

A Message to the Reader

Whom do you trust on the Web?

Those who pause at this web site should bring a skeptical attitude along with their good intuition. When you reflect on what is written here, trust your instincts and ask, "Does this make sense?"

Encouraging the spirit of cautious but interested inquiry, it seems fair to inform you about my background and the interests that led me to create this web site.

My journey to psychosocial pediatrics

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After completing a pediatric residency and military service, I was awarded a one-year NIMH fellowship in child psychiatry, which, at the time, was available to interested pediatricians. Some years later, I received an MPH at the Harvard School of Public Health, where I focused on issues of community psychiatry and nurturing change. I later received a certificate for a one-year training program in "alcohol studies" at Boston University School of Social Work. That experience helped me understand how growing up in troubled families might affect the competence of the future parent, and how a pediatrician might be able to modify the impact of such a history on the children of such parents.

I incorporated the insights derived from these training experiences, not to do child psychiatry but to make use of them in a general pediatric practice. The question I was left with was, "Would I (and my colleagues) be able to recognize emotional problems in children and families earlier than customary and, perhaps, accomplish more in the area of prevention?"

I participated in the Bright Futures program, a study conducted by the Children's Bureau and the Health Care Finance Administration (HICFA), to examine how the role of pediatricians could include psychosocial issues. In that study, I suggested that one could do more in the area of psychosocial pediatrics while still involved in a general pediatric practice.

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Over the years, I have urged managed care

organizations to consider psychosocial issues as an important preventive component of their health plans. I won their support for reimbursing pediatricians when they encourage parents to return for an extra visit to better understand psychosocial issues when they affect their children.

In my practice, I encourage the parent to be the family "story teller," also focusing on the role of family secrets which often pass from one generation to another and can influence parenting styles. By encouraging parents to talk about these issues when they are ready, a pediatrician may be able to favorably affect the emotional development of children and may possibly reduce their future vulnerability to addictive behavior.

I have written pamphlets for parents, with the goal of increasing their decision-making capacity in regard to health issues for their children. More recently, I coauthored with Melinda Strauss (the web editor for this site) a guidebook, Routine Screening for Domestic Violence in Pediatric Practice. We hope the guidebook will reassure pediatricians that they can detect this widespread public health problem and deal with it more effectively in their everyday practice.

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The recurring themes of my professional life have been to help, to teach, and to learn. In addition to recognizing that parents and children are my principal teachers, I have one other valuable resource, my own family. I am married, with two married children and four grandchildren. They, in addition to my wife, a clinical social worker who leads bereavement groups in our community hospital, stimulate and inspire me, as a spouse and parent, to become more competent each day.

I am engaged in full-time, solo pediatric practice. Over time, I have learned to modify the traditional doctor-patient relationship whereby the process of helping parents and children has helped me become a better psychosocial pediatrician. I hope to share these accumulated insights with colleagues so that they, too, may feel equally gratified.

Listening for the story: the patient as teacher

As a student at Boston University School of Medicine, I took a summer externship at Bart's Hospital in London, England.

I was assigned to the hospital's medical ward. Dr. Eric Scowen, a distinguished but somewhat intimidating physician, was in charge. By the end of my stay, he had evolved into a memorable figure, like someone out of a Dickens novel.

After I had been there for a short time, he said, "King, do you see that man at the end of the third row? His name is William R. He has a crippling condition of the spine. It is so curved and afflicted with arthritis he is virtually unable to walk. I want you to learn everything you can about this man and his condition and at the end of the summer, you are to tell us his story and how he learned to cope with his illness."

At that time, I intended to become a pediatrician. What was I doing in this hospital, learning about a middle-aged man with an adult disorder? What would be the usefulness of this experience for me? But this was my assignment. Besides learning about a severe form of arthritis, I found that William taught me something equally important. As I sat by his bedside, he talked about his life, starting from his teenage years to how he ended up at this hospital. I had begun to learn how to listen to patients' stories.

By the end of my stay, it seemed as if there was no other patient on that floor, just "Bill." In Bill's presence, I presented his story and that of his illness to my professor and his colleagues. At that time, there was little in the form of treatment for his condition. But, as Bill listened to my presentation, did he know he had become a great teacher to the student who was attempting to recall the intimate details of his very singular life?

The model of Bill as "teacher" has remained with me since that time, many years ago.

The reader as teacher

This web site represents my most recent effort in writing for parents who might be interested in some helpful thoughts about the mental health issues of children. It is also meant to reach out to colleagues in order to enhance their own comfort and insight about such matters.

My interest in the emotional health of children and families should not persuade the reader that the opinions so expressed represent the only way of looking at things. Readers, be they parents or physicians, will decide if what is written here makes sense to them based on their own critical thinking as well as their life experience.

This venture has at least two unique features. Because it is on the web, it is an opportunity to write in a way that invites revision and rethinking as new material is forthcoming. More importantly, it invites readers to consider these ideas and express, interactively, their responses based on application of these ideas as well as to share their own experiences.

It would satisfy me greatly if the authorship of this web site includes not just myself but also its readers, who challenge me at the same time they allow me to encourage them to rethink what we do, as parents and doctors. Please do not hesitate

to open a dialogue with me by sending a message of any length, in Comments. I will make every effort to respond.