



AMERICAN ACADEMY OF PEDIATRICS

Committee on Psychosocial Aspects of Child and Family Health

Pediatrics and the Psychosocial Aspects of Child and Family Health

Pediatricians through their participation in primary, secondary, and tertiary health care services have the opportunity and the responsibility for guiding parents in the health care of their children as well as protecting the health of children and adolescents. More than any other health care provider, pediatricians have the requisite longitudinal and cross-sectional perspective, and a background in biologic and psychological development. In providing optimal child and family health care, the American Academy of Pediatrics seeks to enhance the important contributions of pediatricians in relation to basic health needs as reflected in the psychosocial aspects of child and family life. The purpose of this statement is to define that role.

Over the past four decades, pediatric education, research, and practice have been enriched by inclusion of relevant knowledge, skills and attitudes from the behavioral and social sciences, child development, education, and child psychiatry. The extensive scientific and experiential knowledge base applicable to pediatric practice includes normal growth and development; adaptive and pathologic psychosocial development; the nature of parent-child and family relationships; child care and parenting practices and their relation to different family styles and ethnic and cultural backgrounds; reactions of children of various ages to illness and death; nature and significance of psychometric tests to assess status, aptitude, and achievements; opportunities for preventive intervention in primary care and counseling at-risk families; and principles of the psychotherapeutic role of the pediatrician.

As a primary care physician and consultant, the pediatrician is increasingly expected to be concerned with the prevention, early detection, and

management of psychosocial problems pertinent to optimal child and family health and development. These activities include pediatric anticipatory guidance and support and appropriate assistance during family crises such as the birth of a premature or handicapped infant, divorce, severe family illness, or death. In addition, the pediatrician has an important role in the evaluation and treatment of common behavior disorders such as temper tantrums, breath-holding spells, or sleep problems; developmental disabilities such as mental retardation; and somatic complaints of psychosocial etiology such as failure to thrive, persistent headache, fatigue, or abdominal pain. The pediatrician also has a role in managing cases of abuse or neglect; in helping children and parents cope with physical illness, especially a long-term or fatal disease; in preparing children for hospitalization or surgery; in handling substance abuse; and in dealing with difficulties in school.

To facilitate such care, the pediatrician may wish to utilize the contributions of a variety of professional associates such as early development specialists, social workers, and clinical psychologists. With problems such as failure of maternal attachment, child abuse, anorexia nervosa, conversion hysteria, suicide attempts, psychosis and depression, child custody, placement away from home, or parental mental illness, the patient's interests may best be served through psychiatric consultation and collaborative management or by referral to a child psychiatrist or other mental health professional.

Incorporated into daily practice, diagnostic and therapeutic tools such as skill in interviewing, a broad understanding of developmental processes in childhood, perceptivity of behavioral as well as physical findings, achievement of a psychotherapeutic relationship with the child and parents, and awareness of his own subjective reactions enable the pediatrician to be more effective. Special opportunities are available through continuity of care;

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such cumulative time investments make a useful contribution to diagnosis and treatment both within and between visits or phone calls, from one period of development to another, and in the differing states of illness and health that characterize each child's unique experience and development.

The knowledge base and skills relevant to the psychosocial aspects of health augment the pediatrician's capacity to understand more fully, and to provide, either within the practice setting or by collaboration with community resources, optimal care that attends to the biomedical and psychosocial aspects of child and family life. With the conviction that the pediatrician plays an important and unique part in the psychosocial aspects of child and family health, the Academy is committed to foster-

ing these efforts in pediatric education, research, and practice to fulfill that role.

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COMPETITION FOR EMERGENCY ROOMS

"Minor emergencies" are treated at a new class of medical facilities.

"It's a new wave of health-care treatment," says a spokesman for Lifemark Corp., Houston, referring to the spread of clinics, sometimes called "emergicenters," that aim to siphon off all but the most serious cases from hospital emergency rooms. Started sometimes by hospitals, sometimes by entrepreneurs, the clinics number about 500, up from 50 three years ago, according to the new, Dallas-based National Association of Freestanding Emergency Centers.

The clinics usually charge less than conventional emergency rooms, but are open fewer hours and aren't so versatile. At two clinics run by St. Joseph Medical Center in Wichita, the base fee is \$25, compared with \$42 at St. Joseph's own hospital emergency room. Chains of clinics are likely to emerge.

Humana Inc. already has opened seven units in what will be—maybe just for starters, the company says—a \$43 million chain with 66 clinics in 15 cities.

From Jeffrey A. Tannenbaum: *Wall Street Journal*, Nov 5, 1981.

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