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**Judith Simon Prager, PhD**

Trains doctors, nurses, and first responders around the world

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## Doctor-Parent Partnership for Maximizing Children's Health

As soon as two-year-old Emma recognized it was the doctor's office they'd arrived at, the words she'd only recently begun to learn came tumbling out: "Oh, no. No, no, no. Have to go home now!" as she wriggled and attempted to pull away from the door her mother was trying to usher her through. It's likely Emma remembered the last visit there, the time she'd probably received a shot. That doctor had most likely poked a needle into her. (Perhaps it's called a "shot" because it seems so assaultive an approach to getting well.) The fact that the injection was likely necessary and medically beneficial isn't enough, certainly in the child's mind, to make the experience worth the pain. And Emma's resistance at the threshold of this next visit certainly doesn't bode well for a positive experience this time. On so many levels, negative experience counteracts healing, increases the likelihood of a flood of chemicals in the body that speed up the heart, the pulses and can increase the perception of pain.

Medicine does its best work when it is accompanied by a positive emotional state. If the injection is inevitable, how can we make even the process of administering it a healing one? When the child is brought to Dr. Emmett Miller in need of an injection, he often engages the child's imagination about the "magic spot" that is the best place to give injections. "There's a spot right around here some place, here let me show you," Dr. Miller might say, "and I can give you medicine on that spot and you'll feel me pressing it in a moment, and when I find it, you'll know, and you'll tell me." In Dr. Miller's experience, by the third or fourth spot he touches, the kid will surprise himself with his level of certainty when he declares, "that's it." And when you give them an injection in that spot, Dr. Miller says, "they don't move." By tacitly buying into the concept of the magic spot, essentially by picking it himself, the child has on some level agreed to experience the injection there with less discomfort. And if the doctor puts a little pressure on it first, "This spot, is it?" the pressure changes the sensation slightly as well.

Dentists (who have had to inject children in the mouth with some frightening-looking devices--at least until recently) may redefine the sting of an injection approaching the face as "the kind of sting you feel when you're playing with a hose in the summer and it brushes against the your cheek by surprise." If the child doesn't actually see the injection ("close your eyes so it doesn't splash into them") but only feels the sensation, she can interpret it as the kind of sting associated with play and in that case, it hurts much less.

For the littlest ones, a Boston University study showed the obvious, that newborn babies held skin-to-skin by their mothers while having their heel pricked for blood tests, cried and grimaced 82 percent less than those who'd been tightly swaddled in cloth wraps and set as if they were solitary packages in cribs, for their blood to be drawn by unfamiliar medical technicians. The heart rates of the mother-held babies were also reduced "substantially" by the contact. The conclusion was that "Skin-to-skin contact is a remarkably potent intervention against the pain experienced during heel stick in newborns."

In terms of pain, perception plays a big part in what we actually experience. And what we're feeling, hearing, and imagining, probably even before birth and throughout our lives, provides fundamental keys to shifting not just that perception but the memory of the pain and fear (the precursors of trauma) in the future.

Medical practice genuflects to effectiveness of medications but because the process didn't deal with Emma's emotions on that earlier visit, the result was that the memory placed her on a negative footing for the next medical encounter even before it got started. The goal is for parents to make sure physicians attend not only to the medicine but to the positive emotion that contributes to healing and reduces pain and to forge an alliance, a partnership, between physician and parents, one within which their separate authority can be shared.

### **Shared Authority, Doctor and Parent**

"The doctor says..." carries a lot of authority, even in this time of instant internet expertise when we can look up answers, right or wrong, to almost every medical question. When the words the doctor uses are the ones that set a course for recovery or improved quality of life, the patient benefits the most. And when Mom and Dad also know what to say to start the healing, you have an unbeatable combination that can set a child on a beneficial course not just for this emergency or crisis, but for life.

Having interviewed countless doctors as I write about and teach the Verbal First Aid™ protocol, I've seen both the positive effects and the drawbacks of the power of words. When I encounter a doctor or nurse with an imaginative style that uses techniques such as those in the protocol, I know his or her patients are in good hands and have an edge that medications alone cannot provide. They call upon the children's ability to participate in the healing, empowering them to be their partner or helping them experience safety and the benefits of a healing trajectory.

The great humanist medical doctor Albert Schweitzer put it this way: "Each patient carries his own doctor inside him. They come to us not knowing that truth. We are at our best when we give the doctor who resides within each patient a chance to go to work."

It's so much more powerful when parents also know these secrets and together with the physician provide that chance to their children at the start.

Smart doctors and nurses talk directly to their patient and win them over. But they also know they must get the parents in their corner for success. Dr. Chuck Dumont, associate professor of pediatrics at Loyola University Medical Center, often tells a story about a child

who was being treated for internal disorders. When the physician felt that the child was strong enough to sit up and eat, he said "I wouldn't be surprised that you are ready to eat a little something and feel just fine."

Unfortunately, the mother, thinking she was being helpful, hurried to bring a basin closer to patient, "just in case." And her lack of belief in the child's recovery overrode the doctor's suggestion. She is an even more powerful authority figure, and in this case she won and everyone lost.

For all the authority a doctor or nurse has, Mom and Dad trump them, for better or worse, depending on their reactions, which their children mimic as their models.

Dr. Francesca de Picciotto recalls the dramatically different ways two mothers of her patients received the information that their child had diabetes. One was strong and said, "Tell us what we have to do to help my daughter. We can do it," and the course of the child's illness went smoothly. The other mother heard the very word diabetes, screamed and fainted. The child began to cry hysterically. The poor child was horrified--this must be something that is tragic, so large that Mom can't handle it--and the child's subsequent treatment suffered.

Rather than introducing the loaded word "diabetes" at first when discussing their child's case with parents, Dr. Susan Clark, chief of endocrinology at Children's Hospital of Orange County, has her team tell them, "The good news is we know what's going on with your child and we know what to do about it." Second best, after all, to "there's nothing wrong with your child," is having someone with answers to help "make it better." Presenting it that way gives the parents a chance to learn how to help their child before a negative reaction sets in. As Dr. Clark wrote in the Foreword to our new book "Verbal First Aid: Help Your Kids Heal From Fear and Pain--And Come Out Strong."

"Now, in addition to the medical care and because of Verbal First Aid, I ask myself, What can I say that might make a difference? I wonder how much these Verbal First Aid communication skills, which help us communicate with our patients and their families and which help parents help their children, might speed up the recovery of any illness or perhaps shorten a hospital stay."

When pediatricians, nurses and parents know the words to say that engage children's imagination, the words and ways to say them that create calm, that set a course for healing, they have greater success and the child remembers the encounter in the best possible light. Especially in times of fear and crisis, we adults are the role models for children, we show them how the world works, what to expect, and how to use good expectations to enhance outcomes. When children picture healing, they call upon their bodies to comply. The body's "healing system," which is built in, kicks in. As I once heard my step-daughter tell her son as he coped with a scraped knee: "Your body is already working on making it better. Right as soon as it happened, your body called a 'red alert,' and your white blood cells were sent down to fight the bugs. One kind of white blood cell is attacking them; others are making a scab, which is like your body's own bandage, and making new skin. If you're very quiet, you can hear it happening, if you listen very hard."

He'll incorporate that into his memory the next time he has a cut, so it doesn't have to be a trauma, and he'll remember and use that for life.

If children can learn to remain calm, they may even calm the adults around them. After I appeared on TV and discussed the Verbal First Aid protocol using the example of nosebleeds among other childhood issues, a mother wrote to tell me that her son often experienced bloody noses. The doctor had explained their cause to the family and assured them that the

child would outgrow these incidents. When the younger sister suddenly experienced a nosebleed in school, it was the teacher who panicked! Then the other kids panicked. And it was only because the sister had a voice in her head from the doctor and her parents of calm reassurance that nosebleeds were a normal childhood occurrence that her brother had easily lived through that she was able to model for everyone how to apply pressure on her nose "and sit quietly" until the bleeding stopped.

That story also illustrates how the voice in our heads, created in part by the way the last crises were handled, shapes our reactions to future upsetting situations. If they've been "awfulized," our reaction button is set for over-reaction. If emergencies are handled calmly, if parents and doctors work together and the words said and the way they are said offer a picture of recovery or a way to speak to the body to remind it of its own healing powers, then the influence of the memory colors the future, and the child can grow in resilience, self-healing, and courage.

### **Steps to Maximizing the Healing State in Kids**

1. Find a doctor who realizes the importance of the emotional component to the medical experience.

2. Be a role model, yourself. Prepare your child for the visit and support his or her feelings. Don't over dramatize it; don't dismiss it. Be there in support and use techniques to help the child visualize healing. It's been verified by science and studies since the days when Carl Simonton, MD, had patients imagine their white blood cells eating cancer cells and demonstrated the mind/body connection in illness and health.

3. If the doctor is not saying words that help the situation, translate what the doctor is saying into more healing language. If the doctor flourishing a needle and says it will only feel "like a bee-sting" -somehow imagining that a child would find that image reassuring--translate for the child. "What the doctor means is that some people feel it that way, and some people feel it as heat, and some people feel it as pressure, and I wonder what you'll feel it as. You know, some people, when look at the clock and know that when the second hand gets to the four it's done, they hardly notice it at all." Giving the child's imagination options, giving him the distraction of a "job" monitoring the clock, providing evidence ("when it gets to the four") of an end to the dreaded situation, all offer ways to reposition the experience and the memory of it in the future.

And perhaps the doctor and your child will see and internalize the better way.

Visit Judith's website here.

Books by Judith Simon Prager include:

Verbal First Aid: Help Your Kids Heal From Fear and Pain--And Come Out Strong

[http://www.amazon.com/Verbal-First-Aid-Pain-Strong/dp/0425234274/ref=sr\\_1\\_1?ie=UTF8&s=books&qid=1281567790&sr=8-1](http://www.amazon.com/Verbal-First-Aid-Pain-Strong/dp/0425234274/ref=sr_1_1?ie=UTF8&s=books&qid=1281567790&sr=8-1)

The Worst Is Over: What To Say when Every Moment Counts

[http://www.amazon.com/Worst-Over-Counts-Verbal-Relieve-Promote/dp/1588720241/ref=sr\\_1\\_2?ie=UTF8&s=books&qid=1281567819&sr=8-2](http://www.amazon.com/Worst-Over-Counts-Verbal-Relieve-Promote/dp/1588720241/ref=sr_1_2?ie=UTF8&s=books&qid=1281567819&sr=8-2)

Owie-Cadabra's Verbal First Aid for Kids:

[http://www.amazon.com/Owie-Cadabras-Verbal-First-Aid-Kids/dp/1453648216/ref=sr\\_1\\_3?ie=UTF8&s=books&qid=1281567842&sr=8-3](http://www.amazon.com/Owie-Cadabras-Verbal-First-Aid-Kids/dp/1453648216/ref=sr_1_3?ie=UTF8&s=books&qid=1281567842&sr=8-3)

### Journey to Alternity

[http://www.amazon.com/Journey-Alternity-Transformational-Healing-Metaphors/dp/0595095607/ref=sr\\_1\\_4?ie=UTF8&s=books&qid=1281567871&sr=8-4](http://www.amazon.com/Journey-Alternity-Transformational-Healing-Metaphors/dp/0595095607/ref=sr_1_4?ie=UTF8&s=books&qid=1281567871&sr=8-4)

#### **Bio:**

Judith Simon Prager, PhD, is co-author of several books about Verbal First Aid and author of a book for children about how to help start the healing in themselves and their friends. She trains doctors, nurses, first responders and others at medical centers across the country and around the world, including England, and in China after their devastating 2008 earthquake. She also teaches with her husband, Harry Youtt, in the UCLA Ext. Writers' Program and has a private practice in Los Angeles.

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