PEDS REFLECTION SESSION 4/5/22

SINA SOLTANZADEH, AUSTIN DAVIS

I learned about KiPOW through other Peds sessions, and it sound like a really great program. Its goals of healthy eating, physical fitness, and decreasing childhood obesity in economically disadvantaged kids are obviously very important. What seems especially effective is the mentoring program that gives kids individual support and encouragement; and that it targets not only kids but parents as well.

I appreciated your observation that kids are "like little sponges" and can really absorb a lot. As you pointed out, not only can they take in information, but they can be enthusiastic dispensers as well, educating sibs and parents. Of course, placing kids in an teaching role is a great way of cementing their learning.

I loved your comments about the differences between encountering kids inside and outside the clinic. The more we can make the clinic seem less like a clinic, I think the happier, more relaxed, and more trusting kids will be, even when they have to be patients. Best, Dr. Shapiro

ERIC HAN, LILLY HUI

Eric and Lily, you chose an important topic, and approached it with creativity, directness, and originality. Safe sex remains a subject that is still likely to elicit smirks and blushes from adolescents, even as mostly they also want to know more. Your pamphlet was thorough and comprehensive, well-organized and accessible. I especially liked the section on steps after unprotected sex. This situation is likely to evoke shame and avoidance, with a predictable narrowing of options as time passes without action.

Throughout the materials you prepared, you provided a useful level of detail so that curious or scared teens would have a concrete sense of how to practice safe sex rather than trying to apply general impressions to real life. Your model of a two visit approach (one to receive the pamphlet and a follow-up to discuss) I thought would be particularly effective. Most educational pamphlets should be regarded as a starting point for conversation, not an end in themselves. Even well-prepared educational materials will generate questions, and without timely opportunity for clarification, much of the utility of these informational pamphlets is lost.

Thanks for a very well-designed and well-executed project! Dr. Shapiro

SHAILI PATEL

Shaili, I found your Peds project to be especially creative and empathic. As you highlighted, there is a real mental crisis facing today's adolescents and young adults. As you also commented, for many reasons including lack of resources, insufficient providers (especially for Black and brown patients), and stigma, result in significant limitations in obtaining adequate care. A free or inexpensive resource, such as the self-love journals you described, could help fill that gap. Increasing self-love and self-compassion is hard to quarrel with, and the exercises you shared seemed age-appropriate and enjoyable. Both children and their parents could benefit from completing and sharing these journals.

Of course, as we discussed, journals themselves might not fully address the very significant psychological issues that are troubling many of today's teens. Importantly, however, as you astutely

observed, such journals could destigmatize an demedicalize mental health concerns. Thus, their use could open the door toward a more honest discussion (with parents/counselors/pediatricians/child psychiatrists) of thoughts and feelings previously judged as shameful.

It was wonderful to hear that the self-love journals were already available in Peds clinic. I hope you are able to get feedback about their use; and consider doing a more systematic study to assess their efficacy.

Thanks for sharing such an interesting and valuable project. Best, Dr. Shapiro

<u>TED NGUYEN, MINNAH ANH, VIHAR NAIK, JUSTIN SO, VICTOR LEE</u>

Dear Team Pediatric Mental Health, great group effort! The two cases you presented were quite interesting and thought-provoking. In the first, a presenting problem of abdominal pain that was first evaluated as possibly functional was discovered to have deeper psychological roots when a thorough HEADSS exam revealed a significantly troubled teen struggling with severe death anxiety.

Minnah, your reflection on this patient and his situation made several excellent points: 1) how easy it is to miss serious psychological distress in children and adolescents 2) how difficult it is to assess childhood psychological stress when even terms such as "anxiety" can lead to confusion and incomprehension and 3) how to present a child's serious mental health condition to parents without judgment or blame but without avoiding the severity of the problem. All these points can lead to more nuance and care in addressing pediatric mental health issues.

The second case focused on a near-miss. An apparently unremarkable encounter with a 12 year old patient is suddenly upended when the father reveals a significantly more worrisome situation than previously suspected. This was a more distressing situation than the first because, had it not been for the father's sudden arrival, the patient's diagnosis might have gone undetected. I was especially struck by the observation that you sometimes felt you were "managing the parent rather than treating the patient." Of course, it should not be one or the other, but many pediatricians would agree that successful intervention with the child is often dependent on addressing the concerns and anxieties of the parents.

As we discussed in class, one way to "normalize" and defuse mental health struggles is through personal disclosure. Of course, the primary focus should always remain on the patient. But a simple acknowledgment, such as Minnah modeled so well, that "I sometimes have trouble expressing my own feelings" or even "I've seen a counselor who's helped me through some hard times" can reduce the at times seemingly unbridgeable gulf between doctor and patient and make the physician seem more human. However, there is no infallible way of guaranteeing that a patient will disclose the information you need to adequately care for them. All you can do, as you did Victor, is try to establish a safe, nonjudgmental environment in which the patient trusts they will be seen and heard.

Your case presentations, reflections, and presentation about a more accessible and straightforward pediatric depression assessment scale all demonstrated your group's sincere concern for the wellbeing of pediatric patients. Thank you for your empathic, caring work. Best, Dr. Shapiro