because choking cuts off oxygen to the brain.

The following are indications that a person is choking:

- The person is unable to cough forcefully.
- The person is unable to talk.
- The person is having difficulty breathing or is breathing noisily.
- The person's skin, lips, or nails are turning blue.
- The person has lost, or is losing consciousness.

If a person is choking, begin to perform the Heimlich maneuver. If no one else is available to help, begin the Heimlich before calling your local emergency number for help. If another person is available, one person should call for help while the other performs the Heimlich maneuver.

To perform the Heimlich maneuver on someone else:

- Stand behind the person. Wrap your arms around their waist and tip them slightly forward.
- Make a fist with one of your hands and position it slightly above the person's navel.

- Repeat the process until the blockage is dislodged.

To perform the Heimlich maneuver on yourself:

- Make a fist with one of your hands and position it slightly above your navel.
- Grab your fist with your other hand and bend over a hard surface, such as the countertop or chair.
- Press hard into the abdomen with quick, upward thrusts.

To perform the Heimlich maneuver on a pregnant woman or obese person:

- Make a fist with one of your hands and position it at the base of the breastbone, slightly higher than with a normal Heimlich maneuver.
- Begin abdominal thrusts just as with others - using quick, hard thrusts.

If a choking person is unconscious:

- Lower the person on to his or her back.
- Open the person's mouth and look for blockage. Use your finger in a sideways, sweeping motion to remove any visible blockage. Be very careful not to push any object deeper into the airway, which can happen very easily with young children.
- If you cannot remove an object blocking the airway, and the person is not breathing, begin CPR. Recheck the mouth periodically because the chest compressions used in CPR made clear the object from the airway.

Clearing the airway of a choking infant younger than age 1:

- Sit down and hold the infant on your forearm with its face down. Rest your arm on your thigh.
- With the heel of other hand, strike the infant gently but firmly five times on the middle of the back.

- If this does not clear the airway, turn the infant over. Hold the infant face up with its head lower than the rest of its body. Place two fingers at the center of the infant's breastbone and give five quick chest compressions.
- If the airway still does not clear, continue both the back blows and chest compressions. Seek emergency help.
- If the airway becomes clear, but the infant is not breathing, begin infant CPR.

If the child is older than age 1, give abdominal thrusts only.

CARDIOPULMONARY RESUSCITATION (CPR)

Cardiopulmonary resuscitation (CPR) is a life-saving technique which can be used when someone's heart beat or breathing has stopped. It is a combination of mouth-to-mouth breathing and chest compressions administered to keep blood and oxygen flowing to a victim's brain and vital organs.

If a person's breathing or heartbeat has stopped, a quick response is critical. If the brain does not receive oxygenated blood for even a few minutes, brain damage can result. Death may occur within eight to 10 minutes.

It is highly recommended that you take an accredited CPR training class in order to administer CPR properly. The following information is provided as a description of this procedure.

Assess the situation before you begin CPR:

- Is the person conscious or unconscious? A conscious person does not need CPR.
- If a person appears unconscious, shake or tap shoulder and asked loudly, "Are you okay?"
- If a person is unresponsive or unconscious, seek emergency medical help.

- If a person is unconscious and is not breathing or has no pulse, begin CPR.

CPR focuses on three basic areas: Airway, Breathing, and Circulation. (ABC).

Airway: Make sure the airway is clear.

- Put the person on his or her back on a firm surface.
- Kneel next to the person's neck and shoulders.
- Open the person's airway by tilting back the head and lifting the chin. Do this by putting your palm on the person's forehead and gently push down. Then with the other hand, gently lift the chin forward to open the airway.
- Check for normal breathing, taking no more than 10 seconds: Look for chest motion, listen for breath sounds, and feel for the person's breath on your cheek and ear. Do not consider gasping to be normal breathing. If the person isn't breathing normally or you aren't sure, begin mouth-to-mouth breathing.

Breathing: Breathe for the person

Rescue breathing can be mouth-to-mouth breathing or mouth-to-nose breathing if the mouth is seriously injured or can't be opened.

- With the airway open (using the head tilt-chin lift), pinch the nostrils shut for mouth-to-mouth breathing and cover the person's mouth with yours, making a seal.
- Prepare to give two rescue breaths. Give the first rescue breath — lasting one second — and watch to see if the chest rises. If it does rise, give the second breath. If the chest doesn't rise, repeat the head tilt-chin lift and then give the second breath.
- Begin chest compressions (see below).

Circulation: Restore blood circulation.

- Place the heel of one hand over the center of the person's chest. Place your other hand on top of the first hand. Keep

- your elbows straight and position your shoulders directly above your hands.
- Apply hard and fast chest compressions. Use your upper body weight (not just your arms) to push straight down on the chest 1 1/2 to 2 inches. Give two compressions per second, or about 100 compressions per minute.
 - After 30 compressions, tilt the head back and lift the chin up to open the airway. Prepare to give two breaths. Pinch the nose shut and breathe into the mouth for one second. If the chest rises, give a second breath. If the chest doesn't rise, repeat the head tilt-chin lift and then give a second breath.

That's one cycle. If someone else is available, ask that person to give two breaths after you do 30 compressions. If possible, continue applying cycles of CPR until emergency medical personnel take over.

To perform CPR on a child:

The procedure for giving CPR to a child age 1 through 8 is essentially the same as that for an adult. The differences are as follows:

- Perform five cycles of compressions and breaths on the child — this should take about two minutes — before calling the local emergency number, unless someone else can call while you attend to the child.
- Use only one hand to perform chest compressions.
- Breathe more gently.

To perform CPR on a baby:

Most cardiac arrests in infants occur from lack of oxygen, such as from drowning or choking. If you know the infant has an airway obstruction, perform first aid for choking. If you don't know why the infant isn't breathing, perform CPR.

Assess the situation:

- Stroke a baby and watch for a response, such as some kind of movement.
- Do not shake the child.
- If there is no response, follow the guidelines below for Airway, Breathing, and Circulation.

It is still essential to contact your local emergency medical professionals. However, if you are the only person on the scene and CPR is needed, do CPR for two minutes before calling. If another person is available at the person call for help immediately while you perform CPR on the baby.

Airway: Clear the airway

- Place the baby on his or her back on firm, flat surface, such as a table. The floor or ground also will do.
- Gently tip the head back by lifting the chin with one hand and pushing down on the forehead with the other hand.
- In no more than 10 seconds, put your ear near the baby's mouth and check for breathing: Look for chest motion, listen for breath sounds, and feel for breath on your cheek and ear.

If the infant isn't breathing, begin mouth-to-mouth breathing immediately.

Breathing: Breathe for the infant

- Cover the baby's mouth and nose with your mouth.
- Prepare to give two breaths. Use the strength of your cheeks to deliver gentle puffs of air (instead of deep breaths from your lungs) to slowly breathe into the baby's mouth one time, taking one second for the breath. Watch to see if the baby's chest rises. If it does, give a second rescue breath. If the chest does not rise, repeat the head tilt-chin lift and then give the second breath.
- If the chest still doesn't rise, examine the mouth to make sure no foreign material is inside. If the object can be seen, sweep it

out with your finger. If the airway seems blocked, perform first aid for a choking infant.

- Begin chest compressions (see below).

Circulation: Restore blood circulation

- Imagine a horizontal line drawn between the baby's nipples. Place two fingers of one hand just below this line, in the center of the chest.
- Gently compress the chest to about one-third to one-half the depth of the chest.
- Count aloud as you pump in a fairly rapid rhythm. You should pump at a rate of about 100 times a minute.
- Give two breaths after every 30 chest compressions.
- Perform CPR for about two minutes before calling for help unless someone else can make the call while you attend to the baby.
- Continue CPR until you see signs of life or until a professional relieves you.



FINAL STEP

Accidents are common occurrences with children. Active children often play roughly with each other. Both of these, as well as other factors, can result in injuries. By reading this STEP-BY-STEP booklet you have familiarized yourself with some common emergency situations and their treatments.

We encourage you to continue your first aid education. You can do this by reading other publications with more and different emergency situations. You can also improve your first aid knowledge by taking classes which teach more advanced techniques, as well as providing instruction and practice for CPR and other procedures.

Another reason to continue reading and to take classes is that sometimes first aid treatments and techniques change. As a parent, we encourage you to stay current on the best treatments for taking care of your child should he or she become injured.

OTHER STEP BY STEP TITLES WITH NUMBERS

1. Understanding Child Development – Birth to Two – “The Infant”
2. Understanding Child Development – Three to Five – “The Preschooler”
3. Understanding Child Development – Six to Eleven – “The School Aged Child”
4. Understanding Child Development – Twelve to Fifteen – “The Young Teen”
5. Understanding Child Development – Sixteen to Eighteen – “The Older Teen”
6. Communication – Responding to Children
7. Communication – Feelings
8. Communication – Asking Children Strength- Focused Questions
9. Communication – Being Direct with Children
10. Communication - The Languages of Love for Your Child
11. Communication – What you Say and How you Say It
12. What Every Parent Should Know About Child Abuse
13. Sharing Secrets and Keeping Surprises – James’s Story
14. Teaching Your Child to Say, “NO” – Jessica’s Story
15. Understanding Childhood Illnesses
16. Caring for a Sick Child
17. Disease and How it Spreads
18. First Aide – What Parents Need to Know
19. Home Safety
20. Childproofing Your Home
21. Teaching Safety
22. Food Safety
23. Foodborn Illness
24. Nutrition
25. Feeding Problems
26. Bringing a Foster Child Into Your Home
27. Understanding the Effects of Fostering on the Family
28. Understanding the Effects of Fostering on the Marriage
29. Guide to Dealing with Stress As a Parent
30. Guide to Building a Healthy Marriage Relationship
31. Bringing our Adopted Child into Our Home
32. Helping Children Understand Adoption
33. Joining With my Adopted Child’s Culture
34. Understanding the Birth Parent of My Child
35. The Blended Family
36. When Family Members Treat My Foster or Adoptive Child Different

37. Understanding Attachment
38. Recreating History for My Adopted Child
39. Helping the Child who has been Sexually Abused
40. Teaching about Sexuality
 - a. How to Talk to Your Child
 - b. How to Talk to Your Parents
41. Understanding Sexual Behaviors
42. Teaching Your Child about Abstinence
43. Talking to your Teen about Identity
44. Contracting with Your Teen About Behavior
45. Developing Responsibility
46. Teaching Your Child to Build Relationships
47. Teaching about Marriage and Family
48. Telling Your Child Someone has Died
49. Understanding the Grieving Cycle
50. Understanding and Approaching Behavior
51. Dealing with Lying
52. Toilet Training and Bedwetting
53. Dealing with Defiance
54. Dealing with Hitting and Biting
55. Dealing with Stealing
56. Dealing with Anger
57. Dealing with Fighting
58. The Child Who Plays With Fire
59. Helping My Child Deal with Fear
60. Helping My Child Kick a Bad Habit
61. Help with Tattling
62. Dealing with the Two Year Old's Temper Tantrum
63. Help with Thumb Sucking
64. Help with Bedtime Problems
65. Dealing with Substance Abuse
66. Understanding Suicide
67. Developing Good Study Habits for School
68. Dealing with Failure
69. Demonstrating Manners
70. Helping Siblings Get Along
71. Nurturing Optimism,

MORE TITLES TO BE DEVELOPED IN THE FUTURE