

Don't You Need Special Training for Psychosocial Pediatrics?

The answer is "No!"

The best kept secret about doing this work is that it takes almost nothing more than just sitting and listening. If you can listen attentively to "the family story," and regard the parent as the essential teacher, the environment is set up to help you acquire these psychosocial skills over time.

While reading and going to lectures can be helpful, the real teacher in psychosocial pediatrics is the parent. I have been impressed, over and over again, how often listening to and understanding the parent's experience reveals for me the basic lessons in becoming aware of a problem, understanding what it is about, assessing its severity, and contemplating resolution.

Our task is to set the stage and then, respecting who the parents are, allow them to tell their story. The key is to view parents as our teachers. If we create the right environment and sit back and listen, parents can often help us understand what the problem is, how it came to pass, why this particular problem, and how we can help the child and the parent begin to gain mastery of the situation.

Are there certain prerequisites that give us a running start?

One prerequisite is our professional motivation. Do we want to do this kind of work? Are we able to see the child as who we, or our siblings, once were, wishing that someone had cared about what we were going through, what we were worried about, what we were feeling? Can we see the parent as who we were as a parent, wishing that someone had reached out to us to help us discover that we could learn to be competent, and had offered to rescue us from our own anxieties about being a good parent?

Or, consider our own parents. What would have happened if someone had reached out to them when we were growing up -- not only for our own sake, but also for our siblings and, especially, for our parents themselves?

When I listen to parents, I do so attentively. If I listen closely, the problem unfolds and, repeatedly, family after family seem to validate the lessons of how to listen and how

to intervene.

Another prerequisite is empathy. Those parents could be us or our own parents. No longer is it just what we say or recommend, but how we value the opportunity to be involved in this discussion. Investing the parent with the respect that one would reserve for a valued teacher, combined with empathy, is empowering almost regardless of what we say. Perhaps for the first time in their lives, at least as parents, someone is saying to them, "I am interested in how you are feeling" and "It would be a privilege to see if I could help you understand how to solve this problem."

If we help parents feel so engaged, then they, in turn, may be able to replicate that experience with other members of their family, be it their spouse, their child, or perhaps their own parents. In order to do so, their own batteries can be charged up by the pediatrician-parent relationship.

An additional prerequisite is respect for ourselves in our professional role. I call this "the pediatric advantage." We bring to the table certain unique strengths just as the parent and the child have unique strengths waiting to be discovered in the context of the meeting.

Our motivation, empathy and self-respect can enable us to practice pediatric medicine and family care in effective ways with the highest standards for quality of care.