



January 2005

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Ask the Experts

Professionals offer their advice on divorce, dentistry and diabetes

Diabetes Day-to-Day

My daughter has type one diabetes, she gets poked with seven needles daily, and her every meal is weighed out and each meal has to be eaten at the same time each and every day. It is more routine for me now but the hardest part for me is watching her come home early from school in tears and all shook up because she ate two of Johnny's potato chips and suddenly her body can't handle it. She wants to be "normal" and enjoy a birthday party and Halloween just like the other kids. What can I do to help her accept her unique situation?

-Concerned Dad, Garden Grove.

While dietary management and regular insulin injections are a priority for good management of Type 1 diabetes, we absolutely do NOT require our patients to follow such a rigid management program. My

experience has been that kids (and parents) do not tolerate this for very long. We are able to use several different insulin regimens including a 24 hour insulin called Lantus or an insulin pump that give the kids flexibility with the amount of carbohydrates eaten and timing of their meals. It is extremely important that she be normal and enjoy birthday parties and Halloween and Christmas! We teach our families to count the carbohydrates in those meals, including desserts, and cover them with extra insulin. This works very well to keep the blood sugars controlled. For example, before Halloween we passed out "Trick or Treat" candy samples to our children with diabetes, which contained regular candy with 15 gm of carbohydrate which is an appropriate size treat.

Living with diabetes and managing it well is difficult for kids and parents under the best of circumstances. While consistency in diet and insulin doses are very important, rigid mealtimes and diets are NOT necessary for good control of the diabetes. This type of management does require learning to count carbohydrates and learning the dose of insulin a child needs. The doses are different for different children and must be worked out specifically for each child. However, we do this every day.

The diabetes nurses at CHOC provide this education in our clinics and in classes at CHOC sponsored by PADRE (a community support organization for kids with diabetes). You may contact the CHOC diabetes team at 714-532-8634 or PADRE at 714-532-8330.

—Dr. Susan Clark, Orange

Divorce Dialogue

I recently divorced my husband, who really wasn't around much in the first place, but now that he is gone, my son has become withdrawn. He whines to me, becomes angry at the littlest things, and asks for his dad about three times a day. Before he knew the routine and wouldn't ask about his father at all. Now it's like he can't cope with out him. What should I do?

—Distraught Divorcee, Yorba Linda

Divorce is a type of emotional death – for all members of the family. Due to the loss and grief, there are typical stages that can be anticipated: shock, denial, anger, despair, and acceptance. Of course these stages will look slightly different in children – but the concept of needing to go through them still applies. Dysfunctional grief is when a person gets stuck at one of the stages and never makes it through to acceptance. Your job as a newly single parent is to facilitate the grieving process for your child.

Step One: Imagine your initial role is to be one of a container. Yep – Tupperware or what ever works for you. Children often have difficulty regulating their own affect when in a foundation shaking crisis – the younger the more difficulty they have. You can expect: emotional meltdowns, tantrums, regressing to younger emotional states, anger, rage, whining, dependent-clinging behavior. Your role is to step in and contain all their scary – uncontrollable feelings and to be an emotionally stabilizing force for them. This is tough because you may not feel emotionally stable, which would be normal, and may need your own source of outside support.

You can help contain your child by empathizing with what they're feeling and helping them articulate it into words. What this does is move an overwhelming primal feeling such as – fear. The result is a child who felt paralyzed by an emotion now has the language to begin problem solving – empowerment.



Step Two: Children are egocentric by nature – meaning – if Mom and Dad get divorced somehow it was because of something they did. Try and elicit these underlining false beliefs. A helpful book is *The Dinosaur’s Divorce* – try role modeling what the young dinosaur is feeling and thinking. You can also help children express unconscious beliefs through projected play – such as using a doll house or a family of animals. Intervening and correcting false beliefs about why a parent left is critical to a child’s self-esteem.

Step Three: A child whose parent just left has had their world turned on its head. Nothing makes sense and they feel powerless and helpless – this can lead to despair. The child needs to regain a sense of order and predictability to their world. Having a consistent stable routine that the child can predict will help in relieving anxiety. In joint custody situations I’ve even had parents create a picture passport that hung around one 5- year-old’s neck. Every 10 minutes he would almost have a panic attack at school, wondering who he was going home with that day. With the picture passport – he would just look down on his neck and see the smiling face of the parent that would be picking him up that day.

Step Four: Maintaining connections and attachments is the fourth focus. Part of your child’s identity is intricately tied to the person you just severed a connection with. Maintaining photos of their other parent in their room, encouraging phone calls and contact, and speaking positively of their other parent will all help with their long term healing and self-esteem.

Ultimately the path to acceptance is through the pain and despair and into story writing. Yes – story writing. The story of one family’s journey and the different forms they’ve taken. But how they are all still a family – whether single, blended, or being lucky enough to have two homes with two sets of parents.

—Cherie Mills, LMFT, Orange

Smiling Thumbsucker

My child is 5-years-old and still sucks his thumb. People, even those that I do not know, are always telling me he needs to stop sucking his thumb. I began to try to get him to quit but that is how he consoles himself, by sucking his thumb, and he can’t fall asleep without sucking his thumb either. Is it really going to affect his teeth if I continue to allow him to suck his thumb?

—Molly Mollify, Irvine

Finger or thumb sucking is an innate reflex in infants and is a common habit in many toddlers. Most children stop this habit on their own between the ages of two to four. Children who continue to suck their thumb or finger as the permanent teeth come in may develop problems with the proper growth of the mouth and alignment of the teeth.



Figure A *Posterior Cross Bite*

The severity of the problem depends on the frequency, intensity, duration, and also the position in which the thumb is placed in the mouth. In the most severe cases, the palatal (roof of the mouth) bones deform around the thumb resulting in a cross bite (see figure A) where the lower teeth overlap the

upper teeth. In addition the permanent teeth may appear pushed upward in a u-



Figure B *Anterior Open Bite*

shaped alignment called an open bite (see figure B), making it difficult to bite into foods like apples. A tongue thrusting habit apparent during swallowing and making certain sounds may also develop which may require speech therapy to correct

At age 5, these changes are probably minimal and can be reversed by weaning your child of the habit. While some children stop overnight for others it may be a process. Below are some tips to consider:

- Immediately praise and reward your child for not sucking, instead of scolding him when he does. An example of a reward system is stars on a chart for each day your child doesn't suck with a present when each goal is reached.
- If your child sucks his thumbs when feeling insecure or needing comfort, address the cause of the anxiety, provide comfort to your child, and find an acceptable alternative method that helps him console himself.
- Have your child's dentist offer encouragement and explain what could happen to his teeth if he does not stop sucking. Often an authority figure's words will carry greater impact on a child than his or her parents.
- If your child also sucks during the day, encourage your child not to suck during a daytime activity, like story time or television watching. Gradually add activities until daytime sucking is controlled.
- Sucking at night is usually an involuntary process and sometimes more difficult to control. As long as your child decides that he wants to stop, habit reminders such as bandaging the thumb or putting a sock on the hand at night can be helpful.

If sucking persists, consult your child's dentist or pediatrician. A bitter medication to coat the thumb or the use of a mouth appliance, which prevents insertion of the thumb, may be needed to stop the habit.

— Keith S. Tang, D.D.S., Irvine



Cherie Mills is Orange County Parenting's Advisory Board Coordinator, and a practicing Marriage, Family and Child Therapist. She is also a registered Play Therapist Supervisor and is a mother of 8-year-old Christopher.



Dr. Susan Clark is the Medical Director of Endocrinology at CHOC and is the PSP Chief of the Endocrinology and Diabetes Division and is board certified in pediatrics and pediatric endocrinology and diabetes.



Dr. Keith S. Tang has been in private practice for 11 years. He is a member of Orange County Dental Society, American Dental Association and the California Dental Association.