

Is This Type of Medical Practice for You?

Dr.Kings Office

Pediatrician involvement in the emotional problems of children

Pediatricians have understandable reservations about involving themselves in evaluating the emotional problems of children. You wonder if you will be able to find the time to do it, if you will be reimbursed for the time spent, how you will do it (most of us were never trained to do this), and you may be skeptical that parents can be motivated to work on these issues.

What is the most important question?

```
window.google_render_ad();
```

Those issues above should be addressed. But are they the most crucial? For me, the most important question is, "Do we believe we can change behavior by empathic listening?"

If you believe you can, you may be halfway home in helping children and their families understand emotional problems. The rest is a matter of practice.

What do you do when you don't believe you can change behavior?

window.google_render_ad();

But suppose you don't believe you can change behavior by empathic listening?

One possibility is to ask yourself why you may have felt that way up to now.

Perhaps you once tried to get help for yourself by talking with an empathic listener and it wasn't successful. Perhaps someone you know once tried to get help for his or her worries and was unsuccessful. Did you conclude that the process was a waste of time? You might consider the possibility that the process just wasn't handled in the right way.

Perhaps you make intellectual observations that seem to validate your skepticism. What do I mean by this? It is the sort of observation that some parents make either about their child or even about their spouse: "He is just that way ... He was born that way ... He's just like his father ... or my brother ... he'll never change!" I am referring to the conviction of some parents, possibly even yourself, that some people have inherited a personality that is resistant to change, so "why even try?"

What do you do if you don't believe you can change behavior and there is a parent in your office who is concerned about her child? She might be saying, "He's out of control!" "He never sleeps through the night!" "He has these fears!" "He just won't give up the bottle!" "What do I do about those tantrums?"

"He'll outgrow it!"

window.google_render_ad();

Perhaps you have answered, "He'll outgrow it!" How do you know that? "Experience. I just know it." Probably, you would be right. Most of the time the child will outgrow it. But is it possible that that complaint could be the first step in a pathological process? How can you come to that conclusion if you don't have a way to evaluate the complaint rather than just trust your

intuition?

Suppose a parent comes into our office and says, "My child is tired all the time." You might ask her how long it has been going on and she replies, "For weeks!" Even if you find nothing on physical exam, you might consider the possibility of checking a blood count. Sometimes you might think it a waste of time but, at least in some cases, wouldn't that be a good beginning?

A parent's concern about a child's emotional problem deserves further inquiry as it does about a physical problem. Rather than advise, "He'll outgrow it," you may want to consider the possibility that he might not, just like the child who is "tired all the time."

"A Chorus Line" and listening to the family story

Then what do you do? It may be useful to recall the play "A Chorus Line" to help us remember the importance of individualizing the behavioral issues that parents report to us about their children. I may use the theme of that play with parents when they ask me whether they should take a problem seriously. If you recall the story, you will remember those wonderful dancers: they looked alike, they danced in perfect rhythm together. But the body of the play involved interviewing eight dancers, men and women. Even though at the end they all looked alike, each of them had a different story to tell. Most of them ended up fine, but two did not.

How do you decide who will not simply end up fine? You may be able to by listening to the family story.

I would suggest that that is how to go about assessing whether the parent should be concerned. Even if you don't choose to explore further, think about referring the parent to a professional who will take on that responsibility, rather than suggest to the parent that "He'll outgrow it." Again, how do you know unless, like the actor-producer in "A Chorus Line," you take the time to ask and then listen to their story?

Opening questions

Examples of quick questions you might ask as the parent has one foot out the door, or when your secretary calls on the intercom to say "You're running behind," include:

What are your worst fears? (about this situation) or

Whom does he remind you of?

Even if you don't have the time to digest the answer, it may start the parent reflecting about the problem. The next time you see her, she may have begun to think about it more deeply and may be willing to engage you about her concerns. Even with limited office time it is possible to open a conversation that can eventually lead to a clearer understanding of the child's problems for both parent and physician.

This is the "pediatric advantage;" you see families over and over again. In the process of catching a few minutes with them now and then, you can gradually introduce the idea of setting aside time to talk about long-standing problems.