

Study Guide

Parenting Children with Health Issues

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**Essential Tools, Tips, and Tactics
for Raising Kids with Chronic Illness,
Medical Conditions & Special Healthcare Needs**

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“Hope sees the invisible,
feels the intangible, and
achieves the impossible.”

- unknown

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based reasons for behavioral problems should always be considered first.

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Welcome to Love and Logic!

You are about to start a meaningful and rewarding journey. We are confident that you will have fun along the way, too!

Our goal in writing this book and study guide is to provide you with the opportunity to gain practical and proven tools for raising confident, responsible kids with high coping skills; kids who are optimistic about life and take good care of themselves- even when no one else is watching.

Throughout this study, you will learn techniques that:

- ♥ Are simple and easy to learn
- ♥ Teach responsibility, character and good coping skills
- ♥ Lower your stress level
- ♥ Have immediate and positive effects
- ♥ Up the odds your child's transition to independence will be fun instead of frantic

The most successful parents take it slow and easy. They don't try everything at once and they don't overwhelm themselves by trying too hard to be "perfect" parents. Instead, they experiment with one simple skill at a time.

So sit back, relax, and enjoy yourself. Give yourself the permission to take this time to learn, connect with others, grow and giggle as you discover ways to raise happy, healthier kids.

Happy Parenting!

Foster and Lisa

Study Questions for
Parenting Children with Health Issues
by Foster Cline MD and Lisa Greene

Chapter 1

1. Tommy forgot to take his insulin dose. Parents can respond with:

Anger
Sorrow
Imposing a consequence
Ignoring the problem

Give a sentence showing each response. Which are likely to be most effective? How can parents best ensure that the consequences will be accepted with minimum rebellion?

2. Love and Logic encourages parents to use “The E’s of Love and Logic” rather than the R’s – Rant, Rave, and Rescue. Name three E’s. Give an example of each.

3. It’s often difficult for harried parents of ill children to take really good care of themselves. Give three examples of how parents choose to take good care of themselves. Personal examples welcome!

4. David has cystic fibrosis. Other children tease seven-year-old David about his coughing and excessive gas. David cries when telling his mother about the situation at school. What are three helpful questions or statements the mom might give David to communicate high expectations and build his self confidence?

Chapter 2

1. How does chronic illness affect a child’s sense of control? What are two ways to share control?

2. The authors feel it is essential for parents to provide one emotion before delivering an imposed consequence or discussing a natural consequence. What is the emotion and what is the effect?

3. Give an example of a natural and an imposed consequence for a child refusing to take medication. Under what conditions should natural consequences never be used?

4. Give three guidelines for imposing a logical consequence.

5. Give an example of using empathy before delivering the consequence.

6. Dylan is age eleven and has sickle cell anemia. He has problems with friends at school and in the neighborhood. He is bossy and dismissing of them but complains frequently that no one likes him. Describe how you would use the problem solving approaches on pages 32 and 33 to discuss the situation with him.

Chapter 3

1. Why is it important for children with health issues to learn to accept limits? Why is it so hard for many parents to set limits? What might be some of the long-term negative consequences for children who don't learn to accept limits?
2. A key concept in helping a child develop wise limits is for the parents to give choices within limits. Sarah has a boyfriend with epilepsy. The boy, Max, takes poor care of himself and had several recent seizures. Now Sarah wants to go on a 200 mile day trip Max. He's driving. Sarah's parents want to give choices within limits. How might they respond?
3. There are only three situations in which saying 'No' will be effective. What are they?
4. Alex has cystic fibrosis and is resistant to doing his breathing treatments and chest physical therapy. What can the parents do to help Alex accept the necessary limits?

Chapter 4

1. Give three reasons that chronic illness may increase the likelihood of control battles between parent and child.
2. You met Dylan back in the Chapter 2 study questions. He is eleven with sickle cell anemia and has problems making and keeping friends because he is bossy and dismissive. As his parent, you have adequately talked about this with him using the problem solving model.

Now it appears that his complaints are often used simply to gain attention. He has just finished saying, "No one wants to be friends with me." Give two "one liner" responses that keep the problem on the child, don't allow come-backs and "buts" and can be said caringly without sarcasm.

3. Nine year old Eric, with diabetes, has begun to snack on unhealthy food that ups his blood sugar. Give an enforceable and unenforceable statement that a parent might make. What are the characteristics of an enforceable statement?

4. Preadolescent Christine mouths off to her father, saying, "I don't need you bitching at me about my medication!" Her mom sends her to her room. What might Christine's dad say or do to make his action either a punishment or a consequence? Food for thought: What if Christine is right? How should the parents respond if they *have* been coming down too hard on her?

Chapter 5

1. Love and Logic defines the "Five E's of Parenting". Two of these E's affirm that learning takes place by e_____ and e_____. When a mistake is made and a child suffers from the mistake, parents show e_____.
2. Love and Logic suggests you practice one empathetic response over and over until it sounds and feels natural. Give some examples of empathetic responses. What response will you use at home? Practice on each other.
4. Roberta is overweight. At school, a child called her "fat girl." After first simply acting both distant and nasty at home, she told her mom what happened. Her mom responds. Give a response showing *empathy* and another showing *sympathy*. Is one more effective than the other?
5. Andrew reports that the doctor said his tests showed he was taking very good care of himself. His dad responds. Give a response showing *praise* and another showing *encouragement*. Is one more effective? Why?

Chapter 6

1. The *foundation* of some personality traits are laid down by interpersonal experiences in the first year. What are three of these personality traits?
2. When the cycle of the first year is disturbed, a negative cycle may lead to a child “at risk”. What are three possible personality traits that can result from disruption of the first year of life?
3. Michael comes home from school saying, “I forgot my enzymes this morning. I’ve had a really bad stomach ache this afternoon and it really hurts!” Give a one sentence response that might be typical of Love and Logic’s three parenting styles. What is the major message of each?
4. Teens are often secretive about poor health-care decisions that they will make. Mom finds that Erin is decreasing her insulin dose in the hopes of losing weight. Give a response that Mom might make that expresses empathy, keeps the problem on the child, and shows her own concern.
5. Parents of children with chronic illnesses that require a lot of care (like diabetes or cystic fibrosis) are often worried about their child’s transition to adulthood. What are some of the ways that parents can ensure that their child is prepared for the real world?
6. Nineteen-year-old Jenny is finally free! At least that’s how she feels now that she is in college and away from her over-protective and controlling parents. She’s busy with schoolwork and friends and is not taking good care of her diabetes. Of course Jenny’s parents are very worried and her mom is constantly nagging at her. Jenny gets mad and ignores her mom. What advice would you give Jenny’s mother about how to handle this situation?

Chapter 7

1. Katrina, an eight-year-old child with cystic fibrosis, asks her mother if she is going to die early. Give possible answers that demonstrate:
 - A mother giving too much information.
 - A mother addressing her own needs rather than the needs of the child.
 - A possible positive answer that gives room for hope.
2. Robert, a child needing daily medication for epilepsy, tells his father that he has decided not to take it because he believes it contributes to headaches.
 - Give parental responses that show:
 - Listening with acceptance but not approval
 - A probing question to obtain more information.
3. The authors discuss adults accepting a child’s “desired level of denial”. What is meant by this? Can you give an example?

Chapter 8

1. Elisabeth Kubler-Ross described the stages of grief. Give several. Share your “newly diagnosed” story and personal experiences with the stages of grief. Do you have any new insights about your journey?
2. Childhood illness often is accompanied by parental guilt. That guilt can be rational or irrational. Give an example of each. How does guilt affect parenting?
3. Kyle has diabetes and does a poor job of monitoring his blood sugar levels. His mother asks him if he is worried about how his lack of concern might affect his future health. Kyle replies. Give an example of a reply showing rebellion and another example showing denial.
4. Susan’s medical task is to change her dressing following a first degree burn on her leg. She asks her dad for help. The line between ‘can’t’ and ‘won’t’ becomes blurred. How does a parent tell the difference? What are possible effective responses her father might give?

Chapter 9

1. What are the some of the common feelings that healthy siblings might express when living in a family with a chronically ill child?
2. Parents understandably may show unhelpful responses to the resentment healthy siblings often express. Parental responses may be driven by the guilt that they feel over giving their ill child inordinate attention. What are common unhealthy responses?
3. Describe three tools or techniques that parents might find effective to help healthy siblings cope with the time and attention their parents must give to the child with special needs.
4. What are some simple ways that parents can connect with and meet the needs of the healthy siblings?

Chapter 10

1. Special needs children are referred to as “growth opportunities.” Share an example of how you have grown from your own experience of parenting a child with special needs.
2. In place of focusing on possible negative consequences, many effective parents of special needs children focus on the child’s _____.
3. Anorexia and bulimia may run in families as do many other diseases like cystic fibrosis, sickle cell anemia and even alcoholism. Sometimes there is an awareness that this could be a problem before it is totally evident. Do you think parents should discuss these issues with their children as a “preventative measure”? Why or why not? When parents develop an awareness that a child might have a problem, how should this be handled? Discuss.
4. Children with developmental delays often have difficulty learning from negative consequences. Why? What might be used instead of negative consequences? Can you give an example?
5. Not showing frustration and developing routines are essential when living with developmentally delayed children. Give two examples of helpful routines.

Chapter 11

1. What are some of the positive and negative ways that raising a special needs child can impact the marriage/ couple relationship?
2. Name and explain three communication tools given in Chapter 11.
3. Helen Keller is quoted as saying, “Character cannot be developed in ease and quiet. Only through experience of trial and suffering can the soul be strengthened, ambition inspired, and success achieved.” Give an example of how this applies to your own life.
4. What is meant by “triangulation”? Give an example. What are some of the dangers of triangulation?
5. What is the danger in generalizing which is saying things like: “You always...” or “You never...”?
6. Share some of the ways that you nurture your couple relationship (if applicable).

Chapter 12

1. In this final chapter, the authors emphasize relating to the child, not the illness. Robert has a bleeding disorder, but wants to ride his mountain bike. Give a sentence that demonstrates a parent relating to the illness and another sentence of the parent relating to the child.
2. What are the possible connections between illness and character development?
3. How do *you* keep your hope alive?

Section 2: In Their Own Words....

1. Emily Perl Kingsley’s essay titled “Welcome to Holland” has been shared and loved for many years. How does her essay reflect your own experiences?
2. “Say Yes to Life!” (page 288) includes writings from people who demonstrate the amazing human ability to face life-and-death issues and still live life to the full. What would *you* write?
3. In “Finding Nemo, Finding a Hero,” Lisa shares her belief that children who suffer from chronic illness and other special needs are heroes “just waiting to burst out.” Describe how your child is a hero to you and others.