

Media Kit

“This book is a gem. It will most assuredly help patients, their family members and their friends as they meet the many challenges ahead including the compelling emotional issues largely ignored in the doctor’s office.”

–Will Cross

Will Cross is the first person with Type 1 diabetes to summit Mt. Everest.

Sell sheet

Book description

Press release

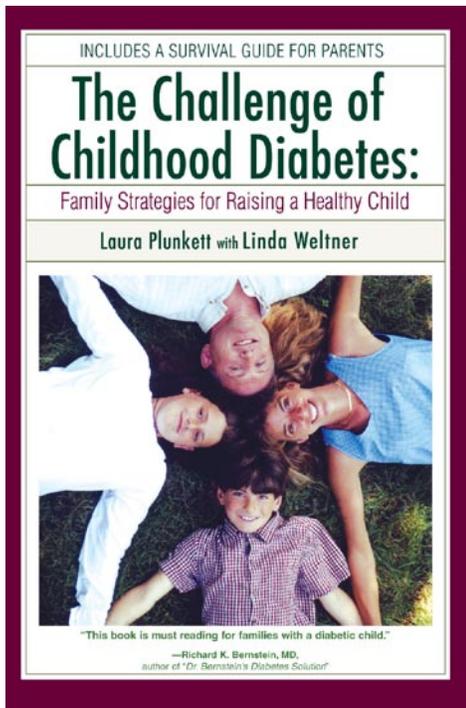
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Media Kit



The Challenge of Childhood Diabetes

Self-Help / Diabetes / Caregiving

Trade Paperback

Publication Date: Sept-2006

Price: \$15.95

Size: 6 x 9

Author: Laura Plunkett with Linda Weltner

ISBN: 0-595-38625-3

168 Pages

Available from www.challengeofdiabetes.com, www.amazon.com, www.barnesandnoble.com and selected bookstores.

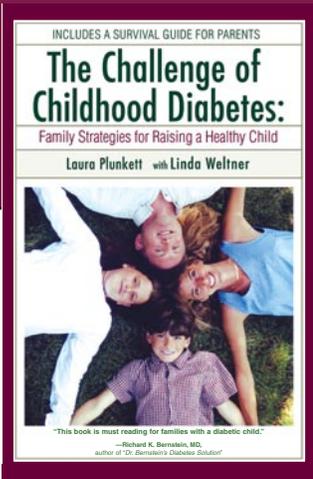
When seven-year-old Danny was diagnosed with juvenile diabetes, his mother, Laura Plunkett, a psychotherapist with a private practice in Marblehead, MA, desperately searched for ways to cope with his life-threatening disease. Struggling to manage her anxiety over wildly fluctuating blood sugar numbers, to transform her reluctant family's diet, and to educate friends and teachers, she eventually finds unique ways to help Danny attain excellent blood sugar control and a new and comfortable sense of normal.

To help others weather such shocking new circumstances, Laura and her extended family share their three-year journey from crisis to confidence with humor and warmth. An intimate look at issues of nutrition, exercise, sibling rivalry, medical care, and holistic medicine, *The Challenge of Childhood Diabetes* is the friend, coach, and consultant that the family of every newly-diagnosed child will turn to on a daily basis. Written with her mother, Linda Weltner, former "Ever So Humble" columnist for *The Boston Globe*, the book includes a Survival Guide for those seeking support and a new emotional perspective.

The Challenge of Childhood Diabetes is insightful and compassionate, filling the void between doctor's visits with the comforting voice of a loving and experienced caretaker. It's an invaluable resource for extended family, friends, teachers, neighbors, and medical professionals.

Visit www.challengeofdiabetes.com or call Vanessa Childs at 617.838.9456 for more information.

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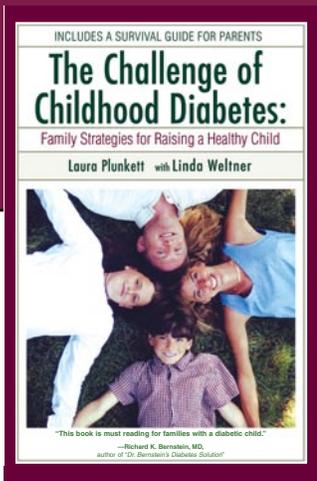


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The Challenge of Childhood Diabetes is designed to:

- Offer day-to-day and month-by-month support in order to lessen anxiety in parents of newly-diagnosed children
- Suggest a wholesome diet for the entire family
- Help parents bring their children's Hemoglobin A1c below 7.0, preventing long-term complications
- Foster a co-operative, supportive and loving family team approach
- Advocate for a more active lifestyle, with limited TV and computer use
- Advise parents to be proactive, creative, independent thinkers
- Enable parents to find an excellent medical support team
- Teach parents how to gain co-operation from children with diabetes
- Encourage parents to consider the benefits of alternative treatments
- Support the participation of fathers in their children's care
- Promote marital communication, harmony and closeness
- Facilitate intergenerational co-operation in the care of children with diabetes
- Raise medical awareness of the nutritional and psychological needs of parents of children with diabetes

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FOR IMMEDIATE RELEASE

Contact: Vanessa Childs
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www.challengeofdiabetes.com

“The Challenge of Childhood Diabetes: Family Strategies for Raising a Healthy Child” Chronicles a Successful, Unconventional, and Sound Approach to Juvenile Diabetes

Laura Plunkett provides original strategies for creating optimal health for children with Type 1 and Type 2 Diabetes.

MARBLEHEAD, MA (September 13, 2006) Recently published ***“The Challenge of Childhood Diabetes: Family Strategies for Raising a Healthy Child”***(www.challengeofdiabetes.com) chronicles how one mother’s unconventional, successful, and sound approach helped her child consistently achieve near-normal blood sugar levels, an accomplishment the magazine *Diabetes Positive* calls “something rare in pediatric endocrinology”.

Written by award-winning author, Linda Weltner, and Laura Plunkett, a psychotherapist, ***The Challenge of Childhood Diabetes*** is an invaluable resource for parents, extended family, friends, teachers, neighbors, medical professionals, and others who want to provide optimal care for children with Type 1 and Type 2 diabetes.

The American Diabetes Association recommends children’s HbA1c numbers stay under 7.0 to avoid long-term complications. The U.S. average for children with diabetes is 8.5. A recent study by the Yale Pediatric Diabetes Program proved that intensive therapy could reduce it to 7.6. ***Danny Plunkett has been between 6.2 and 6.8 for the past 2 years.*** Normal children are between 4.5 and 6.5.

The Challenge of Childhood Diabetes is a day-by-day and month-by-month chronicle designed to bring distraught families from crisis to confidence. This warm, humorous and poignant book presents not only a mother’s point of view but also the unique perspectives of three generations, providing original strategies for improving nutrition and making use of alternative treatments as well as dealing with sibling rivalry, non-cooperation, fathering, and exercise.

The Challenge of Childhood Diabetes is the friend, coach, and consultant that the family of every newly-diagnosed child will turn to on a daily basis.

Danny

When seven-year-old Danny was diagnosed with juvenile diabetes, his mother, Laura, desperately searched for ways to cope with his life-threatening disease. Struggling to manage her anxiety over wildly-fluctuating blood sugar numbers, to transform her reluctant family’s diet, and to educate friends and teachers, over time she found new and original ways to help Danny attain excellent blood sugar control and a new, comfortable sense of normal.

The Epidemic of Childhood Diabetes

“Diabetes is one of the biggest health catastrophes the world has ever seen,” said Dr. Martin Silink, president-elect of the International Diabetes Federation. Over the last two decades, the number of people with diabetes has climbed from 30 million to 230 million, claiming millions of lives. Each year in the U.S. more than 13,000 young people are diagnosed with type 1 diabetes. IDF’s 2003 report shows that 2% of the world’s children suffer from Type 1, with 65,000 newly diagnosed cases per year.

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Challenging the Paradigm and Winning

“Repeatedly, we struggled against the belief that limiting your child’s food choices can cause eating disorders,” says Plunkett. “All I know is that it hasn’t happened in our family. I have seen that our family’s present whole food diet has a huge effect on blood sugars and on our family’s feelings of well-being. Although the transition was tough, once we were all eating a more complex- and reduced-carbohydrate diet, we felt better. Both my children are maintaining healthy weights and seem to be relatively unconcerned about body image. The results for Danny are a stronger immune system, fewer mood swings, an enhanced sense of well-being, more energy, and smaller blood sugar fluctuations.”

The Challenge of Childhood Diabetes, published by Orion Star Press, is a 168-page paperback including A Survival Guide for Parents, an instant summary for those seeking immediate support and a head start on a new emotional perspective. *The Challenge of Childhood Diabetes* is available for \$15.95 through www.challengeofdiabetes.com, Amazon.com, Barnes & Noble.com, and selected bookstores.

About The Authors

Laura Plunkett has a BA in Psychology with Honors from Brown University and had a thriving therapeutic private practice for fourteen years with families, individuals and couples in Marblehead, MA. A member of the Juvenile Diabetes Research Foundation, her avocation since her son’s diagnosis has been doing research on nutrition and the latest developments in diabetes. Ms. Plunkett is also a public speaker on the topic of “Raising Wholesome Children in a Fast-Food World: A Framework for Creating Family Health.”

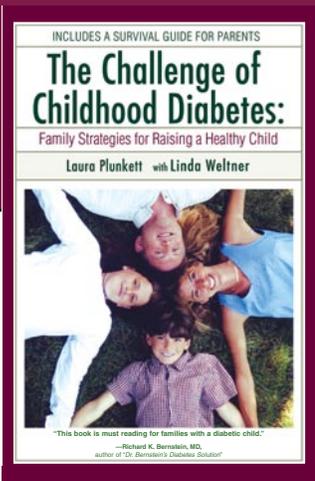
Linda Weltner, Laura’s mother, is a former *Boston Globe* columnist and the author of two young adult novels and two collections of her columns. She was awarded the Best Columnist Award by the New England Women’s Press Association. A popular public speaker, she received the Gold Award by the National Mature Media Awards.

Other contributors are attorney and father, **Brian Plunkett**, older sister, **Jessie Plunkett**, now 15, psychiatrist and grandfather, **Jack Weltner**, MD, and **Danny Plunkett** himself, now a healthy 12-year-old.

For a copy of the book and to download the press kit, please visit www.challengeofdiabetes.com. To schedule interviews with the authors or for additional information, contact Vanessa Childs at Vanessa@challengeofdiabetes.com or call 617-838-9456.

Special Note: *November is National Diabetes Month* and the authors are available for expert resource interviews, byline contributions, and excerpts from the book.

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AUTHORS



Laura Plunkett has a BA in Psychology with Honors from Brown University. She has been a head teacher in a preschool intervention program, a research assistant to Dr. Aaron Beck studying anxiety disorders and depression, and had a thriving therapeutic private practice for 14 years with families, individuals and couples. She is a workshop leader and public speaker who is comfortable with large audiences and often speaks together with her mother on issues of parenting. Her avocation during Danny's illness has been doing research on the latest developments in diabetes and nutrition and corresponding with researchers and specialists in many countries. She is a member of the Juvenile Diabetes Research Foundation.

Linda Weltner wrote the weekly column, "Ever So Humble," in the At Home section of The Boston Globe for nineteen years. Her column was syndicated in newspapers around the country by the New York Times Wire Service. She is the author of four books, two novels for young adults and two collections of her columns. She was awarded the Best Columnist Award by the New England Women's Press Association, and given the Gold Award from National Mature Media Awards 2000 for best feature in a magazine. As a public speaker, and a member of the New England Speakers Association, she has addressed over 300 audiences, including universities, women's organizations, library groups, writing conferences, church congregations, hospital auxiliaries and corporate convention audiences. She is the grandmother of a child with diabetes

CONTRIBUTORS

Jack Weltner, MD, is a Harvard-trained child psychiatrist, who is the Medical Director of Behavioral Health at the Lynn Community Health Center in Lynn, Massachusetts. He was one of five doctors chosen as finalists in the Kenneth Schwartz Compassionate Physician competition at Mass General Hospital. In 2001, he was given the Community Innovation Award by Family Therapy Networker Magazine. His essays have been published in a variety of psychiatric journals and books as well as Harvard Magazine. He is one of the founders of the Marblehead Community Counseling Center and has a private practice in Marblehead, MA. He is Danny's grandfather.

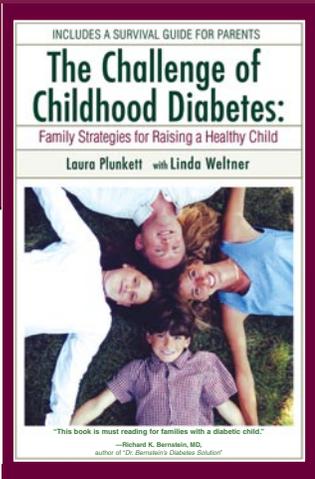
Brian Plunkett has an undergraduate degree in political science from Brown University and a law degree from the University of Pennsylvania. He is a partner in the Boston law firm of Bartlett, Hackett, Feinberg, P.C. He has a third degree black belt in small circle jujitsu and is Danny's father.

Jessie Plunkett was 10 when her brother Danny was diagnosed with juvenile diabetes and is currently 15. She is an accomplished public speaker in her own right and is his best babysitter.

Danny Plunkett, 12, diagnosed at age 7, is the one whom all the fuss is about.



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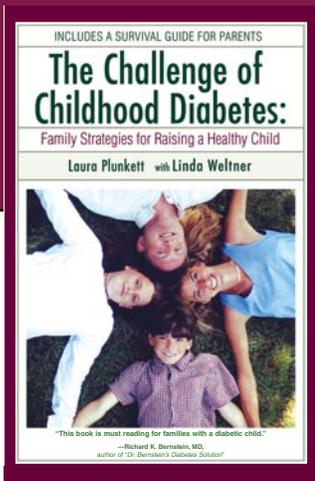
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Diabetes is an Epidemic

November is National Diabetes Month

- Diabetes is a chronic, debilitating disease affecting every organ
- In the last two decades, the number of people around the world suffering from diabetes has skyrocketed from 30 million to 230 million. (International Diabetes Federation)
- “Diabetes is the worst health catastrophe the world has ever seen.” Dr. Martin Silink, director of International Diabetes Federation
- In the U.S. approximately 176,500 people aged 20 years or younger have diabetes.
- Type 1: 13,000 children will be diagnosed in the U.S. in 2007 (Juvenile Diabetes Research Foundation)
 - Type 1 is an autoimmune disease where a person’s pancreas stops producing insulin, a hormone that enables people to get energy from food. Diabetics must take multiple injections of insulin daily or continuous infusion of insulin through a pump in order to survive.
- Type 2: affects 21 million Americans and prevalence is increasing at the rate of 8 percent per year.
 - Type 2 is a metabolic disorder where a person’s body still produces insulin but is unable to use it effectively.

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Reviews

“An extremely moving, personal and amazing journey told in a clear, honest and inspiring manner. This book will definitely help not only patients, their family members and friends, but also health care professionals.”

Eric S. Freedland, M.D.

Diabetes researcher and columnist, diabetesincontrol.com

“As a diabetes nurse educator, it has been a pleasure for me to work with and get to know the Plunkett family. In this book, they honestly and openly share their journey through the first few years of life with diabetes. They beautifully illustrate that when a child has diabetes, it affects everyone in the family, not just the child. When I see newly diagnosed families for their first outpatient visit, often they are doing quite well with the tasks of diabetes—the injections, the blood sugar checks, the meal planning, but the largest challenge that they are facing is the emotional one. This book addresses the effects of chronic illness on the whole family, and it will help others realize they are not alone in their feelings.”

Kristen Rice, R.N., B.S.N., C.D.E.

Diabetes Nurse Educator

Children's Hospital Boston

“The book was wonderful! The story illustrates how daunting, but also crucial, dietary changes can be.”

Jan Hangen, M.S., R.D., L.D.N.

Clinical Nutrition Specialist

Children's Hospital Boston

“Laura, I found this book compelling. I couldn't put it down and read it in one sitting. Even though our boys are good friends and we are neighbors, I had no idea what you as a family were going through. I was aware that Danny's diabetes was challenging, but your book showed me in detail what it takes to raise your son. Now I know. Thank you.”

Larry Reece, Esq.

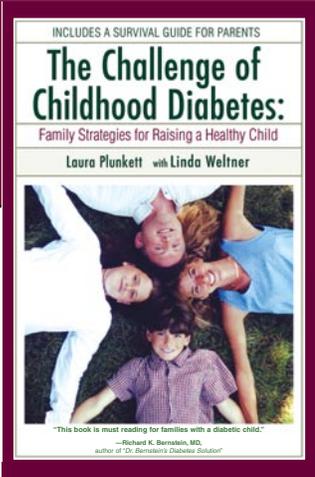
Friend and neighbor

“*The Challenge of Childhood Diabetes* demonstrates that a family's love and determination to think and act holistically pays off. Laura Plunkett has touchingly described the heart connection of a family that endures and grows through the challenge of diabetes. No one is beyond the scope of its message. I heartily recommend it.”

Ra'ufa Clark, L. Ac., Dipl. Ac.

Licensed Acupuncturist, National Board Certified

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Introduction

Typical Day Food Log

When our seven-year-old son, Danny, developed juvenile diabetes, the diagnosis came as a severe shock. One day my husband and I had two active, healthy children; the next, we were faced with the fact that our youngest child had a chronic and life-threatening illness. We were stunned by the enormous impact that diabetes had upon our family. I had an especially difficult time because I felt both very responsible and completely unprepared.

I cried in the supermarket during my first post-diagnosis shopping trip. Breakfast, lunch, and dinner were filled with stress. I wondered how other parents dealt with their confusion and fear, food issues, holidays, and parties. I questioned how others coped with the strain of learning how to make medical decisions, give shots, and do blood tests. I wanted to know how the diagnosed child and his or her siblings felt and how their feelings changed over time. I wanted to be reassured that we would somehow survive the pressure the illness placed on our family and specifically my relationship with my husband.

In those first months, I read every book I could lay my hands on, but I could not find one that described a family's long-term adjustment. I found many how-to books that gave valuable, practical advice, none of which spoke to the ache in my heart or showed how a family could recover its sense of stability, comfort, and hope for the future.

In addition, I looked for information about extending Danny's honeymoon period. After he began getting insulin, his pancreas started producing more insulin on its own. From the moment he needed less insulin, I wanted to extend that stage as long as possible. Although prolonging the honeymoon is an extremely important goal in diabetes research now, at the time no one thought it of any consequence. It seemed to me that helping Danny make as much of his own insulin for as long as he could was far better than injecting a foreign substance, but I could not find any clinicians who had ever tried it.

Since then we have found our own way. Through trial and error, our family made sense of overwhelming and often conflicting advice about nutrition. We developed a kid-friendly whole-foods diet that keeps Danny's blood sugar levels from spiking or dropping too quickly and keeps all of us healthy, energized, and at an optimum weight. We found many ways to enjoy exercising with Danny, which helps keep his numbers low. We also incorporated complementary medicines such as acupuncture and acupressure as a way to support Danny's endocrine system, with very beneficial results. We kept searching until we found a medical team that fit our family and, ultimately, helped us make the transition from injections to the insulin pump.

Making decisions based on what fit our family has paid off. Danny's honeymoon lasted almost two years, and his insulin needs continue to be lower than normal for his age and weight. While the average child with juvenile diabetes has a Hemoglobin A1c number (representing the average of blood sugar levels of the previous three months) of 8.5, and one-third of American children are above

9.5, in the past nine months, Danny's numbers have been 6.2 and 6.3. This is important because the American Diabetes Association and the American Academy of Endocrinologists recommend staying under 7.0 and 6.5, respectively, to avoid or minimize long-term complications.

Danny is now stronger physically, at an ideal weight, more consistently rested, healthier, more resistant to colds and flu (this winter none of us were sick at all), and more vibrantly alive than he has ever been, but I still wish I'd been able to find diabetes books that talked about creating overall health. I was looking for support in treating the whole child, not just the disease. A challenge like diabetes should invite you to try to improve your child's life in *every* way. During the last two years, as I improvised ways to help him, I often struggled with the doubting voice in my head because I did not have any role models.

Three years ago, as we struggled with uncontrollable blood sugar levels, lack of sleep, and the sudden onslaught of so many new demands, everyone seemed to have a horror story about seizures, comas, or the long-term complications associated with diabetes. I had many fears for Danny and for our ten-year-old daughter, Jessie. I was afraid that the focus we put on Danny would make Jessie feel neglected or drive her away. Would this disease tear our family apart?

In hindsight, I can see that by "circling the wagons," by letting diabetes take center stage in the beginning, we slowly and deliberately developed a new way of being. By curtailing our outside interests and focusing so much attention on mastering Danny's care, meeting Jessie's needs, and strengthening our marriage, we created a safe "home base" where we slowly developed a new definition of a "normal" life.

At this point, Danny takes part in sports, goes on sleepovers, and is happy and successful at school. Despite my worst fears, he has never gone into a coma or awakened throwing up. He doesn't seem sorry for himself, nor is he self-destructive, passive-aggressive, teased, or excluded from activities by other children. Although initially an incredibly picky eater whose main diet consisted of pasta, white bread, juice, and desserts, he now enjoys a wider range of the healthy foods that make up our relatively low-carbohydrate diet. Whatever his teen years bring, we are grateful for today's smooth sailing.

We are also aware that diabetes comes with its own gifts, though I could never have imagined myself saying that when Danny was first diagnosed. Jessie, at age fourteen, has become Danny's best babysitter. Because of our new diet and a greater emphasis on exercise, she is healthier and thinner than she was before. Although she has had to mature quickly, learning to be a team player has held her in good stead at home and at school. She does not seem to have suffered from the event that divided our life into before and after. My husband and I have learned to rely upon each other in ways we had never done before, and we are grateful for good times with an intensity we would never have felt if we weren't facing this challenge together.

Obviously, at the beginning, I knew none of this. Overwhelmed and anxious all the time, I needed an outlet for my emotions, a way to reflect upon my experiences and the tremendous amount of information I was absorbing. Luckily, my parents live around the corner, and at random times I found myself sharing what was happening with my mother, who is a writer. Over the next two years, I described the rewarding and heart-breaking moments of Danny's illness, without self-consciousness or censorship. My mother listened and typed while I thought things through aloud. It took two years before our family reached a point where I felt we had constructed a way of life that felt not only manageable but also hopeful and happy.

At that point, we were surprised to find we had 250 pages describing our journey from a family mired in shock and apprehension to our current state—stable, confident, and conscious of our many blessings. I became convinced that others just entering this frightening world, could benefit from our story. I wanted to share what we had finally distilled from our experience, to describe our accomplishments and our blunders so that the learning curve for others would be easier than the one we faced. In an effort to include more perspectives, my mother, Linda, added her own entries and interviewed my husband, Brian, my son, Danny, my daughter, Jessie, and my father, Jack.

This book offers no easy answers. Instead, it reveals the slow maturing of a family struggling to maintain a balance between caring and overprotection, between self-discipline and self-indulgence, and between being loving parents and loving partners. Everyone feels discouraged or unsuccessful, resentful or overwhelmed in the beginning. We believe that validation—knowing that another family has successfully coped with impersonal doctors and sudden fevers, with Halloween and birthday parties, with sibling jealousy and the sudden loss of every carefree moment—makes the process of healing easier.

The story of our life with Danny is not meant to be a definition of the “right way” to achieve this. All we hope to do is show you our way and encourage you to find yours. Although we have created a summary of all the lessons we learned in the section titled “A Survival Guide for Parents,” we have found, over time, that in the moments when we paused and looked closely at what was happening, when we listened to what *we* thought and what *we* wanted, we found important answers and got the best results.

When you become pregnant, people can tell you what it is like to give birth, but no one can prepare you. Your old life dissolves, and you are forced by love and circumstance to step up to the plate and be a parent. In the same way, when your child gets diabetes, no matter how much you read about it, you will be taken aback by the reality. Your old life dissolves, and this time, as the parent of a child with diabetes, routines and family patterns need to be formed all over again. Without having a choice, you become someone who thinks about ketones and blood sugar levels, someone who lives in a constant state of vigilance, and someone who bears the daily responsibility for a child’s life or death.

Parents of children with diabetes long to take this new unsettled life and right themselves again. We all want to reach that place where a child’s diabetes is no longer such a huge blow to our equilibrium. We want to be comfortable with a new definition of normal. Though it is hard to imagine incorporating diabetes into your lifestyle so deeply that it becomes an integral part of who you are as a family, that is what happens over time.

It is important, however, not to underestimate how stressful the adjustment can be. I had an involved, supportive husband, a loving extended family, comprehensive health insurance, and enough money to take a prolonged leave of absence from work after Danny was diagnosed, and yet I still had feelings I hope I never feel again.

A recent study on posttraumatic stress disorder (PTSD) in parents of children with newly diagnosed Type 1 diabetes found that 24 percent of the mothers and 22 percent of the fathers met full diagnostic criteria for posttraumatic stress disorder. In addition, in the first year after diagnosis, mothers of newly diagnosed children become clinically depressed two to three times more often than other mothers.

Unfortunately, few people realize how much parents need support. One of the most isolating aspects of having a child with diabetes is that friends and relatives often fail to comprehend the enormous demands diabetes makes upon a family and assume that everything has returned to normal within two or three months. Since children with diabetes do not look ill, it is easy for others to forget the very thing that consumes a parent’s life. When friends read early copies of my manuscript, they immediately responded with greater sympathy and understanding. I no longer felt excluded from the community of the healthy by their incomprehension. Perhaps by sharing this book and your own experiences with others, you will be able to bridge the gap between your life and theirs.

Many of your reactions will not be the same as mine, but if you feel as if you will never reach solid ground, please know that you are not alone. You will regain your sense of balance as time passes. Although some families may recover sooner than we did, even slow learners discover unknown strengths.

In any moment when accepting this illness seems beyond your reach, you can also take a vacation from the “facts” and simply watch your child. Whether he is reading a book or she is tying her shoes, our children are extraordinary, whole and alive. We have them now, and in every moment when the details and distractions can be set aside, it is enough.

Dietary Changes Equal Success!

Studies have found that improved glycemic control benefits people with both type 1 or type 2 diabetes. Every percentage point drop in A1C blood test results (e.g., from 8 to 7 percent) reduces the risk of micro vascular complications (eye, kidney, and nerve disease) by 40 percent.

Typical Day Food Log after Diagnosis (Jan. 02)

Day	Breakfast	Snack	Lunch	2:30 Snack	4:00 Snack	Dinner	PM Snack
Carbs /meal total/day 335-350	75	30	60	20	40	80	30-45 depending on blood sugar #
Thursday	large bagel with butter 1 c. protein shake	1/2 5" cantaloupe 1 cup milk	German pancake roasted almonds applesauce milk	pineapple sugar-free Jell-O water	milk roasted almonds	1 chicken breast 1 & 1/2 cups noodles with butter	popcorn 8 pretzels milk

Danny's Hemoglobin A1c was 8.0

Typical Day Food Log Two Years after Diagnosis (Jan. 04)

Day	Breakfast	AM Snack	Lunch	2:30 Snack	4:00 Snack	Dinner	PM Snack
Carbs /meal 165-200	40-50	30	40	15	30	10-20	0-15 depending on blood sugar #
Monday	plain yogurt frozen blueberries homemade granola cut-up cantaloupe	almonds natural applesauce	peanut butter & jelly sandwich on oat-bran bread popcorn	orange slices cheese stick	snack plate of celery & peanut butter, cucumber, carrots, & apples	meatballs with sauce broccoli salad	blueberries & whipped cream

Danny's Hemoglobin A1c was 6.8

Typical Day Food Log Three Years after Diagnosis (Jan. 05)

Day	Breakfast	AM Snack	Lunch	2:30 Snack	4:00 Snack	Dinner	PM Snack
Carbs /meal total/day 140-220	30-40	20-35	25-45	20-25	20-30	25-35	0-10 depending on blood sugar #
Thursday	plain yogurt with blueberries, homemade granola, & maple syrup	apple almond cookies	school salad bar with fruit salad glass of milk	energy bar with almonds, pecans, dates, cinnamon, cloves	lemonade (lemon juice, Stevia, water) cut veggies with hummus	roast chicken with broccoli & salad	banana slices with almond butter

Danny's Hemoglobin A1c was 6.2

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