

Marijuana: Hashing out Fact from Fiction

With some states now legalizing pot for recreational use, drug education for kids has never been more critical. The American Academy of Pediatrics released a policy statement this past year opposing legalization because of its potential harm to children, teens, and young adults. We welcome Dr. Shannon Murphy who dispels myths surrounding marijuana. – Drs. Kardos and Lai



Why is pot so different today than 30 years ago? Pot is 5 times stronger than the 1980's.

THC, the psychoactive ingredient in the plant, previously hovered around 3%. Now the average THC level is closer to 16%. As of this year, some plants have been tested with levels reaching between 20-30% THC. There is a new form of pot known as hash oil that is almost pure THC with levels around 90%

I heard pot was not addictive. Is that true? Pot is addictive.

In fact, the younger you are when you start using pot, the more likely you are to get addicted. 10% of adults and 17% of young adults who try pot will become addicted to it. If one chooses to use on a daily or near daily basis, the addiction rate climbs to 25-50%.

How long does pot stay in your body? Pot is different from

many other drugs because it can stay in your body for days after use.

In addition, the more you use pot, the longer it stays in your body. For regular users, it can remain in your body for several weeks. As a result, there is a sub acute impairment that persists with many users once the initial "high" has worn off.

When used, pot is distributed throughout one's body. These areas include the brain and spinal cord, heart, lungs, muscles, and fatty tissues. In fact, it is stored in fatty tissue. If one is pregnant and one uses pot, not only will the mom be affected by pot, but so will her unborn child. It also concentrates in breast milk. People who use marijuana should **NOT** breastfeed their baby.

Isn't pot safe to use? I heard it was safer than other drugs.
Pot is harmful to the brain, heart, and lungs.

Regular use of marijuana, particularly at a young age, can create biochemical and structural changes to the brain. Some of these changes are not reversible. Moreover, the effects are dose dependent. The more you use, the more likely to affect change.

Marijuana causes cognitive impairment. It harms learning, memory, attention, and critical decision-making. A recent study showed that regular use of marijuana at a young age causes a **permanent** decrease in IQ of up to 8 points.

Marijuana is linked to the development of mental health issues including anxiety, depression, and psychosis. Research has shown that regular daily to weekend use of pot increased one's risk of psychosis 3-5 times that of the general population. Sadly, we are seeing this played out in states like Colorado where people have died from psychosis related events.

The American Lung Association has reported that pot has more

cancer causing agents than tobacco smoke. Like tobacco, it causes chronic cough, wheeze, phlegm production, and frequent infections.

Marijuana has cardiac effects as well. Temporal links have been found between using pot and arrhythmias, stroke, and other major cardiac events.

What are “edibles”?

In 2014, with the legalization of pot in Colorado, the marijuana industry began selling food products with infused THC. These products, which include candy, cereal, pop tarts, and sodas, are indistinguishable from regular food.

In fact, exposure of kids to marijuana increased by 200% over this last year because of these products. These accidental poisonings were secondary to exposure of kids to edibles typically in their home. Many kids ended up in the ER, some with serious complications like seizures and difficulty breathing.

What does “dabbing” mean?

Dabbing is inhaling vapors from heating a concentrated form of pot. Dabs, which are also known as BHO (butane hash oil), “budder”, “honeycomb”, or “earwax” contain much higher concentrates of THC, usually upwards of 90%. Dabs are much stronger than a single joint and the high is administered all at once.

How does smoking pot affect driving?

Driving high is dangerous to the driver, others in the vehicle, and people sharing the road. In fact, marijuana is the number one illicit drug found in the blood stream of drivers involved in fatal car accidents.

Pot impairs skills needed to drive safely. It negatively impacts alertness, coordination, and reaction time.

Pot and alcohol don't mix. Using both drugs at the same time has been shown to increase the THC level in one's blood stream. This makes for a deadly combination on the road.

Is it okay to use pot while pregnant?

It is **NOT** okay to use pot while pregnant. As mom gets high and feels the effects of the drug, so does the unborn child.

Studies have shown that children exposed to marijuana in utero have lower scores on visual and motor coordination as well as lower scores on visual analysis and problem solving. In utero exposure is also associated with decreased attention span and behavioral problems. Finally, studies have shown that teens are more likely to be marijuana users if their mom used while pregnant.

What if my teen says that since pot isn't a big deal anymore and many of their friends are using it?

Now more than ever, it is incredibly important to speak clearly regarding the risks of pot use. Many teens see legal as meaning safe, so we are entering a critical time when it comes to our kids and marijuana use. Here are a few suggestions when it comes to talking to your kids about drug use in general.

Talk early and often. This should not be a one-time conversation.

Make sure your child knows your rules on drug use and set clear consequences if these rules are broken. Role-play real life situations so kids can know how to respond when confronted with scenarios that may involve drugs. Base education about pot and other drugs on facts.

Check out the National Institute of Drug Abuse website for up to date information. To learn more visit www.learnaboutsam.org

Shannon Murphy, MD, FAAP

Dr. Murphy is a board certified general pediatrician who currently serves on the American Academy of Pediatrics Practice Advisory Committee for Adolescent Substance Use. She heads a non-profit coalition, SAM Alabama, whose goal is to educate parents and kids on the public health issues and safety concerns associated with marijuana.

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**It's no laughing matter:
another tween game in town**

The "Real" Laugh Test - YouTube
www.youtube.com/watch?v=gDv
 Mar 31, 2013 - Uploaded by ashlynn
 We wanted to know what are real la
 Find Your Natural Laugh! - Durati

how to find your natural laugh - YouTube
www.youtube.com/watch?v=RD
 Jan 4, 2013 - Uploaded by cakelove
 hi, this is an informative video on h
 please excuse the nonsense, thank

How to find your true laugh - YouTube
www.youtube.com/watch?v=jVT
 Feb 7, 2015 - Uploaded by Mia Coff
 A tutorial on how you find your tru
 comment for more from us.

true laugh - YouTube
www.youtube.com/watch?v=7Rk
 Jul 25, 2011 - Uploaded by mckeNZ
 In this video we teach you how to g
 staring Keaton Jared and Mackenzi

How to - Hear your REAL laugh - YouTube
www.youtube.com/watch?v=Ss5
 Jun 13, 2014 - Uploaded by Autumn
 How to hear your real laugh.. Like a
 Find Your Natural Laugh! - Durati

How to find your natural laugh - YouTube
www.youtube.com/watch?v=HJx
 Jul 21, 2012 - Uploaded by TheTrur
 How to find your natural laugh ...
 ... Funny Videos Try Not To Laugh

A snippet from a quick search on youtube for "true laugh"

There's another game in town called "Find your true laugh," but it is no laughing matter. One kid lies down and another kid either sits on the recumbent kid's chest or pushes hard on the recumbent kid's chest with his hands (think CPR chest compressions). As the recumbent kid starts to laugh, his laugh purportedly changes. In this case, in addition to compromising a kid's airway, the force of another person pushing hard on the chest can lead to rib fractures and, as one of our patients discovered painfully, even a fractured sternum. Rib

fractures are acceptable as a side effect of CPR but are not an acceptable side effect of a game.

Tweens in particular seem vulnerable to trying the “Hey, this looks fun, let’s try it, ” airway blocking games. Explain to your tween that anything that can possibly interfere with breathing can hurt him.

Dr. Kardos tells tween patients:

Your nose is for breathing air. NOT for breathing fumes from glue or markers in order to get high. Called “huffing,” this can lead to sudden fatal heart arrhythmias.

Your mouth is also for breathing. Tweens can all recite the dangers of smoking cigarettes, but they can find it amusing to breathe in crushed candy, which can irritate lungs, or to try to swallow a spoonful of cinnamon while taking the “cinnamon challenge.”The coughing and vomiting that result from this challenge are evidence of its potential danger.

Air moves through your neck to reach your lungs. Tweens play the “choking game” by strangling themselves in order to get a brief high before passing out. Tell your kids to never tie or loop anything around their necks, for obvious reasons. Kids have died playing this game.

Your lungs are in your chest. To get back to the find your true laugh game: this game involves smushing the chest. Point out that lungs can’t expand to hold air if someone is crushing your chest.

Earlier in this summer, Dr Lai turned around at a party to find a pile of tween girls on the rug giggling and trying to push in each other’s rib cages. After explaining to the girls why one should never block her airway, one of the girls ferevently nodded and said , “I see, like the bologna game?”

“What bologna game?” asked Dr. Lai

” The one where you take a piece of bologna, cover your mouth and inhale it in.”

“Yes, like the bologna game, ” said Lai with a sigh.

What will they think of next?

Julie Kardos, MD with Naline Lai, MD

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The natural medicine cabinet in your kitchen



photo by Lexi Logan www.lexilogan.com

You may not think of your kitchen as a convenient pharmacy, but parents used common kitchen items successfully to treat various maladies long before CVS and Walgreens were invented.

Crisco– May not be healthy to eat, but smeared on skin, it's an old fashioned but effective treatment for eczema or [dry skin](#).

Oatmeal– Crush and put into the end of a hosiery sock. Float the sock in the bathtub for a natural way to moisturize skin.

Olive Oil–

- Put a couple drops into the ear three times a day to loosen ear wax (don't put in if your child has a hole in their ear drum eg. myringotomy tubes).
- For cradle cap, rub into your baby's scalp and use your fingernail or a soft brush to loosen the greasy flakes.
- Also use to kill [lice](#). Work the oil through the scalp, tuck hair into a shower cap and wash off in the morning. Although studies are unclear on how well this method works on lice, it certainly is worth a try.

White vinegar-If [swimmer's ear](#) is suspected, mix rubbing alcohol one to one with vinegar and drop a couple drops in the ear to stop the swimmer's ear from progressing (don't put in if your child has a hole in their ear drum eg. myringotomy tubes).

Ginger– Boil ginger to make a tea to take the edge off nausea

Honey– Shown to soothe coughs-give a teaspoon of dark (buckwheat, for example) honey three times a day. However, NEVER give honey to a child who is younger than one year of age because it may cause infant botulism

Lemon– An old singer's trick–combine lemon juice with honey in tea to alleviate hoarseness

Salt– Mixed into lukewarm water, gargling with salt water will

help ease sore throat pain

Baking soda:

- Mix with water to make a paste to help soothe itchy skin, from maladies such as [poison ivy](#).
- Can also be mixed with water to make toothpaste if you run out of your usual minty whitener.
- Another use of baking soda: one part baking soda with 4 parts corn starch makes a natural underarm deodorant.

Sugar: Mix sugar into weak tea (or your ginger tea from above) and give small amounts frequently to soothe your **older** child's nausea and help rehydrate after vomiting.

Ice: Ice not only decreases swelling when applied to injuries, it can also be used to combat the itch of bug bites and poison ivy.

Kitchen sink: This is an excellent place to wash any [cut, scrape, or bleeding wound](#) under running water with soap. Immediately after a burn, rinse the burned skin under cold water for several minutes to limit the extent of the heat injury. Contrary to popular lore, DO NOT put butter on a burn. You may, however, put butter on your toast. In small amounts.

Naline Lai, MD and Julie Kardos, MD

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The surprising first signs of dehydration



It's 100 degrees Fahrenheit outside. We're hiking around the Southern Utah desert and one of my kids vomits once. Nope,

it's not the stomach bug; that was last vacation. This time one of my kids vomited because of dehydration. Strangely, humans don't always complain of thirst once they start becoming parched, and my kid was no exception.

Right now many kids are at camp running about in high temperatures and soon enough, kids will be called back to school for sport practices. Before they go off, let them know that the first signs of dehydration are usually a vague headache and nausea. Warn them not to depend solely on their sense of thirst to signal them to hydrate. If they "just don't feel right," take a break. Other signs of heat exhaustion and stroke are outlined here <http://www.cdc.gov/extremeheat/warning.html>

For kids who play only for an hour or so, water is a good choice for hydration. For the more competitive players who churn up a sweat or participate in vigorous activity, electrolyte replenishers such as Gatorade® and Powerade® become important, because after 20-30 minutes of sweating, a body can lose salt and sugar as well as water. In fact, my sister, an Emergency Medicine doctor, tells the story of a young woman who played ultimate frisbee all day, and lost a large amount of salt through sweating. Because she also drank large amounts of water, she "diluted" the salt that was still in her blood and had a seizure.

If your child plays an early morning sport, start the hydration process the night before so that they don't wake up already behind on fluids. If your child goes more than six to eight hours without urinating, she needs to drink more.

Avoid caffeine which is found in some sodas, iced tea and many of the energy drinks. Caffeine dehydrates. The American Academy of Pediatrics recommends that children and teens never drink "energy drinks" because of the adverse effects of the stimulants they all contain. Some of the newer highly touted rehydration fluids of the adult world such as coconut water or

chocolate milk are fine.

Keep in mind it's not only sports that can dehydrate kids. Years ago I knew of a tuba player who went to the emergency room after marching band practice on a hot August day.

Next vacation we'll definitely buy some water bottles to make sure we don't get dehydrated. Not having enough water can be so dangerous! We'll also take along paper towels and cleaning fluid too.

Naline Lai, MD and Julie Kardos, MD

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Soothe the itch of poison ivy



Recently we've had a parade of itchy children troop through our office. The culprit: poison ivy.

Myth buster: Fortunately, **poison ivy is NOT contagious**. You can catch poison ivy **ONLY** from the plant, not from another person.

Also, **contrary to popular belief, you can not spread poison**

ivy on yourself through scratching. However, where the poison (oil) has touched your skin, your skin can show a delayed reaction- sometimes up to two weeks later. Different areas of skin can react at different times, thus giving the illusion of a spreading rash.

Some home remedies for the itch :

- **Hopping into the shower and rinsing off within fifteen minutes** of exposure can curtail the reaction. Warning, a bath immediately after exposure may cause the oils to simply swirl around the bathtub and touch new places on your child.
- **Hydrocortisone 1%.** This is a mild topical steroid which decreases inflammation. We suggest the ointment- more staying power and unlike the cream will not sting on open areas, use up to four times a day
- **Calamine lotion – a.k.a. the pink stuff.** This is an active ingredient in many of the combination creams. Apply as many times as you like.
- **Diphenhydramine (brand name Benadryl)- take orally** up to every six hours. If this makes your child too sleepy, once a day Cetirizine (brand name Zyrtec) also has very good anti itch properties.
- **Oatmeal baths** – Crush oatmeal, place in old hosiery, tie it off and float in the bathtub- this will prevent oat meal from clogging up your bath tub. Alternatively buy the commercial ones (e.g. Aveeno)
- **Do not use alcohol or bleach**– these items will irritate the rash more than help

The biggest worry with poison ivy rashes is not the itch, but the chance of infection. With each scratch, your child is possibly introducing infection into an open wound. Unfortunately, it is sometimes difficult to tell the difference between an allergic reaction to poison ivy and an infection. Both are red, both can be warm, both can be swollen. However, **infections cause pain** – if there is pain

associated with a poison ivy rash, think infection. **Allergic reactions cause itchiness**– if there is itchiness associated with a rash, think allergic reaction. Because it usually takes time for an infection to “settle in,” an infection will not occur immediately after an exposure. Infection usually occurs on the 2nd or 3rd days. If you have any concerns take your child to her doctor.

Generally, any poison ivy rash which is in the area of the eye or genitals (difficult to apply topical remedies), appears infected, or is just plain making your child miserable needs medical attention.

When all else fails, comfort yourself with this statistic: up to 85% of people are allergic to poison ivy. If misery loves company, your child certainly has company.

Naline Lai, MD and Julie Kardos, MD

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Would you recognize if your child was overweight?

PICTURE THE FACTS OF YOUR CHILD'S FUTURE.

<p>Low risk of asthma, orthopedic problems and clinical depression</p> <p>Signs of diabetes may appear around age 50</p> <p>Signs of heart disease may appear around age 50</p> <p>Life expectancy of age 84</p>	<p>Low risk of asthma, orthopedic problems and clinical depression</p> <p>Signs of diabetes may appear around age 50</p> <p>Signs of heart disease may appear around age 50</p> <p>Life expectancy of age 84</p>
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<p>Age: 8 Weight: 60 lbs. Height: 51" Body Mass Index: 16 BMI Percentile: 50th</p>	<p>Age: 8 Weight: 75 lbs. Height: 51" Body Mass Index: 20 BMI Percentile: 95th</p>
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Overweight children suffer adult health problems.
Ask a health professional how you can play a role in managing your child's weight.


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<p>Age: 5 Weight: 39 lbs. Height: 42" Body Mass Index: 15.5 BMI Percentile: 50th</p>	<p>Age: 5 Weight: 45 lbs. Height: 42" Body Mass Index: 18 BMI Percentile: 95th</p>
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In these posters put out by the Pennsylvania medical society, the children on the right are considered obese.

Nearly all parents of overweight preschoolers and most parents of obese kids are unaware their children are classified as such, say researchers at New York University and two other medical centers. Click here for Happy Healthy Kids' interview with Dr. Kardos on the subject.

Julie Kardos, MD with Naline Lai, MD
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Blame it on Mom

In honor of Mother's Day, teach your children the time-honored way to get themselves out of a bad situation: Blame everything on mom.



If your child realizes that she'd rather not attend a particular party or other social event, have her say: "I can't go- my mom won't let me."

If your teen is at a friend's house or party, is uncomfortable and wants to leave, but does not want the other kids to know his discomfort (such as in the presence of alcohol or drugs)

have him text or call you and say a predetermined code, such as: “Oh, my mom wanted me to *check in with her* at (fill in the current time, whatever it is)”. Then, have him say: “I can’t believe it! She says she has to come get me now!” Remember, Moms, do not ask questions if you hear or read: “I’m *checking in* like you said I had to.” Just go rescue your child!

Does your child need a reason not to try smoking? Tell him to say: “Are you kidding? My mom can sniff out when I forget to brush my teeth. She would kill me if I came home smelling like smoke. Or at the very least she would ground me for life!”

Do your kids already blame a bad hair day on Mom? A forgotten lunch on Mom? Oversleeping an alarm clock on Mom? That’s all okay as long as they know to blame Mom when it really counts.

Happy Mother’s Day

Naline Lai, MD and Julie Kardos, MD

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The best allergy medicines for kids



Gepetto always said his son had allergies, but the villagers knew better

Recently, Dr. Lai was so excited to see Flonase in the local pharmacy that she texted all of the providers in our practice with the news. Flonase (fluticasone), a nose spray allergy treatment, is the latest allergy medication to go over-the-counter. Now, nearly every allergy medication that we wrote prescriptions for a decade ago is now available to kids over-the-counter.

As you and your child peer around the pharmacy through itchy blurry eyes, the displays for allergy medications can be overwhelming. Should you choose the medication whose ads feature a bubbly seven-year-old girl kicking a soccer ball in a field of grass, or the medication whose ads feature a bubbly ten-year-old boy roller blading? Is it better to buy a “fast” acting medication or medication that promises your child “relief?”

A guide to sorting out your medication choices:

Oral antihistamines: Oral antihistamines differ mostly by how long they last, how well they help itchiness, and their side effect profile. During an allergic reaction, antihistamines block one of the agents responsible for producing swelling and secretions in your child's body, called histamine. Prescription antihistamines are not necessarily "stronger." In fact, at this point there are very few prescription antihistamines. The "best" choice is the one that alleviates your child's symptoms the best. As a good first choice, if another family member has had success with one antihistamine, then genetics suggest that your child may respond as well to the same medicine. Be sure to check the label for age range and proper dosing.

- **First generation antihistamines work well at drying up nasal secretions and stopping itchiness but don't tend to last as long and often make kids very sleepy:**

Diphenhydramine (brand name Benadryl) is the best known medicine in this category. It lasts only about six hours and can make people so tired that it is the main ingredient for many over-the-counter adult sleep aids. Occasionally, kids become "hyper" and are unable to sleep after taking this medicine. Opinion from Dr. Lai: dye-free formulations of diphenhydramine are poor tasting. Other first generation antihistamines include Brompheniramine (eg. brand names Bromfed and Dimetapp) and Clemastine (eg. brand name Tavist).

- **The newer second and third generation antihistamines cause less sedation and are conveniently dosed only once a day:**

Cetirizine (eg. brand Zyrtec) causes less sleepiness and it helps itching fairly well. Give the dose to your child at bedtime to further decrease the chance of sleepiness during the day. Loratadine (brand name Alavert, Claritin) causes less sleepiness than cetirizine. Fexofenadine (brand name Allegra) causes the least amount of sedation. The liquid formulations in

this category tend to be rather sticky, the chewables and dissolvables are favorites among kids. For older children, the pills are a reasonable size for easy swallowing.

Allergy eye drops: Your choices for over-the-counter antihistamine drops include ketotifen fumarate (eg. Zatidor and Alaway). For eyes, drops tend to work better than oral medication. Avoid products that contain vasoconstrictors (look on the label or ask the pharmacist) because these can cause rebound redness after 2-3 days and do not treat the actual cause of the allergy symptoms. Contact lenses can be worn with some allergy eye drops- check the package insert, and avoid wearing contacts when the eyes look red.

Allergy nose sprays: Simple nasal saline helps flush out allergens and relieves nasal congestion from allergies. As we mentioned above, Flonase, which used to be available by prescription only, is a steroid allergy nose spray that is quite effective at eliminating symptoms. It takes about a week until your child will notice the benefits of this medicine. Even though this medicine is over-the-counter, check with your child's pediatrician if you find that your child needs to continue with this spray for more than one allergy season of the year. Day in and day out use can lead to thinning of the nasal septum. Avoid the use of nasal decongestants (e.g., Afrin, Neo-Synephrine) for more than 2-3 days because a rebound runny nose called rhinitis medicamentosa may occur.

Oral Decongestants such as phenylephrine or pseudoephedrine can help decrease nasal stuffiness. This is the "D" in "Claritin D" or "Allegra D." However, their use is not recommended in children under age 6 years because of potential side effects such as rapid heart rate, increased blood pressure, and sleep disturbances.

Some of the above mentioned medicines can be taken together and some cannot. Read labels carefully for the active

ingredient. Do not give more than one oral antihistamine at a time. In contrast, most antihistamine eye drops and nose sprays can be given together along with an oral antihistamine.

If you are still lost, call your child's pediatrician to tailor an allergy plan specific to her needs.

The best medication? Get the irritating pollen off your child. Have your allergic child wash her hands and face as soon as she comes in from playing outside so she does not rub pollen into her eyes and nose. Rinse outdoor particles off your child's body with nightly showers. Filter the air when driving in the car and at home by running the air conditioner and closing the windows to prevent the "great" outdoors from entering your child's nose.

Naline Lai MD and Julie Kardos, MD

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How to tell your kids someone they love is dying



It is never easy to break bad news, and it can be especially difficult to break bad news to our children. Bereavement counselor Amy Keiper-Shaw helps parents give advice on how to talk to your children if someone they love is dying.

While we all try to live our best and happiest lives, one day, something bad will invariably happen to us and/or our families. Maybe a grandparent or a pet is so ill they have been told they are going to die, or a family member has been diagnosed with a terminal illness. Are you and your child prepared to communicate effectively during these tough times?

Here are some suggestions to help you talk to your child when death is a possibility.

“One must talk little and listen much.”—African proverb

- First, try to distinguish your emotions about the news from what to tell your kids. It’s always harder to talk about bad news when it’s an emotional issue for you.

Allow yourself to “sit with” the feelings you have about it before sharing it with a child. Try to be calm—even if the news is upsetting to you. If you’re overly emotional, your child may feel like he or she needs to take care of you instead of having his or her own reaction.

- Mentally rehearse how you will deliver the news. You may wish to practice out loud, as you would prepare for public speaking. Script specific words and phrases to use or avoid. Be open and prepared for your kids’ reactions. Some may cry. Others may get angry. Some may not seem to react at all. Don’t read too much into your child’s initial reaction. For some kids, it takes a while for the news to sink in.
- Arrange to talk to the child in a private, comfortable location. For example, have your child sit on your lap, or talk to your child on his or her bed. Having your child’s favorite comfort item available (a blanket, a stuffed animal or favorite toy) can also help. Turn off your cell phone, TV, or other background distractions.
- Long before we realize it, children become aware of death and when bad news is approaching. It may be tempting to withhold bad news. It’s important to be honest with your kids and not to be afraid of their reactions. When we aren’t honest about what is going on, children make up their own explanation for the tense environment. What they imagine is often worse than the truth. Foreshadow the bad news, “I’m sorry, but I have bad news.”
- When you meet with the child ask what they already know and understand. Be prepared to provide basic information about prognosis and treatment options if there are any available. Give information according to your child’s age. Younger children will require less information than

older teenagers.

- Speak frankly but compassionately. Avoid euphemisms and medical jargon. Use the words cancer or death rather than “going to sleep” or giving false hope. Offer realistic hope. Even if a cure is not realistic, offer hope and encouragement about what options are available such as hospice or medications which will help the person or pet have the best quality of life as possible until they die.
- Have the child tell you his or her understanding of what you have said, use repetition and corrections as needed. Encourage them to ask questions if they have any now or in the future and be sure to follow up often to see if any new questions have arose.
- Allow silence and tears, and avoid the urge to talk to overcome your own discomfort. Proceed at the child’s pace. Be empathetic; it is appropriate to say “I’m sorry” or “I don’t know.”
- Talk about what the bad news means for them personally. Be as clear as possible about how the bad news will make their life change—or not change. “Mom won’t be able to take you to school anymore so our neighbor will bring you instead.” Older kids will want to know more details about this than younger kids.
- Reassure your kids. When bad things happen, they need to hear that you love them and that you’re there for them. If you’re uncertain how long you can be there for your children (such as when you receive a terminal prognosis), make sure they know of other caring, trusted adults who will also be there for them.
- Don’t be surprised if your child tries to blame you or someone else for the bad news. It’s hard for children and teens to understand that sometimes bad things just

happen.

- Do something special with your child. You can say that when bad things happen, it often helps to do something you enjoy to try to feel better. For example, ask your child what he or she would like to do with you. Maybe your child will want to go the playground or play a board game. It is important that children know it is okay to still want to have fun and to enjoy life. They should not feel guilty about wanting to be happy.
- Model the grief process. It helps children and teens to see that there are hard times and that people can get through these tough situations by making positive coping choices. For example, even if you don't feel like exercising, you notice that exercise helps you feel a bit better. Explain that even though you may be tempted to eat badly, you notice that you feel better when you eat healthy. Talking about the ups and downs (while modeling positive coping strategies) will help your child be more intentional about the choices he or she makes and they are grieving.
- Keep in mind, although older teenagers may seem like they can take on more hardship than younger kids, remember that they still don't have the life experience that you have. Hearing bad news can be extremely difficult on a teenager, and it can sometimes trigger risky behaviors, particularly if they were struggling before the bad news hit or they're feeling extremely vulnerable.
- Talk to other significant adults in your child's life. For example, talk to your child's teacher, coach, or club leader. Sometimes a child will talk to another adult, and it helps if everyone knows the same information.

Parents, remember this:

- Attend to your own needs during and following the delivery of bad news. Find a few people who are good listeners and can help with practical things such as taking kids to after school activities.
- Allow yourself to accept help.

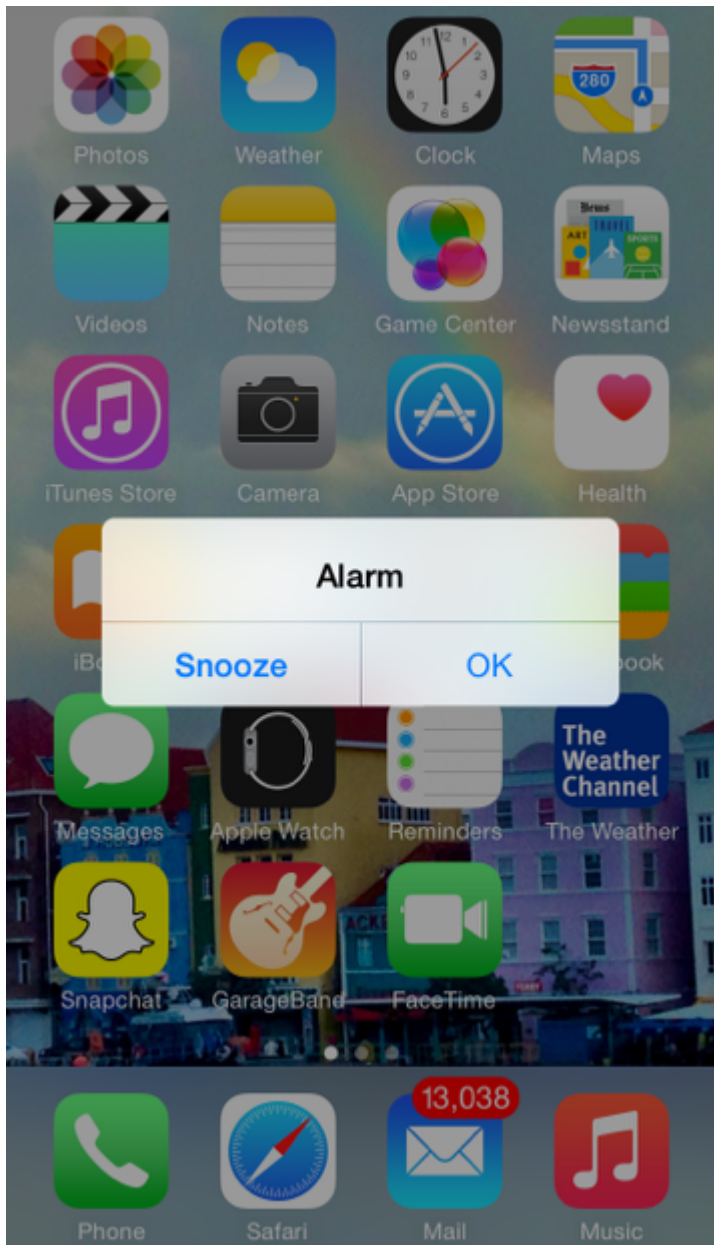
It can be challenging to be the bearer of bad news, but keep in mind that there are others who can assist with this. Asking for help from a social worker, counselor, a trusted friend, or spiritual adviser can help to facilitate this conversation, as well as connect families to resources in the community.

Amy Keiper-Shaw, LCSW

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Amy Keiper-Shaw is a licensed grief counselor who holds a Masters Degree in clinical social work from the University of Pennsylvania. For over a decade she has served as a bereavement counselor to a hospice program and facilitates a bereavement camp for children. She directs Handsholdinghearts.com, a resource for children who have experienced a significant death in their lives.

A Tired Teen's Guide to Good Sleep



As a follow up to our tired teen post, we're posting the handout we gave out at the Community Conversations Workshop last week at Council Rock South High School, Holland, PA. This handout is designed for teens to read:

A teen's guide to healthy sleep habits

Most teens need 8-10 hours of sleep per night to be healthy, perform optimally, and act safely.

All teens should be able to get themselves up, washed, dressed, fed, lunch packed, and out the door for school WITHOUT a parent's help.

Establish a bedtime routine which includes an adult family member – even if you just say “goodnight.”

Routinely give yourself time before falling asleep to clear your mind and relax your body. Meditate or pray.

Avoid computer/TV/phone/screen time 30 minutes before going to bed and turning out the light.

If your homework is taking too long, consider leaving your phone in another room or turning it off so that you are not interrupted by texts. People work more efficiently when they are not constantly interrupted. This will give you more time to sleep.

Associate your bed with sleeping. Do not do homework, play video games, or use your phone in bed.

Avoid caffeine, or do not drink any past noon. Caffeine stays in your body for 24 hours, which means that even a morning coffee or energy drink can inhibit falling asleep at night.

If you cannot wake up in time for school, gradually move your bedtime earlier, by 15 minutes every few nights, until you sleep long enough that you wake up feeling refreshed.

If you just can't readjust your schedule to fall asleep earlier, check with your doctor if short term melatonin is fine for you.

Sleeping in too long on weekends can throw your weekday schedule off and make Monday mornings dreadful. If you do sleep in on weekends to catch up on sleep, try not to sleep more than a couple of hours past your week day wake up time.

Tired teens:

Are involved in more car crashes

Perform less well in school

Have difficulty paying attention and focusing in class and on homework

Suffer from more depression and mental health issues

Are more likely to become obese

Julie Kardos, MD and Naline Lai, MD

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