



Transcript for “*Building Resilience in Caregivers*”

Dr. Dipesh Navsaria: [00:00:00] Reach Out and Read where books build better brains. This is the Reach Out and Read podcast. I’m your host doctor Dipesh Navsaria, a practicing pediatrician with degrees in public health and children’s librarianship. I’m a clinical professor of human development and family studies at the School of Human Ecology, and a professor of pediatrics at the School of Medicine and Public Health, both at the University of Wisconsin in Madison. At Reach Out and Read, we dream of a world in which every child is read to every day. Our show explores how children and families flourish and thrive through a combination of individual well-being, confident parents, supportive communities, strong public health, and good policy. Join us here for thought provoking conversations on these issues with expert guests, authors and leaders in the field of early childhood health and literacy. Research shows that reading physical books together brings the strongest benefits to children. That’s why we’re happy to have Boise Paper, a responsible paper manufacturer, as the founding sponsor of this podcast. Through their paper with Purpose Promise, Boise Paper looks for ways to make a difference in local communities. Thank you to Boise Paper for investing in our Reach Out and Read community.

Dr. Dipesh Navsaria: [00:01:15] A new book offers insights to clinicians. Families often bring behavioral and relational issues to primary care physicians. Yet, we may not be accustomed to clarifying whether these issues are symptoms of stress or adversity when they’re related to toxic levels of stress or a history of trauma. Traditional guidance may not work and could even make matters worse. It goes on to point out that strategies for fostering resilience and positive childhood experiences haven’t been integrated into traditional pediatric training, partly because the research in this area is so new. But of course, this book aims to educate us in how to approach families with a resilience lens. And it might turn out to be one of the most impactful tools in our pediatric care kit yet. Our guest today is Doctor Gretchen Pianka. She has practiced primary care pediatrics in Maine since 2004, and is currently caring for immigrants and children entering the foster care system. She is the author of a new book out by the American Academy of Pediatrics called *Coaching Families for Resilience How Pediatricians Can Support Caregivers and Prevent Burnout*. Gretchen, welcome to the show.

Dr. Gretchen Pianka: [00:02:27] Thank you for having me.

Dr. Dipesh Navsaria: [00:02:29] So there's a phrase that's used. It's an idiom sometimes a taunt out there. It takes one to know one. In writing a book about how to address these early, social, emotional, and behavioral concerns, the first thing that I found and this really stood out to me was your dedication. It's both an admission of sorts that you know, maybe you were having some challenges, but also an admonishment of an adult in your life that didn't deal with you appropriately. Could you read that dedication out loud.

Dr. Gretchen Pianka: [00:03:05] To my high school principal, who told me I would never amount to anything? Thank you for showing me how not to talk to struggling kids.

Dr. Dipesh Navsaria: [00:03:15] That is one of the best dedications I've ever heard. Can you tell us a little more what was going on there?

Dr. Gretchen Pianka: [00:03:24] Sure. I was in high school, and I think exploring the limits of what was acceptable and wasn't and may have gotten into a little bit of trouble in high school, as many people do. But I remember the thing I remember the most is the principal bringing me into his office and saying, people like you never amount to anything. And he was not regulated. He was very upset with me and he made me call home and I was terrified. And he was just standing over there glaring at me. And I called home and my stepdad answered, who I had only known for a couple of years. My mom was very newly married to him, and I was like, reported what I had done, and I was like, ready for getting in trouble. And he just laughed and he said, oh, Gretchen, you're not supposed to get caught when you do things like that. Oh, your mother's going to be upset, but I'll be there in a minute to get you. So it was the most wonderful moment where he knew kind of what I needed. I needed to know I was still okay, and I wasn't going to be kicked out of the family for life, so.

Dr. Dipesh Navsaria: [00:04:36] Well, I admire the throwing shade through dedication. That was great. So let's start off with some of the basic definitions. You talk about adversity and then you talk about resilience. How would you define that for someone who may not be completely sure what those mean in the way you're discussing them?

Dr. Gretchen Pianka: [00:05:01] Yeah. So adversity with the lens that I'm using is very similar to just overwhelming stress. So when we go through something stressful, we have a natural response which evolved from how we respond to saber toothed tigers chasing us. So that can be helpful if you're actually running away from a tiger. But if you're just sitting in class and you get stressed about a test, it's not terribly helpful to have you kick into fight or flight mode. So adversity is to me, I'm referring to the things that happen in our life which can trigger our stress response. And so that stress response then can be either a positive thing. Like if you're taking a test and you learn from it, it can be a tolerable thing where you get through it. You may not learn, but you get back to homeostasis. And then what? I'm really

trying to help pediatricians and other caregivers and clinicians focus on is how can we help shift potentially toxic stress, which is stress or adversity that's experienced without any buffering, trying to buffer that so it feels more tolerable. And then that, to me, is the inherent strength in any resilience that we're fostering with families. Not that you just, you know, brush off your knees and get back up and keep going at things, no matter how hard things are. But more like you can bend with the stress rather than break. So yes, this is stressful, but we're in this together. You have people and resources around you that can help you get through that difficult time. And then that's what fosters this resilience, which is not something we're born with. It's something we learn. These are often affiliative responses or responses we have to other people who help us and support us through tough times.

Dr. Dipesh Navsaria: [00:06:42] Yeah, that's very much in line with something we talk about a lot on this show the the power of relations, relationships and relational health.

Dr. Gretchen Pianka: [00:06:51] Yeah. It's amazing. And I think the more we understand, which I think is partly why this wasn't a big part of like my training when I was in medical school or residency. But all the research on positive childhood experiences is relatively new, and we're just starting to really, I think, get how important that relational health component is. And it's okay if it's asynchronous. It's okay if parents are stressed. We're not trying to say, you know, you have to be perfect all the time. We know that, you know, most good parents are in tune with their kids about 30% of the time. So it's okay if things are wonky. It's just whether we reconnect, repair and support each other.

Dr. Dipesh Navsaria: [00:07:25] Yeah. You know, I think it's so important because this workaround aces adverse childhood experiences and toxic stresses. It's great that people know about it, but I've also seen a lot of parents who are then concerned. You know, I didn't respond to my child, like, the moment she started crying. How have I scarred her for life? No, no you haven't. Right. And to be able to bring back to this, bring us back to this notion of one the power of positive childhood experiences and, and building resilience, but also this notion of like rupture and repair, right, that it's okay and actually probably beneficial to have small relational ruptures as long as there's also the opportunities to repair them as well.

Dr. Gretchen Pianka: [00:08:14] I think it's so important. And both as a parent and a pediatrician, I think it's so liberating to realize that we can not only actually just be humans as parents, but that we can model how to respond after something goes wonky as parents and as pediatricians. And so that's a lot of what the book is about, is how can we help kind of coach families through these tricky moments in a way that maybe nobody has helped us do before? So we're learning it kind of the traditional medical school see one, do one, teach one, you know? Sure, sure, read it and just start sharing it.

Dr. Dipesh Navsaria: [00:08:48] So a phrase that some of her listeners may have heard and some may not have. Is trauma informed approaches. How do you define that?

Dr. Gretchen Pianka: [00:08:59] So you mentioned Aces screening. I like am not a big fan of screening for things. So my trauma informed response is to assume that this family, this child, these people that I'm interacting with will at some point, maybe it's now, maybe it's later, but they will benefit from having a response from me that takes into account what their nervous system is doing. And also I'm taking into account what my nervous system is doing. So, you know, you're seeing a family and maybe the child is going through something that maybe your own child went through. And so you may get kind of stressed and go into your own fight or flight response. You could shut down, not be terribly available, seem kind of robotic. The family could be coming to you for help with something that is so stressful that they're just totally on edge. And maybe mom starts raising her voice at the front desk, or the kid storms out and slams the door. Something happens and you're like, whoa, okay, what's going on there to me now? Like, at this point, I just assume everything will be helped if I can respond in a way that takes into account what everybody's nervous system is doing, and think more that this behavior is a sign that there might be something else underlying this, or sometimes we figure out what it is. Sometimes it's just something simple like, you know, probably nothing that would come up on any sort of screening form. But, you know, the kid had a bad day at school and didn't like lunch. And so he's hungry and tired and grumpy, and, you know, that child is going to respond much better if we take into account what's happening with their nervous system and regulate our own so we can have a hopefully a more productive interaction with whatever we're trying to do.

Dr. Dipesh Navsaria: [00:10:40] Yeah, I certainly like this notion of just looking at the total context, not just of the individual, but also ourselves, you know, and asking ourselves, are we in the best possible place to address what's going on? In a useful way as well. So you've, in this book, you talk about a new, I'll put it in quotes, a school of thought called Resilience University. Can you tell us about it?

Dr. Gretchen Pianka: [00:11:09] Sure. So I think I was about. Well, I know I was about ready to just give up on medicine entirely. I felt like I wasn't giving patients the attention they deserved, because I was always worried about my family, and I was always so tired. And I was in a really high stress work environment. And somehow, magically, somebody who wanted to work closer to home kind of swapped jobs with me. So I got to a job that was a little farther away, but had no after hours call, and I could sleep through the night. I could put my kids to bed, and I was like, oh, maybe I don't have to quit medicine. Maybe I can just change the way I'm relating to families in the context of what we're already doing in clinical care. Make it more meaningful. And the first thing that came to me was this. They're so often asking for help with that relational health rupture or what has happened, or they don't even think that you can

help. So they just say, when I say, can I help with anything else? They say, well, not unless you can fix the terrible twos and they say it on the way out and they're like, this is just horrible.

Dr. Gretchen Pianka: [00:12:11] It's going to be horrible. And so I started challenging myself to say, okay, well, what is a short evidence informed strategy that I could share? So I did lots of research, and it was very lucky for me that the positive childhood experiences, studies were all coming out then. So I started kind of having some data around, like we can if we do this, this will probably help. And of course, I'd love to see a long term study of helping to foster positive childhood experiences and see it kind of proactively studied, but rather than all retroactive. But I think it just started gradually, organically developing in the way I related to people when they asked questions. And then I had some moms who were like, oh my gosh, can I come back and I want to work on this and then this and then this. So I kind of developed a structure that seemed to make sense and resonated with families where we initially kind of started. I usually say, what is the absolute hardest thing.

Dr. Dipesh Navsaria: [00:13:08] Right.

Dr. Gretchen Pianka: [00:13:08] Now? What is driving you completely nuts? We start there, we unpack that and we start having some new strategies, and that gets the buy in from both the parent and the kid, because the kids usually are tired of getting in trouble at drop off or wherever the problems are. And the parents have had it, they're like, put him on medicine. Or like, I just can't do this anymore. So we have both child and parent engaged and wanting to do something new. So it's perfect for like a little brief motivational interviewing session. And then I say, okay, now go try this and then come back and tell me how it goes. So I use that traditional kind of plan do study, act like little quality improvement cycles and we just co-create little plans. And then they try it and they say, no, doctor Pianka that was terrible. Everything got worse. And I go, well, okay, let's try something else.

Dr. Dipesh Navsaria: [00:13:55] Excellent. If folks are interested in digging more, how can they find more information about Resilience University?

Dr. Gretchen Pianka: [00:14:03] So I have a website which I think links to everything else. The website has all sorts of resources, lots of printable guides and handouts and reminders to use breathing to take care of yourself. That can be directly useful for families even if your pediatrician isn't doing the coaching. Families for resilience. I also try to do a series of helpful resilience based videos for directly for parents. And my handle is doctor underscore pianka. And I think I'm on all the things. So you can find me on Instagram or Facebook or even TikTok, which is very fun.

Dr. Dipesh Navsaria: [00:14:43] Excellent. And what's the website URL?

Dr. Gretchen Pianka: [00:14:46] So it's just resilience. Dash university.com.

Dr. Dipesh Navsaria: [00:14:50] Okay, excellent. And it sounds I know there's like three kind of big stages that you kind of follow. There's going through like thinking about discipline in a positive way. Then there's also self-care and then change in problem solving. Are there any key things you want to say more about in any of those?

Dr. Gretchen Pianka: [00:15:12] Yeah. Well, you know, I think the thinking about discipline, like really realizing that you are not here to control another human being as a parent. You're here to guide them and teach them and help them. And then when you see those problematic behaviors, that's a bid for connection. That's an opportunity for you to do this relational health rupture repair, which so often kids get into these habits of misbehaving to get attention and the parents are so stressed. I mean, we know from the Surgeon General's parent Stress Advisory that parents are feeling overwhelming stress more than half of the days, and it's hard to function enough as a parent. So parents may have a higher threshold to respond to their kid when they're doing something. And then the kid's like, oh, that's how I get mommy's attention. I should fling my spaghetti on the wall or whatever it is that they've done. And then the parents like, stop doing that or you're going to be ruined for life. And as a parent, you feel that really strong pressure that like, I have to change this. He's going to get kicked out of school. He's not going to be able to make it in kindergarten, you know. And you feel this horrible pressure that then goes on top of the pressure that parents are feeling now, and you feel like you have to address it immediately. So that's one of the things that I just have delighted in working with families that unless it is an actual emergency, like the kid is about to run out in front of a car or light the house on fire, you can take a minute and take care of yourself and you don't have to respond immediately. And you're not trying to control the universe. You're trying to be curious, leaning in and being like, wow, I wonder what you're trying to say. Sure. What are you trying to communicate with me?

Dr. Dipesh Navsaria: [00:16:48] Indeed. Indeed you. You have many strategies in this book. It's loaded with strategies. There's a helpful chart that you laid out many of them in. I wanted to maybe dig into a couple of them. Can you tell us about the validate, validate, validate strategy?

Dr. Gretchen Pianka: [00:17:08] Sure. So that's one of my favorites. And I joke when I talk about it because I do this with my husband and he does it with me. And when I'm really annoyed about something, I'm like, Will you stop it? Don't validate me. I want to be mad. So.

Dr. Dipesh Navsaria: [00:17:21] But when you when you literally wrote the book on it. Right. Can we use that?

Dr. Gretchen Pianka: [00:17:27] So we know that it's very important when you're feeling really upset to feel heard and as though the person who's hearing what you have to say can hold like a sturdy emotional container. Like especially, I like to think of angry teenagers, you know, somebody coming home, slamming the door, yelling at parents or something. Something's going on. Like they had a tough day. Chances are they didn't really mean to yell at you. Maybe they were already mad at you for the rules. You were imposing or something. But there's more to it. Like you want to know. Are you okay? Are you getting bullied? What else is going on at school? And parents know they want to know that, but they just immediately will say, don't act like that, young man. Go to your room. You know. And so then that cuts off that connection. And a lot of times, it just has to do with whether we have language or not. And so I give parents a really simple way to validate. And I say validate your child's experience. That doesn't mean you're saying it's okay that they slam the door or that they swore at you.

Dr. Gretchen Pianka: [00:18:22] You're just validating their experience, not their behaviors. You could validate their behaviors. You're not approving of their behaviors. You're validating their experience. So when you validate, you say something like, of course you're upset. You know, anybody would have been upset with a day like today. It's normal to feel upset. And then you can add an and after it. And when you slam the door, it wakes up your baby brother or something like that. So if there's more information you need to offer, that's fine. But we know that with each validating statement, the person who's having a hard time feels heard, which helps you lower your stress level and helps you regulate. So, and I just I use those three, like, cookie cutter starting lines because sometimes you're like, oh, I don't know what to say. And parents, when they don't know what to say, may say something they don't really mean, like go to your room or don't slam the door, or I thought I taught you better than that. You know, sometimes we say the things that we heard when we were little. So.

Dr. Dipesh Navsaria: [00:19:17] Sure, sure. UAnother one in this is not simply because you just mentioned social media, but TikTok and YouTube brain. Which sounds like a condition, but.

Dr. Gretchen Pianka: [00:19:32] I think it's probably the baseline for most of the kids that I see. So I like to use the way that social media will just offer up something it thinks you want to see based on what you've been watching before. And when kids are feeling anxious or worried or, you know, just kind of caught up in their thoughts, I'll often point out, I'll say, well, have you ever asked your brain, is there anything I should worry about? And it said, no. It's like asking social media, do you have any other videos I can watch? There's always going to be something, so your brain just offers up another worried thought. Just like social media offers up another video, you might like this one. You like kiddie videos. Here's another one about, you know, baby cats and like, or whatever. So your brain does the same thing. It kind

of takes this idea of worry and then starts to create all these narratives and stories, which just sends you into a spiral. So just helping kids to distance themselves from their thoughts, so they're kind of watching their thoughts, you know, the Buddhist thing, like you're watching the clouds in the sky. Then they can say, oh, that's just my worried brain. That's just my brain telling me I should be worried about something. And then I encourage them to do something like meditate with a glitter jar, take a few big deep breaths, go snuggle the dog, you know, do something else. Go. Thank you brain, but I'm going to do something else.

Dr. Dipesh Navsaria: [00:20:50] Yes, the brain's default anxiety algorithm is not necessarily all that good for us, right?

Dr. Gretchen Pianka: [00:20:55] So exactly.

Dr. Dipesh Navsaria: [00:20:57] So speaking of that, so much of what you've talked about is kind of being able to pull away from the, the heightened emotions, the anxieties, the charged nature of the moment. Right. And you have this acronym, which I'm not going to ask you how long it took you to come up with an acronym this beautifully named, but Sunbeam. And it stands for see. Unhook, Hook. Nurture. Breathe. Emotionally aware. Mindful. And meditation. Can you say a bit more about how it should be used?

Dr. Gretchen Pianka: [00:21:39] Yes. So I so often have parents saying to me, I just I don't know what to do. You know, Joey's fine. Everything's fine. Then suddenly he hits his sister like, what am I supposed to do? You know, I've got to keep her safe. And they respond, like in the moment, out of that feeling of usually fear. Sometimes it's more anger, but, like, yikes. You know, we got to keep everybody safe. And so they respond from this big space of big energy, which if you've got a little kid, they're also in a big space with big energy, and then you get a grown up big space, big energy, you've got mutual dysregulation and nothing's really going to go well. So that whole affiliative response where we want the parent to look at the child who's struggling and notice, you know, actually we're in this together like this child is not the saber tooth tiger. This is my child and I need to help him, even though at the moment they might be frustrating you. So that's the way that I kind of like, start the conversation with families. And I say, just just see that you don't feel good in that moment when your child has done something, see how you're feeling.

Dr. Gretchen Pianka: [00:22:43] And then most of the time, as parents, we have a traditional way of responding like we're we usually come stomping up the stairs yelling, or we say, go to your room. Or, you know, we have a shock and awe campaign that we use when we feel like that. So just unhook from that, just lightly. Try to just not do it. And it's okay if you do it, that's fine. Learning new things takes time, but if you can just take a second and not do the thing that you usually do, but instead breathe. I like to teach walking meditation to parents because

if you're on your way to go where the screaming children are upstairs, you can arrive much more calmly if you breathe in two, three, four out, two, three, four. So and once they get the hang of it, then they realize it really helps parents to realize that that most behavioural situations are not a true emergency, and that it's okay to kind of bring yourself together before you respond, and then you're modeling it for the kids too.

Dr. Dipesh Navsaria: [00:23:35] Sure, sure. So much of this, I think, is about emotional awareness, right? And being aware of others' emotions, but also your own emotions in different ways. You outlined something called a time versus emotion curve. Can you talk a bit about that?

Dr. Gretchen Pianka: [00:23:54] Sure. So like I was saying with the example previously, you know, sometimes parents will be like, well, there's I don't even know that he's going to get mad. You know, it's just all of a sudden out of the blue and I go, oh, really? Interesting. Okay. Well, I use the term back the bus up. Let's look at that. Let's look and see if really this came out of the blue or if something else might have been going on. So, and I often will draw this kind of curve on a piece of table paper in the exam room where you have kind of time on the x axis and the intensity of the feeling on the y axis. And sometimes parents literally feel like it's just 0 to 100, like a vertical line. And I say, well, okay, let's go back. And was anything happening before that? Well, yeah. You know, he didn't like the snack at school so he hadn't eaten anything. And oh well, yeah, he couldn't sit where he wanted to sit in the car. So he was already mad at his sister. So it's by the time you get home, it seemed like it went from 0 to 100. But actually, there had been like six things ahead of that. And that's where the magic is. The time versus emotion helps to validate for the parents how frustrating that can be when it feels like it's just out of the blue.

Dr. Gretchen Pianka: [00:25:00] But if they can start to see that actually this has been a process of the kid feeling kind of frustrated, being able to manage frustrated, being able to manage frustrated, coping until they just can't do it anymore. Then the parents like, oh, okay. And they can validate for the kid. I know this is so long, it feels like you're sitting in the back seat with your sister forever. Can you just try box breathing? Trace a box on the back of the seat in front of you and breathe in. Hold it out. Wait. And that will help. Like, just give them strategies. And I say it's sort of like, you know, if you're going to go drive from Maine to Minnesota, you're not going to go without a plan for snacks and sleeping and gas. You know, you're going to have a plan for your kids. So anytime they're going to have yucky feelings or feel stuck or bored or tired or irritated, if you have a plan for coping strategies, you can often keep it from going to 0 to 100 and make the day more just like a little sine wave, which is a little less stressful.

Dr. Dipesh Navsaria: [00:25:54] It sounds feels to me like a socioemotional version of the public health root cause analysis. Right? Let's let's go dig deep. And until we can figure out what's really at the base of this. So.

Dr. Gretchen Pianka: [00:26:08] Exactly.

Dr. Dipesh Navsaria: [00:26:09] There's also a strategy, the 54321 calming method. Could you explain what that is?

Dr. Gretchen Pianka: [00:26:16] Yeah. So, I love that one. In theory. In practice, I often don't try to use all the senses depending on the child, because sometimes they get kind of wound up by the whole process of trying to find things I can touch and I can taste. But the idea is that when you are in fight or flight mode and you're running away from a saber toothed tiger, you aren't stopping to smell the flowers. You are not noticing what your feet are touching. You are just running because you're about to get hopefully not eaten by a saber toothed tiger. But you're in danger. Right? So what we can do is you can't tell that part of your brain. This is how I say it to kids. You can't tell that part of your brain that's scared that you're okay. You're okay. The more you say you're okay, the more it's like, no, we're not, we're not okay. There's a tiger coming. So what you need to do is use your body to tell your brain, actually, I checked, I looked under the bed. There are no monsters. Look behind me. No, tiger. We're safe. And that is why you use your senses? Because when you're using all five of your senses, you're telling your brain, basically, like, okay, I checked, doesn't smell like tiger.

Dr. Gretchen Pianka: [00:27:21] We're not running. We're not hyperventilating. You know, everything is okay. So you use the and you can do it however you want. But five things you can see, four things you can hear, three things you can touch, two things you can smell, and one thing you can taste. A lot of times for kids, I will just do vision or hearing because I find that sometimes the touching gets a little bit hyperactive and tasting and smelling are fine, but it's sometimes kind of hard, especially if you're in an office wearing a mask. So if you want to use those senses, you can just encourage the kids to imagine their favorite smell or favorite taste. And then, I'll just say, find me all the things in this room that are blue or what are all the things you can hear right now. And even just using one sense is often really calming. So next time you're feeling stressed, give it a try. It works really well.

Dr. Dipesh Navsaria: [00:28:12] There we go. So one thing I really liked was how in the book You provided a lot of examples, like case studies in a sense. Towards the end there, the vignettes. What do you say to parents who say, this is all wonderful, but what am I supposed to do when my kid is in the aisle at a supermarket and is just melting down and everyone's kind of looking at me like, practically, how am I supposed to make this work?

Dr. Gretchen Pianka: [00:28:41] So I would probably have like kind of a different tiered approach. So one thing would be, did you know this was going to happen? Does this always happen when you go to the store. So then you're back to the plan ahead. Time versus emotion. What could you do? You know your child's going to get frustrated, irritated, annoyed in the stroller or wherever they are in the shopping cart. So bring something. Have a plan. Do they need a snack? Make sure they're rested, all those things. But then sunbeam for the parent. See how you're feeling. I'm feeling embarrassed, but this is actually not an emergency. But I'm embarrassed. So notice that you're embarrassed. And when you're embarrassed, you usually yell at your child and try to control them more and bring out the shock and awe campaign. Maybe you do. But just notice that, unhook from it and then take care of yourself. And a lot of times, the taking care of yourself in situations like that. I like things like singing or like doing five, four, three, two, one in some version in the in the store. Let's go down this aisle and see if we can see everything that's blue or, you know, find all the piggies or whatever it is that depending on what store you're in and what you're looking at. So to distract the kid away from whatever it is that might be triggering the tantrum, and to bring that affiliative response to bring them into the fold with the parent, that we're in this together. Rather than seeing the child as, oh my gosh, you're ruining my shopping trip, which is probably happening anyway.

Dr. Dipesh Navsaria: [00:30:02] Sure. Final question if we can loop back to the dedication that we started with, you mentioned what your stepfather had said to you, right? And all. If you could go back in time and maybe the current, you could cancel that high school principal. What? What do you wish they had said to you?

Dr. Gretchen Pianka: [00:30:23] I wish he had asked. What's going on Gretchen? You don't usually act like this. Like what? What else is going on? I'm not sure I would have told him, but I would have appreciated it if he had asked. Is something else going on? Do you need some support, or how are you doing? You know, and it was a very out of character thing for me to be in trouble, so.

Dr. Dipesh Navsaria: [00:30:50] Sure, sure. Well, thank you for this book. It's so practically oriented. There are strategies galore in this. I mean, I feel like if I was going to implement any of these things, I would need to keep thumbing through this to make sure I was, you know, at least headed in the right direction, which is just, I think the sign of something that is very useful in so many ways. So thank you for this work, and thank you for the conversation.

Dr. Gretchen Pianka: [00:31:15] Thank you.

Dr. Dipesh Navsaria: [00:31:20] Welcome to today's 33rd page or something extra for you, our listeners. We talked a bit today about dedications and it sent me exploring about great

book dedications that were out there. And I came across a few, some of them are beautiful and some of them are just humorous as well, but they're all special in their own ways, so I thought I'd share a few with you. The first is from *The Lion, the witch and the wardrobe* by C.S. Lewis to Lucy Barfield. My dear Lucy, I wrote this story for you, but when I began it, I had not realized that girls grow quicker than books. As a result, you're already too old for fairy tales, and by the time it is printed and bound, you will be older still. But some day you'll be old enough to start reading fairy tales again. You can then take it down from some upper shelf, dust it and tell me what you think of it. I shall probably be too deaf to hear and too old to understand a word you say. But I shall still be your affectionate godfather. C.S. Lewis. This next one is, you might think, an odd choice for this podcast. It's from Joseph Rotman in his book *An Introduction to Algebraic Topology*. But it's short and delightful to my wife Margaret, and my children, Ella Rose and Daniel Adam, without whom this book would have been completed two years earlier. And along those same lines, Frederick Forsyth in the *Fourth Protocol* said For Shane Richard, aged five, without whose loving attentions this book would have been written in half the time. And then one more is *East of Eden* by John Steinbeck. And this one is addressed to his editor. Dear Pat.

Dr. Dipesh Navsaria: [00:33:15] You came upon me carving some kind of little figure out of wood, and you said, why don't you make something for me? I asked you what you wanted, and you said a box. What for? To put things in. What kind of things? Whatever you have. You said. Well, here's your box. Nearly everything I have is in it, and it is not full. Pain and excitement are in it. And feeling good or bad and evil thoughts and good thoughts. The pleasure of design and some despair and the indescribable joy of creation. And on top of these are all the gratitude and love I have for you. And still the box is not full. John. And that's today's 33rd page dedicated to you, our listeners. You've been listening to the Reach Out and Read podcast. Reach Out and Read is a nonprofit organization that is the authoritative national voice for the positive effects of reading daily, and supports coaches and celebrates engaging in those language rich activities with young children. We're continually inspired by stories that encourage language literacy and early relational health. Visit us at [org](http://reachoutandread.org) to find out more. And don't forget to subscribe to our show wherever you listen to your podcasts. If you like what you hear, please leave us a review. Your feedback helps grow our podcast community and tells others that this podcast is worth listening to. Our show is a production of Reach Out and Read. Our producer is Jill Ruby. Lori Brooks is our national senior director of external Affairs. Thank you to our founding sponsor, Boise Paper, for making a difference in local communities like ours. I'm your host, Doctor Dipesh Navsaria. I look forward to spending time with you soon. And remember, books build better brains.