

TEXAS Parenting News

A QUARTERLY NEWSLETTER FOR PARENTS EVERYWHERE

FALL 2003

Avoid common parenting pitfalls

Most parents want to do a good job of rearing their children. They don't intend to neglect them or undermine their development. But even the best parents can fall into traps.

Kevin Steede, a Dallas clinical psychologist specializing in child behavior, has identified 10 ways parents fall short of their childrearing goals in his book, *10 Most Common Mistakes Good Parents Make, and How to Avoid Them*.

PITFALL 1

Planting mental "mines."

Many parents, wanting the best for their children, interact in ways that leave children thinking: "I must be good at everything" or "I am my achievements." You can avoid this trap by emphasizing a child's unique qualities and acknowledging effort rather than outcome: "You really worked hard on that puzzle."

Unknowingly, parents may convey messages that "Negative emotions are bad" and "Everyone must like me." Help children understand that feeling angry, sad, or scared is normal and that they can talk to you about their feelings (but not act out on them by hurting others).

Children may also get the idea that "It is wrong to make mistakes or ask for help." Tolerate honest errors ("You forgot to wash your hands. I'll wait while you do it.") and acknowledge your own ("Sorry, I goofed. What can I do about that?") While it's important to act independently, everyone needs help from time to time: "I could use some help. Would you set the table, please?"

PITFALL 2

Requiring children to misbehave.

Parents sometimes encourage misbehavior simply by failing to give children the attention they need. As a result, a child may pester you while you're

talking on the phone or whine for a toy in the grocery store.

Consider whether you need to spend more time with your child or involve the child in what you are doing ("We need potatoes. Help me put some into this bag.") Try to "catch" your child doing something right. Be specific ("I liked the way you shut the door that time.").

PITFALL 3

Being inconsistent.

Children will test limits. When you're stressed or tired, you may let some rules slip by. Then children learn you don't mean what you say and can't rely on you.

Set only those rules you know you can enforce. Follow through on consequences for breaking rules—every time. Make sure rules apply to everyone, even you.

Follow a predictable routine—getting up, having meals, going to work or school, going to bed.



Inform children in advance about changes: "I'm letting you stay up late tonight because tomorrow is a holiday." Children need structure in their lives.

PITFALL 4

Closing the door on open communication.

Parents sometimes think they must give the impression they know everything. Well-meaning "advice" may sound like lecturing ("Share your toys with your brother. Sharing shows you love him."). Your attempt to console ("There, there, it'll be all right.") may demean or belittle your child. Blaming ("It's your own fault.") can quickly shut the door to communication.

To keep communication open, first listen to your child—both words and body language. Label and acknowledge your child's feelings ("Sounds like you're angry."). Invite your child to share ideas ("What do you think happened?") and ask open-ended (rather than yes-no) questions.

PITFALL 5

Playing "fix-it."

Parents, wanting to protect their children from unhappiness, rush in to solve all their problems. As a result, children may feel overly dependent and doubt their own abilities.

Teach your child a method for solving problems. Ask: What happened (or what could happen) and why? Encourage your child to think of solutions: What could you do instead? What might happen if you did that? Offer information from your own experience. After a child tries a solution, talk about whether it worked and why. Ask: What might you do next time? Use this method over and over as practice.

PITFALL 6

Dividing the family along some artificial line.

One parent and child may take sides against the other parent, or the parents may feel their children are always opposed to them. Essentially, it's a power struggle, and the feeling is "us against them."

To encourage cooperation, hold family meetings, perhaps one a week. Keep the meeting short. Talk about the schedule for the week and who is doing what. Share successes and acknowledge effort. Make the meetings a safe place to share ideas—no name calling or judging. End the meeting with

something fun, maybe a dessert or game. It may take time to build trust. Over time, you can share problems and work together to find solutions.

Another idea is to sit down with your family and talk about working as a team, with everyone sharing responsibility for living together.

If the line is between brother and sister, talk to the children individually and then together. Explain the difficulty it causes the family, listen to their "sides," and ask their cooperation in overcoming it.

PITFALL 7

Using destructive discipline.

Let's face it: we all lose our temper at times or say things we don't mean. Sometimes we find ourselves doing things our parents did that we resolved we would never do. What to do? Forgive ourselves, apologize, and move on.

Examine your parenting style. Are you too rigid or too permissive? Look at your daily schedule and routines. Are you working too much and spending too little time with the children? Anticipate times of stress and worry. How might you act differently?

PITFALL 8

Modeling inappropriate behavior.

This is the "Do as I say, not as I do" trap. Recognize that children imitate adults. They learn more from your behavior than from what you tell them.

If you want children to clean their rooms, make sure yours is clean first. If you want children to learn good manners, show them by example. If you want children to develop integrity, don't lie to your boss about why you're missing work.

PITFALL 9

Overlooking special needs.

Troublesome behavior may signal a special need, such as attention-deficit hyperactivity disorder, a learning disability, or a mental problem such as depression.

Talk with your physician, clinic, or caregiver about your child's behavior. For children younger than 3 years, contact the Early Childhood Intervention (ECI) agency in your community. In Texas call the statewide ECI Care Line at 1-800-250-2246 or check the ECI website at www.eci.state.tx.us. For children 3 and older, contact the Special Education unit of your local school district.

PITFALL 10

Forgetting to have fun.

Jobs and busy schedules can make us lose sight of a vital quality of life—joy. In tough economic times, you may need to cut movies, trips, and other entertainment out of your budget. But you don't have to cut out pleasure and fun.

Joy is an attitude. Build fun into daily routines—

tickle your child's toes while pulling on shoes, or play a game like "Point to something red" while driving in the car. Take a walk, play with a ball, or tell a story. Play dress-up or dance to music on the radio.

To find out more about the 10 pitfalls and avoiding them, check out Steede's book from the library or buy it online or at a bookstore. The book is available in paperback and in Spanish.

Get ready for cold and flu season

According to researchers, children have two to nine viral respiratory illnesses each year, usually in the fall and winter. Most of us know these illnesses as the common cold and the flu.

The more you know about these illnesses, the better you can respond. Most important, take steps to prevent them from occurring.

Causes and spread

Colds and flu are caused by viruses. The viruses spread when a person who has the virus coughs, sneezes, or speaks, and sends virus into the air. Other people then breathe in the virus and can also get sick. Colds and flu can also be spread when a person touches a surface that has viruses on it, such as a doorknob, and then touches the nose or mouth.

It's often hard to tell the difference between a cold and the flu because they have some of the same symptoms and last a week or two. The flu,

however, is more likely to come with fever, headaches, and body aches. The flu may also lead to more infections like pneumonia, bronchitis, and sinus and ear infections.

Common cold and flu symptoms

Runny nose. When viruses that cause colds or flu first infect the nose and sinuses, the nose produces clear mucus. This helps wash germs from the nose and sinuses. After two or three days, the body's defenses fight back, changing the mucus to a white or yellow color, then to a greenish color. Gradually the cold virus is overcome by the body's immune system, and symptoms disappear.

A runny nose that lasts for 10 to 14 days without improvement may indicate a sinus infection with bacteria. The child may likely need medical care and treatment with antibiotics.

Cough. Coughing is a way the body tries to get rid of anything that is bothering the throat or airways. A child with a cold or allergies may cough when mucus from the nose runs down the throat and irritates it. Inflammation of the airways (viral bronchitis) can also result in persistent cough.

Sometimes a cough can be caused by a bacterial infection in the sinuses (sinusitis) or in the lungs (pneumonia). Bacteria also cause whooping cough (pertussis). To find out if bacteria are causing the illness, take your child to a doctor for laboratory tests.

Sore throat. Most sore throats are caused by allergies or viruses and not by bacteria that respond to antibiotics.

Earache. Sometimes the doctor will diagnose "otitis media with effusion (OME)." This means that there is some fluid in the middle ear. Fluid in the middle

Cold and flu: A comparison

Alike

- Some symptoms: cough, sore throat, tiredness, and nasal stuffiness
- How long the illness lasts: one to two weeks
- How the infection spreads: through the air from coughs and sneezes; by touching a surface with virus on it

Different

- Flu is more likely to cause fever, headaches, and body aches.
- Flu can be prevented with a flu vaccine; there are no vaccines for the common cold.

ear almost always goes away on its own and does not need treatment with antibiotics. OME may be a complication of allergies, the flu, or the common cold. A physician may prescribe a decongestant or pain medicine for earaches.

Treatment for colds and flu

Runny nose, cough, and symptoms like fever, headache, and muscle aches may be bothersome, but antibiotics will not make them go away sooner unless these are caused by bacterial infections. Most of these symptoms are caused by colds, flu, and environmental allergies during the fall and winter.

Helpful treatment for children who have a cold or the flu is rest, plenty of fluids, and medicine to relieve the symptoms. Medicine may include a pain reliever for aches. Older children may be given a lozenge to soothe the throat. A cool mist humidifier can make breathing easier.

Remember: Never give aspirin or medicine that has aspirin as an ingredient to children or teenagers with a flu-like illness. In this circumstance, aspirin can cause a rare but serious illness called Reye Syndrome.

Infection prevention

Prevention is always easier than cure. Model, teach, and remind children to cover their mouths when they cough or sneeze. You might suggest sneezing or coughing "to the floor" or "to your shoulder" so the viral spray is not directed to the hands.

But the single most effective way to prevent spreading infection is hand washing. Insist on frequent hand washing during the day, especially

after coughing or sneezing, going to the bathroom, and before eating. If soap and water are not available, use alcohol-based hand sanitizers.

Flu prevention

The best way to prevent the flu is to get a flu vaccination in October or November before flu season starts.

Flu vaccination is recommended for:

- adults and children who have certain chronic health problems,
- people who have contact with adults or children with chronic health problems,
- children receiving long-term aspirin therapy,
- women who will be four to nine months pregnant during the flu season,
- people 50 years and older,
- health care workers and other people who work in health care settings, and
- people who work in nursing homes and other long-term care facilities who have contact with the residents who live there.

Flu vaccination is encouraged for:

- healthy children 6 to 23 months old, and
- family, household contacts, and caregivers of children birth to 23 months.

References

Centers for Disease Control and Prevention:
www.cdc.gov/nip/Flu/Public.htm#Q&As.
Texas Department of Health Infectious Disease
Epidemiology and Surveillance:
www.tdh.state.tx.us/ideas/factsht/flu02.htm.

Adapted from an article by Olga Nuno, M.D., and Peggy Wright, RN, in the Fall 2003 issue of *Texas Child Care*.

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The library, housed at the offices of the Texas Interagency Council on Early Childhood Intervention and Texas Rehabilitation Commission in Austin, lends materials for a two-week period. Borrowers must fill out an agreement form and pay the cost of insured postage to return the materials.

Borrowers may download the form and search the collection on the library web site, www.eci.state.tx.us/ecicollection2.htm. Or you may call the library at 512-424-4240 between 8 a.m. and 5 p.m. Monday through Friday.