

INTRODUCTION

*“Never doubt that a small group of thoughtful,
committed citizens can change the world. Indeed,
it is the only thing that ever has.”*

—Margaret Mead

If you are holding this book in your hands, we hope it is because you are as passionate about seeing children thrive as we are! Whether you are a teacher, counselor, administrator, parent, grandparent, coach, or any other person who works with children, we are thankful that you found our book! You’ve likely seen the news headlines or even witnessed first-hand some of the alarming issues facing this generation of kids—a sky rocketing rate of autism, depression, anxiety, screen-addiction, and the list goes on. Kids are struggling, physically and emotionally, and their struggles are having a real impact on their ability to be successful in the classroom and beyond. While it’s fair to say that every generation has had challenges, the amount and the magnitude facing this generation of children are significant and unlike anything veteran teachers or counselors have seen in their careers.

The first edition of this book was published under the title, *No Manual? No Problem! Strategies & Interventions to Help Your Child Thrive in Today’s World*, and it hit the shelves just prior to the COVID-19 pandemic. At that time, we, as co-authors, had noticed a slow and steady decline over a period of a decade in the students with whom we worked. However, our observations were a bit ahead of the curve, and we were hoping to raise the proverbial, “red flag,” for parents and our educator friends. Then our schools and the world shut down, and life changed in ways that felt indescribable to anyone who was either raising or teaching children during that time. The pandemic did more than just sky-rocket the statistics of all the pre-existing issues in kids and teens; it created changes in society and brought to a head some of the concerns that parents had about schools and that schools had about parents. In some cases, it has created a culture of distrust, and

even misplaced or misguided anger, that must be addressed if we all want to be working toward the same goal. Our hope is that you come away from this book feeling empowered, because with the proper knowledge, everyone can be a part of the solution – this book is just the beginning.

Consider this...

Infants, toddlers, and young elementary children are now often seen holding and manipulating electronic devices, sometimes for hours at a time. In fact, some schools issue iPads to even the youngest learners and require them to take assessments on computers. Concern about the cumulative impact of radiation from those devices is now making headlines.



School nurses and other staff are very familiar with the use of EpiPens[®], and schools often provide parents with a list of safe and unsafe treats that can be brought into schools due to an increase in allergies.

As a result of the rising number of school shootings and violence, concern about the physical safety of our children has led to significant changes in schools. For example, when attempting to enter most schools, visitors will almost always be met by a locked door and maybe even a high-tech security system. After being buzzed in, they will be asked to supply their identification before being allowed entry. Many schools even have security personnel on staff. Monthly drills have always been held for weather alerts, but now intruder and lockdown drills are also practiced, even by the youngest of school children. Children are instructed on how to hide silently in a closet or behind desks to avoid being shot by an armed intruder, who could be a current or former classmate. School events are constantly being canceled or rescheduled due to social media threats of violence. Generations of students have never known a world without these types of drills, threats, fears, and disappointments!

At the elementary level, the prevalence of developmental and learning challenges has risen, with more and more children struggling with language acquisition, vocabulary, reading, comprehension, fine and gross motor skills, and general problem-solving. The number of students with special needs has also risen dramatically often necessitating additional support staff in classrooms, at the same time many school districts nation-wide are experiencing alarming staff shortages. Furthermore, young children are increasingly being treated for social, emotional, physical, and mental health issues, and elementary staff have become well versed in “risk assessments” for alarming behaviors. Secondary school staff have observed the same things, but add to that a growing number of teens being treated for eating disorders, anxiety, depression, and drug or alcohol addictions that even necessitate withdrawal from school and placements in rehabilitation centers. When the student returns, everyone is just supposed to act as if nothing happened, and somehow teachers are supposed to fill in the gaps, while the student may still not even be in a place to learn.

These issues are all the more challenging at the secondary level when the stakes are higher and attached to outcomes such as college, trade, military, or career placement. In addition to the physical and mental health issues, we have noticed a specific decline in critical-thinking skills and the ability to be self-reflective, both of which must be demonstrated to be successful in the college essay and interview process. These struggles are very real and have significant consequences on the ability to be mentally and physically healthy, which impacts one's ability to be successful in the classroom and beyond.

We believe there needs to be a universal body of knowledge and strategies to help children thrive. If parents, educators, and anyone who works with children are on the same page, there can be real measurable change for the better. Everyone needs to understand the challenges and frustrations that each entity faces and then come from a place of empathy and willingness to change. This approach might actually improve things for the better.

We've identified some culprits that interfere with a child's optimal developmental trajectory and discuss them in greater detail in upcoming chapters:

- » Lack of time spent in creative and imaginative play
- » Excessive time on screens leading to actual screen addiction
- » Changes in parenting styles
- » Busy and overscheduled lifestyles
- » Poor nutrition and hydration
- » Environmental toxins

Scientific studies are now confirming what we suspected about these culprits, and yet teacher and counselor education programs often don't provide the background knowledge necessary to both understand and address these culprits and how they impact children in the classroom. Traditional "new-parent" style books aren't addressing them either.

While we can't change everything about our environment and culture, we must understand and remember that we can have some control over the impact of these culprits in our lives. The information in this book has the potential to be life changing for children, especially for those who are facing physical, emotional, or learning challenges. In our book, we have included chapters that address statistics that validate that the increases in challenges are real and foundational knowledge on how the brain and body develop. Then we share how each of the identified culprits is derailing our kids from experiencing social, emotional and academic success. Finally, what you are probably looking for are strategies and interventions that can be implemented in classrooms and in homes to help nurture critical skills that are necessary for success in life. We end by introducing you to more involved interventions and therapies that can be implemented with the help of professionals to dramatically improve the

symptoms associated with many learning disabilities or emotional and behavioral diagnoses that often derail children from reaching their potential.

There was a poem written many years ago by Joseph Malins entitled, *"An Ambulance Down in the Valley."*¹ It talks about a town that was once engaged in a bitter debate about whether the best way to deal with people falling off a local cliff high above the city was to raise funds to build a fence at the top or to continue to fund an ambulance parked down in the valley, which had efficiently been hauling people off to the hospital. Once the town understood that an investment in the fence was an investment in preventing the problem to begin with, common sense prevailed.

A Call to Action

Today's world is a complicated place. Raising and educating children comes with challenges, sometimes requiring adults to make difficult decisions and work together. Let's not wait for government mandates or policies to change. The challenges, and oftentimes the solutions, that are found in this book have actually been known for many, many years. Sadly, there has been no global effort to utilize the research and enact change. It is our hope that the information, strategies, and interventions in this book will serve as a roadmap to help you navigate through the inevitable challenges that you, as an educator or parent, will face, in order to help future generations arrive at a desired destination. Let's start speaking up and making a difference. It starts with awareness and then an action plan. On a small scale, you can make changes in your classroom, school, or in your own home. On a large scale, you could take the data, research, and strategies in this book and approach your school administration, school board, or state level legislative representatives and advocate for change, as they are often the ones with decision making power. We must start somewhere, because the children deserve it!

CHAPTER ONE

Alarming Statistics



Scan the QR code for other suggested reading from Chapter One.

*“Let’s raise children who won’t have to
recover from their childhoods.”*

—Pam Leo

The data shared in this chapter shows that the rates of learning, physical and mental health-based diagnoses are, in fact, increasing. Not only is this distressing for the children and parents who are affected, but the rising rate of these issues strains every classroom and the entire school system.

As we shared in our introduction, we have seen significant changes in our schools and student performance. According to U.S. News & World Report and Newsweek, our own local Pennsylvania schools are ranked as some of the most excellent schools in the country. However, despite that ranking, amazing programming and instruction, excellent support services, and high standards and expectations for all students, the rate of children receiving special education or mental health services has never been higher.

Soon we will share some statistics on the rising rates of many diagnoses impacting children, but first we wanted to address a popular argument that some things only seem worse because we are simply more knowledgeable, more aware, or because better diagnostic tools are now available. While this may be the case in some instances, we don't believe that to be so with most issues that we see impacting children today. For example, the incidence of anaphylactic food allergies is higher than ever before. Thirty years ago it was rare for there to be multiple EpiPens® in a nurse's office, and bags of EpiPens® didn't go on field trips with kids. It is highly unlikely that school personnel, or doctors for that matter, simply overlooked or could not identify children going into anaphylactic shock. There simply just weren't as many children affected by these severe allergies.

Back in the early 1990's in one particular school district, there was an increase in the rate of students who were being identified for special education in the category of "specific reading disability." The administration and the teachers knew, per educational statistics, that no more than 4 percent of the student population should require special education. If more than 4 percent of the student population required special education, then the school should look at the general education programs, because something must be faulty in curriculum or instruction. It was decided that a different reading program should

be taught to all primary students, and following the implementation of the new reading program the number of students being diagnosed with that specific reading disability began to decrease. That is what happens when you address the root cause of a problem. When rising rates of disability are due to poor programming or instruction, you fix the source of the problem, and you should see improvement. We wish we could say that the current percentage of students receiving special education has remained lower, but it hasn't. For example, in our state of Pennsylvania, the rate has quadrupled and is now at 15.9 percent.

The big question becomes, why?

We feel that despite excellent educational programming, more and more children are having learning, emotional, and neurological challenges that don't fit into any particular category, and their challenges are becoming more complex. Ask any daycare

The rates of learning, physical and mental health-based diagnoses are, in fact, increasing.

worker, educator (preschool to college), nurse, therapist, or anyone who has worked with children for more than 20 years; something is different. The needs are greater and not so clear-cut. Some of the needs are so great that school districts and/or local agencies assign personal care assistants or behavior specialists to children who need continuous adult support throughout the school day. A couple decades ago, there might have been one personal aide per school building. Now there are often multiple aides per grade.

From our personal observations, we became aware that many children were struggling with more frequent and severe issues than what most people realized. Our concerns were validated by a deep dive into the national trends and data that follow in this chapter.

PHYSICAL HEALTH

Allergies

Food allergies are at an all-time high. They increased over 400 percent from 1997 to 2007, and serious or fatal allergies are more common than ever before,¹ with 2 in 5 children with food allergies having a reaction so severe it requires a trip to the emergency room.² According to the National Institute of Health's data in 2022, the global rate of food allergies in children is 4 percent,² yet the CDC states that the rate of food allergies for children in America is double that at 8 percent.³

An estimated 1 in 13 children (8%), or 2 students per classroom, are affected with food allergies.

Asthma

The group Documenting Hope has been carefully tracking data on chronic conditions affecting America's youth, such as asthma, which can be life-threatening. The facts they share should be eye opening to all. From 1980 to 2000, the number of doctor visits for asthma nearly tripled, from 6 million annually to 17.3 million. In 2007, annual asthma medical care costs were \$11.5 billion. Ten years later, in 2017, the cost associated with asthma in the United States rose to \$56 billion a year.⁴ CDC data shows that approximately 9 million American kids age 18 or younger have asthma.⁵

Diabetes

Type 1 diabetes is the kind of diabetes that most doctors and researchers say children are born with and was once considered rare. The rate of type 1 diabetes has been increasing by 30 percent per decade.⁶

Type 2 diabetes accounts for the majority of diagnosed cases, and in the past, was only associated with older age, obesity, family history, physical inactivity, and race or ethnicity. It can be prevented and

often responds to lifestyle changes. Until recently, type 2 diabetes was rarely diagnosed in people younger than age 30. In 1990, the rate of type 2 diabetes began to surge from the 4 percent where it had held steady for decades. The leading cause of type 2 diabetes in children is obesity.⁷ Researchers from the SEARCH for Diabetes in Youth study shared that the rate of Type II diabetes in 10 to 19 year-olds rose 21 percent from 2001 to 2009.⁸ According to recent NIH data, American children have the highest rate of Type II diabetes globally.⁹

Obesity

According to Beth Lambert and Victoria Kobliner, authors of *A Compromised Generation*, over one third of American children are, at the least, overweight, a tripling in prevalence since the 1970's!¹⁰

In the initial data comparing the rate of obesity among children since 1988, we see that in 1988, 7.2% of children aged 2-5 were obese. In 2012, that rate rose to 10.2%. In 1988, 11.3% of the children aged 6-11 were obese, but in 2012, nearly 18% were! In 1988, 10% of children aged 12-19 were obese, and in 2012 that rose to 19%!

Unfortunately, the most recent CDC data from 2017-2018 confirms this upward trend, as 20% of children age 6-11, and 21% of children age 12-19 are now obese. Additionally, the rates can be even higher. In Hispanic youth age 2-19, 25.6% are obese, and 24.2% of Black children age 2-19 are obese. This is over 1 in 4 children!¹¹

It is notable that the 6-19 age range is the most impacted. This age group has been confined to school buildings for many hours per day for many decades. That hasn't changed, so we would hypothesize that this is directly related to the amount of time this age group spends sedentary on screens, rather than being physically active.

MENTAL AND EMOTIONAL HEALTH

Anxiety, Depression, and Suicide

Many people experience some low-level anxiety from time to time; however, it crosses a line when it starts to have a significant impact on one's daily life. This is when it may become a diagnosable condition. According to statistics from the National Institute of Mental Health, the prevalence of anxiety disorders among those aged 13 to 18 years is 25.1 percent. This means that one in four teenagers has a diagnosable anxiety condition.¹²

Being exposed to a chronic source of anxiety causes some children to experience emotional trauma and may lead to a greater risk of poor physical and mental health, negative social consequences in life, and a shortened life span. In her article, "Childhood Trauma Leads to Lifelong Chronic Illness—So Why Isn't the Medical Community Helping Patients?" science reporter Donna Jackson Nakazawa revealed that two-thirds of Americans report having adverse childhood experiences (ACEs). These experiences range from extreme cases of abuse (physical and emotional), to having a parent who suffered from depression or alcoholism, divorce, or death of a loved one. Experiencing trauma makes one twice as likely to receive a costly medical diagnosis in adulthood. According to the CDC, the cost of treating patients with early childhood trauma is \$124 billion annually.¹³ A collaborative effort between the CDC and Kaiser Permanente revealed that in a study of 125,000 patients, those who had a doctor who acknowledged and helped them address their childhood trauma experienced a 35 percent reduction in doctor visits.¹⁴ This is why more professionals are utilizing an ACE survey with their clients, as this questionnaire can identify those who may be at greater risk, and therefore offer early intervention and prevention.¹⁵ Not all adverse life events can be avoided, but seeking and receiving the appropriate help following these events can greatly reduce their impact later on.¹⁶

Rates of depression and anxiety among young people in America have been steadily increasing for the past 50 to 70 years. James Prescott, researcher at the National Institute of Health (Child Health

and Human Development), reported that 1.5 million prescriptions for antidepressants are issued annually for children under the age of 18.¹⁷ According to recent CDC data, suicide is now the second leading cause of death in the 10-24 age range.¹⁸ Prior to the pandemic, suicide was the third leading cause of death for those between the ages of 15 and 24 and the fifth leading cause of death for those aged 5 to 14.¹⁹ It is clear that there has been an increase in anxiety and depression and a severe increase in suicide rates following the pandemic.

In an article written for *The Conversation* in the fall of 2017, Dr. Jean Twenge summarizes the findings of a published research study that she and her colleagues conducted.²⁰ She says,

*"Around 2012, something started going wrong in the lives of teens. In just the five years between 2010 and 2015, the number of U.S. teens who felt useless and joyless, classic symptoms of depression, surged 33 percent in large national surveys. And in fact, this large youth survey revealed that teens, who spent more time on social media and electronic devices such as smartphones, were more likely to report mental health issues."*²¹

Dr. Twenge and her colleagues, using a variety of respectable methodologies, were able to rule out homework load and academic pressure as potential causes for increase in suicide rates. Interestingly, they found a strong correlation between the increase in female suicide rates and the use of social media.²²

Attention Deficit Hyperactivity Disorder (ADHD)

Reported cases of ADHD have increased by at least 400 percent over the past 20 years, and, American children consume 90 percent of the world's Ritalin, the most popular ADHD medication.²³ CDC data released in 2024 claims that 7 million children in the 3-17 year old age range have ADHD. That is 11.4 percent of the population of US children.²⁴

Autism

According to statistics provided by the CDC, autism has been steadily increasing, from approximately 1 in every 5,000 children born in 1975, to 1 in 88 in 2012, and to 1 in 36 in 2024.²⁵ Data from the National Center for Educational Statistics shows that in 1977 there were no autistic students receiving services in our schools, but in the 2013–2014 school year, 538,000 students were receiving services for autism. Given that, one could argue that autism was not well known or diagnosed in 1977. We looked at the year 2000 as a mid-point and when it was well known and diagnosed, and there were 93,000 students receiving services. So, thirteen years later, in 2013–2014, there were 445,000 more students receiving services for autism.¹²⁶ While one can absolutely attribute some of the rise in statistics to better diagnosis, there is absolutely no other condition that is rising at this rate. We are grateful for organizations like Documenting Hope, who are committed to identifying environmental causes, because a condition that is only genetic in nature could not possibly increase at this rate in such a short time.

Prescription Medication Use



One of the factors that has impacted children's performance in the classroom is the increasing amount of physical and mental health problems that children face, but with that also comes the side effects of over-the-counter and prescription medications used to treat those conditions. According to data released by the CDC, in 1960 the annual expenditure on prescription medications was \$2.7 billion. In 2013, that figure was a staggering \$271 billion.²⁷ These

numbers reflect the total population, but the following data is specific to children.

CDC data from 2012 indicated that 7.5 percent of the population aged 6 to 17 years were on prescription medication for emotional or behavioral problems.²⁸ From the year 2016 to 2022, the rate of antidepressant prescriptions for the 12-25 age range, increased by a staggering 66.3%!²⁹

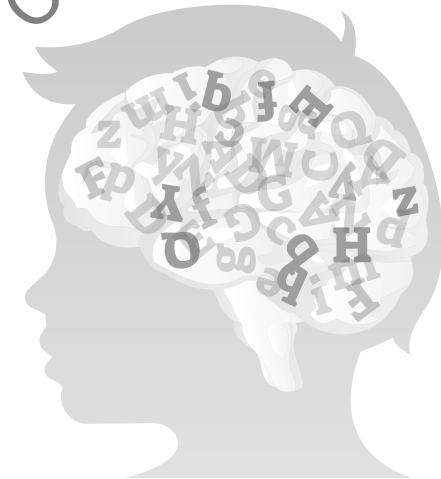
In 2002, doctors wrote 1.2 million prescriptions of antipsychotic medications for children.³⁰ In the three-year period from 1997 to 2000, the use of antipsychotic medication increased 138 percent.³¹ In 2014, CDC data stated that 10,000 toddlers—children aged 4 and under—are on amphetamine-based ADHD medications,³² and 3.3 million prescriptions for ADHD medication were written for high school-aged children in 2023.³³

Dr. Mark Hyman, medical director of the Cleveland Clinic's Center for Functional Medicine, acknowledged that, "the untested and potentially unsafe combinations of psychotropic drug cocktails have increased 500 percent in children."³⁴ The increase in children being treated with drugs is disheartening to say the least, but it is especially concerning to learn that a number of these drugs are not significantly or appropriately tested for safety in the ways that they are being prescribed. Rather than continuing to observe these rates increasing, we need to find a way to prevent this from happening in the first place.

"The untested and potentially unsafe combinations of psychotropic drug cocktails have increased 500 percent in children."

LEARNING AND DEVELOPMENTAL MILESTONES

According to the National Center for Education Statistics (NCES), the rate of specific learning disabilities more than doubled from 1977 (1.8 percent) to 2012 (4.6 percent).³⁵ In their book *Learning Disabilities*, authors Roger Pierangelo and George Giuliani reveal that in the 24th Annual Report to Congress in 2002, the U.S. Department of Education, Office for Special Education, reported that 5 percent of the population, or 2.9 million school-aged children, had a learning disability.³⁶ In 2022-2023, updated NCES statistics revealed that 15 percent of children enrolled in public school had a disability covered under the Individual with Disabilities Act. This data does not include all the students with 504 plans that cover a different category of disabilities.³⁷ It is also important to note that this statistic only reflects those enrolled in public school. There are a substantial number of private schools that solely enroll learning disabled children, and, this data also does not account for any disabilities within the homeschool population. Some estimate the number of learning-disabled children to be even higher than these federal statistics. Kenneth Bock, Cameron Stauth, and Korri Fink, in their groundbreaking book, *Healing the New Childhood Epidemics*, suggest that the rate of learning disabilities within the total population is closer to 20 percent.³⁸



Developmental Delays

Developmental delay is a broad group of disabilities that affect major life activities such as language, mobility, learning, and self-care. The National Center for Educational Statistics reports that in 1977 there were no students receiving services for developmental delays, but in the 2013–2014 school year there were 410,000 students receiving services for delays. Again, one could argue that in 1977 developmental delay was not being diagnosed as thoroughly as it is today. Therefore, we compared the data from the years 2000 and 2013 and found that some 213,000 students were receiving services for delay in 2000, and in 2013 the number of students receiving services for delay nearly doubled!³⁹ According to CDC data from 2021, the current rate of Developmental Delay for students aged 3–17 is 8.56%. This means that nearly 1 in 10 children has a developmental delay!⁴⁰

“Other Health Impairments”

According to government data kept in compliance with the Individuals with Disabilities Act (IDEA), in 1977 141,000 students received services under the category of “Other Health Impairment” (OHI). In the 2013–2014 school year, that number rose to 817,000!⁴¹ Children categorized as OHI often carry a medical diagnosis such as diabetes or a mental health diagnosis such as anxiety that is so severe they require special educational programming. To be clear, there is a very significant rise in the number of students who need actual modifications to their school day, not because they have a learning disability, but because they have a medical diagnosis so significant that they couldn’t make it through the school day without modifications.

What is perhaps more interesting about the above statistics is that the percentage of students receiving services for physical/structural-based disabilities, such as a visual or speech impairment, stayed essentially the same from 1977 through 2013 at 0.1 percent and 2.9 percent,⁴² respectively, yet the number of students with brain-based disabilities has skyrocketed. Again, we must ask the question, what is leading to all these brain-based diagnoses? We think that learning more about the culprits we’ve identified might give us some answers.

Self-Regulation Challenges

One of the greatest threats to learning we've observed is the large number of students who lack the ability to self-regulate. We are seeing self-regulation difficulties in many children, not just those diagnosed with a learning disability. This is an issue in the classroom that is not even included in all the statistics we have already provided! Self-regulation includes the ability to: sustain attention, inhibit impulsivity, delay gratification, regulate emotions, complete tasks, and cope and persevere when things are challenging

There has long been an empirically established link between a child's ability to self-regulate and future success. Those who can regulate well are more likely to be successful in school and in life, whereas those with poor self-regulation have been found to have not as good outcomes in school and life.⁴³

A study of self-regulation in the early 2000's (before iPhones and iPads) replicated one first performed in the late 1940's, in which psychological researchers asked kids ages 3, 5, and 7 to stand perfectly still without moving. In the 1940's experiment, the 3-year-olds couldn't stand still at all, the 5-year-olds could do it for about three minutes, and the 7-year-olds could stand pretty much as long as the researchers asked. However, in 2001, researchers repeated this experiment, but psychologist Elena Bodrova at the National Institute for Early Education Research says the results were very different. "Today's 5-year-olds were acting at the level of 3-year-olds 60 years ago, and today's 7-year-olds were barely approaching the level of a 5-year-old 60 years ago," Bodrova explains, "So the results were very sad."⁴⁴ To be clear, the 5-year-olds could not stand still, and the 7 year olds were also quite challenged. This reflects a real and quantifiable difference in the ability of children to self-regulate. In the 1940's, and really, in our experience, through the 1980's and 1990's, many children were able to stand still and focus; however, those children also readily and easily engaged in creative and imaginative play. Fast forward to the early 2000's when creative play time was greatly reduced. This is when we started seeing huge challenges with many children and self-regulation. We are offered some clue as to

how current children would do, because a recent study published in *Frontiers in Psychology* found a correlation between a child's amount of screen time at age 3 ½ and their ability to self-regulate in pre-school. The children who spent more time on screens were less able to self-regulate, an important correlation to consider given we do have some control over how much time children spend on screens.⁴⁵

WORRY ABOUT FUTURE SUCCESS

In the last decade, on average, 3.3 million students graduated from high school annually.⁴⁶ In 2013, the National Center for Education reported that 65.9 percent of high school graduates went directly on to college. However, "Pathways to Prosperity," a Harvard Graduate School of Education study published in 2011, showed that only 56 percent of students who began a four-year degree finished it within six years.⁴⁷

The Organization for Economic Co-operation and Development studied 18 countries, and the United States came in last for preparing its students for college readiness, with 46 percent of the students who started a degree (either two or four years) ever finishing it.⁴⁸ These statistics haven't changed much. In 2023, it was found that only 49 percent of students were able to finish an undergraduate degree in 4 years, and that rate jumps to 65% if you give them 6 years to complete the degree. Girls' rate of completion is 3-7 percent higher than boys.⁴⁹

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In their article, "America Desperately Needs to Redefine College and Career Ready," Ted Dintersmith and Tony Wagner confirmed that in 2016 the percentage of students graduating college was just a bit over 50 percent, and that only half of those graduates landed jobs that paid well enough to justify the expenditure of college. These are disappointing facts that echo the findings of the Harvard study; American students are ill-prepared for college and life success.⁵⁰

In 2018, CDC data revealed that over 70 percent of young people would be ineligible to join the military because they would not pass the basic screenings due to: being overweight, having educational deficits, or for having drug related or criminal records.⁵¹ There are also certain medical conditions or medications being taken that lead to disqualification.^{52,53}

A recent large-scale study showed a significant decline in Emotional Quotient (EQ) skills in young adults, specifically a decline in well-being, self-control and emotionality.⁵⁴ This data may or may not be related to the news headlines decrying that the younger generations are not be able to hold down a job, are job hoppers, or are labeled as unreasonable or difficult to work with.⁵⁵ It has become clear to us that the many challenges we have witnessed children experience can not only have an impact in the classroom and at home but also on a student's potential to have a secure and successful future.

If you tally up all the percentages of children with various specific learning challenges, ADHD, developmental delay and autism, it aligns well with the fact that in many classrooms our colleagues are reporting that 30% or more of their students require adjustments to their educational programming. We would like to be clear that we have also observed a general decline in the academic, social and emotional skills of all students, not just those with any particular label or diagnosis. Something is happening, something has changed, and we need to acknowledge this. We will share anecdotes and personal observations that back up our claims throughout the book, but we also thought it was important to share the data that validates our thoughts and claims.