

# Teachable Moments With the Patient's Parents

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Contributing Writer

SAN DIEGO — The physical exam and the behavior of both child and parent during an office visit provide good opportunities for pediatricians to teach parents about child development and to help them improve their child-rearing skills, Dr. Barry Zuckerman said at a meeting sponsored by the Los Angeles Pediatric Society.

Parents' understanding of their own childhood and behavior can be a key factor in these "teachable moments" because such understanding promotes a healthier relationship between parent and child, said Dr. Zuckerman, chief of pediatrics at Boston University.

"The most obvious teachable moment is when the parent comes in and has a question," Dr. Zuckerman said. But pediatricians can also create such moments. For example, pediatricians can narrate the goals and findings of the child's physical exam.

During office visits, Dr. Zuckerman also watches for parental behavior that might

signal a deeper problem. Ignoring the child who is being disruptive or out of control might mean the mother is preoccupied with her job or marriage or is suffering from depression. Pediatricians can model setting limits for the child and try to help the mother understand why she isn't setting limits herself. (See box.)

A mother who intrudes considerably on her child's behavior may be overly anxious and impair the child's need to explore and learn from his environment. The mother

may benefit from increased self-understanding of her inability to be comfortable exercising some self-control.

How a parent and child interact during an office visit also reveals important information, Dr. Zuckerman said. In a healthy relationship between a mother and 3-month-old, for example, both are completely engaged, entertaining, able to read social cues correctly, and strongly focused on each other—like Fred Astaire and Ginger Rogers, he said. The baby watch-

es his mother, vocalizes, and waits his turn to contribute to the exchange.

This kind of positive give-and-take may be missing in an unhealthy relationship.

Dr. Zuckerman cited two worrisome behaviors he has seen in about 5% of parents of 1- to 3-year-olds: not setting any limits (letting the child rifle through everything in the pediatrician's office) or setting limits that are too extreme (constantly fussing over the child and pulling him back, discouraging exploration).

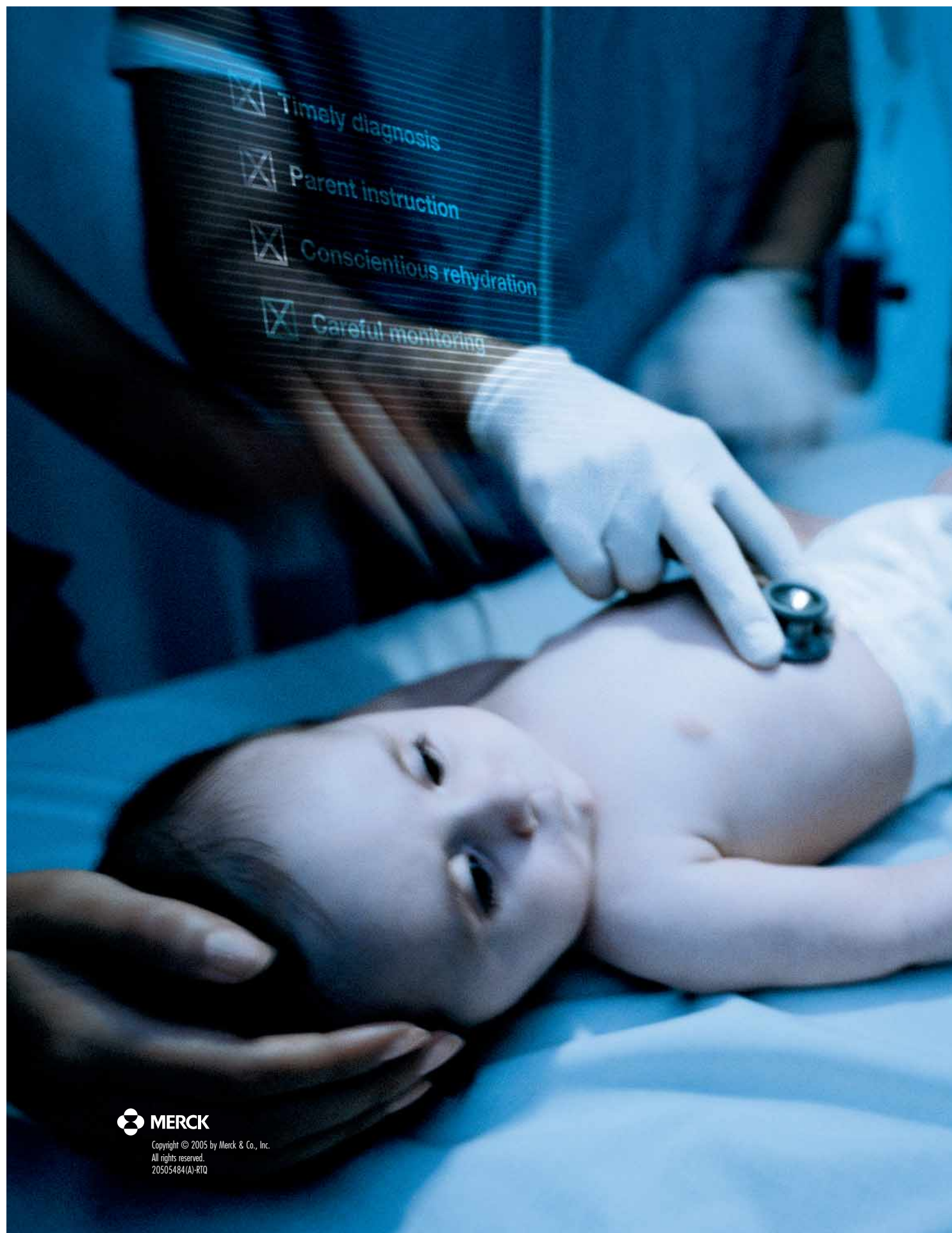
## Questions to Aid Self-Knowledge

By asking important questions at critical times, pediatricians can foster self-understanding in parents, Dr. Zuckerman said.

This gives parents insight that, as they raise their children, makes them much less likely to repeat "maladaptive patterns" they learned in their own childhoods, he said.

Here are some questions physicians can consider with parents to promote self-understanding. These questions need not be asked at any one visit, but rather, over many visits:

- ▶ What was your parents' philosophy about raising children, and what did you like and dislike about it?
- ▶ How did you get along with your parents?
- ▶ How did your relationship with your mother differ from your relationship with your father? How were they similar? Give three words that describe those relationships.
- ▶ How did your parents discipline you as a child? What impact did this have on you, and how does it affect your role as a parent now?
- ▶ Did you ever feel rejected or threatened by your parents?
- ▶ If there were overwhelming or traumatizing experiences in your childhood or later, do they still influence your life?
- ▶ Did anyone significant die during your childhood or later in life? If so, how does that loss affect you now?
- ▶ How did your parents communicate with you when you were happy/excited or unhappy/distressed?
- ▶ How has your childhood shaped the ways in which you relate to your children?



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20505484(A)-RTQ

Behaviors like these during an office visit provide immediate teaching opportunities, he said. With feedback from the pediatrician, the parent can acknowledge her own behavior and learn how to correct it.

Teachable moments require a certain finesse on the pediatrician's part, according to Dr. Zuckerman. It's important to engage the parent—perhaps through humor or by enlisting the parent's help in getting to the root of a problem—and to provide positive feedback rather than blame or putting the parent on the defensive.

Indeed, thorough assessment of the child may reveal a neurologic deficit for which no one is to blame, he said. ■

## Asthma Patients' Caregivers Crave Info

BY JOYCE FRIEDEN

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WASHINGTON — Caregivers of inner-city children with asthma want better information about managing the side effects of asthma medications and practical ways to reduce asthma triggers, Beverley Russell, Ph.D., said at a meeting sponsored by the Office of Minority Health and the Department of Health and Human Services.

Dr. Russell, who is director of health professions education at the Center for Community Health Education, Research and Service in Boston, conducted four focus groups, each with 12 participants.

One group included caregivers of children with asthma, another included caregivers of children without asthma, another included physicians, and another included allied health professionals.

"In 2003, the asthma hospitalization rates for Latino and black children in Boston were five times that for whites and three times that for Asians," said Dr. Russell.

"Our project wanted to know what experience folks in the community were having."

Three major themes emerged, she said. One was that there was insufficient information given to caregivers to help them effectively manage children with asthma.

Dr. Russell quoted one caregiver as saying, "I wish my provider would have looked more at side effects. ... My child has a racing heart, hyperactivity, and [trouble sitting] still."

Focus group results also underlined that "providers need to know about the conditions people live in and the challenges they face," Dr. Russell said.

"That would help providers be more realistic in devising treatment plans and interventions."

**'One parent boasted that she had someone who did home visits, so the person could see where they live and come up with something that makes sense.'**

For instance, a provider suggested to one parent that she get a nonallergic mattress cover for her bed, and the woman replied, "The springs in my mattress keep popping out," Dr. Russell said. "Prescribing something like that just doesn't quite fit."

Another provider advised a caregiver to pull up the carpet in the home, but the person lived in a public housing project.

Participants also talked about the environment of the inner city. "We are surrounded by the gas, the smell, the smoke from cars, and the pollution," she said. "Those living in public housing talked about carpets, dust, mold, insects, pets, cleaning materials the housing people use, and also tobacco smoke."

One mother lived next to an auto body shop and complained that whenever the shop was painting cars, her daughter asked for a treatment, because even with the windows closed, the fumes penetrated the home and triggered an asthma attack.

Caregivers suggested that providers put more emphasis on the difference between treating acute symptoms and controlling asthma over time.

Caregivers would prefer a provider who offers asthma education and ongoing monitoring, Dr. Russell noted. "One parent boasted that she had someone who did home visits, so the person could see where they live and come up with something that makes sense and fits for them in their environment."

In the two focus groups for health professionals, providers were aware of many of the caregivers' frustrations but said that they often didn't have as much time as they would like to deal with these issues, Dr. Russell said in an interview. ■

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