

### In this session

- Chronic illness the child's experience/ the parents' experience/ often different and even conflicting.
- \* What to do with stress—manage, name and tame.
- \* Tools that help both child and caregivers.

2



# Factors that color experience

- Is chronic illness static or progressive or unsure?
- \* Is chronic illness life threatening or life changing or "just life"?
- Is chronic illness a surprise/ new experience— or familiar, familial?
- Are there resources to manage illness/ or are resources scarce or restricted?
- \* Are we alone with this— or is there a community?

4

#### Chronic illness in children/teens

#### Child perception

- Body pain, discomfort that stays— adjust.
- Why me to it's me; accommodation to reality.
- \* Development persists— new demands and new interests.
- Adaptation may be compromised but rarely arrested.

#### Parent perception

- Shock and disbelief, grief.
- Determination to fix this resource seeking.
- Illness feels bigger than development; losing sight of changes, new needs.
- My child is sick vs, my child has sickness and is so much more.
- \* Fear of future.

# We are in this together...

And parent and child are different...with often conflicting needs and desires.



5

1

# Helping parents name their own worries.

- Start with "how are you managing?" and permit parents to have emotional space to grieve. No one plans for a chronically ill child
- When parents cannot go there, pay attention for opportunities to show them they can/ strong sense of mission to fix can cause them to lose sight of themselves, one another.
- \* Sometimes fears are so intense— but also unrealistic—that not naming these can block their effectiveness. Sometimes fears are realistic.

## Helping parents access facts

- \* Internet diagnoses' prognoses.
- Settling into a plan and making sure that support is part of that plan.
- Searching for options, and second opinions (without fear of hurting providers' feelings).
- \* Making room for questions.

8

# Helping parents see their child—all of their child.

- \* Development still happens and that can be life affirming.
- Even when illness is grim, finding the delight of growth and change.
- \* Keeping perspective— and valuing fun, delight.
- \* Paying attention to what my child likes, wants.

### Illness is a felt experience

- \* And bodies can know what minds don't, yet.
- Children can have precocious sense of what is happening in my body (but no one asks them).
- Helping parents ask the child what works— share the responsibility.
- Pay attention to what the child resists— and know this is what is hard/ needs more support.

9

10

### Listen to the child's wishes

- Negotiate is the way to manage hard times— and gentle insistence when necessary. Be honest
- Hear the child's worries and fears avoid false reasurances or promises.
- \* Allow the child to imagine the future.
- \* Work on mastery.
- \* Wanting to be like everyone else— how to respond kindly.

D A M

DANGER>ANXIETY > MASTERY

A universal formula

11 12

# Merging physical health with mental health

- While physical health involves bodies, we know the mind/body connection is significant.
- \* Chronic illness is always a strain on mental health.
- \* Be honest about the overlap, and then benefits of support and a place to complain.
- \* Supportive therapy cannot fix either, but it can being comfort and company.

When chronic illness is a mental health one.

- \* Dealing with body reactivity and behavioral manifestations.
- Dealing with progression, as developmental stressors wax and wane
- Dealing with wishes to be normal, the same as others— and using denial to make it so.
- \* Challenge of teens not knowing their own minds.
- \* The problem os teens not being able to trust their own mind

13 14

Examples from your work/ helping families cope with chronic illness.



15 16