

The Five Most Frequently Asked Questions

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The tempo of our lives has changed. Families and Physicians commonly find themselves living and working at a frenetic pace. There is a growing value in taking pause and reflecting on what we are doing, as professionals and parents.

Sometimes these moments may come fleetingly, lasting seconds or minutes. Occasionally, you may find yourself in a suspended state of reflection. These moments are important as they lead us to certain truths and realizations we may not otherwise notice.

And so it is, I would like to offer my thoughts on the questions parents frequently ask me when it comes to treatment of their child or adolescent:

What should we be doing?

What is the most important?

How do I know if I am doing the right thing?

Does my child need medication and what can I expect with medication?

How will I know when it is the right intervention plan for my child or teen?

What should we be doing?

Should and could are closely tied. This question is practical and theoretical. It reflects logistics, scheduling, values, and the resources of a family. In my practice we focus on insuring every treatment plan we implement can be followed. Sometimes we develop a plan which may need to be modified due to financial concerns, scheduling, and availability.

Whatever the reason it is very important we do not neglect the practical side of treatment, or we will be ineffective. We work closely with families to insure we develop the best possible plan for their circumstance. In cases where numerous treatments are an option we prioritize them according to what offers the most clinical benefit.

What is most important?

This question relies upon insuring the diagnosis is correct. If there is no applicable diagnosis at the time, then understanding the most impairing symptoms and deficits is critical. We sometimes call this the differential diagnosis or case formulation.

As your physician my role is to evaluate the clinical priorities. Some symptoms have the potential to become more problematic and impairing than others. Certain problems are dangerous if we leave them unaddressed. These issues are clearly laid out in the consultation.

How do I know if I am doing the right thing?

When symptoms and problems improve quickly this is the easiest question to answer. In circumstances where progress is slow or not forth coming, this is where the alliance of parents-patient-physician is vital.

Communication between all members of the triad allows the physician to better analyze why there has not been a response to the treatment plan. Sometimes co-existing diagnoses have been insufficiently explored, other times the original diagnosis may be inaccurate, and there are times where an unexpected variable changes everything such as divorce, illness, substance abuse etc.

If progress is too slow, or regression and back sliding occur this may in fact lead us to success as long as we are able to step back as parents and clinicians and be sure our assumptions and understanding of the problem are in fact accurate.

Does my child need medication and what can I expect with Medication?

This question depends entirely on the problems being treated and the medication being used. It is important to understand the details of how the medication works. Equally important is our hidden assumptions and expectations of what medication can do. This will directly influence our perceptions of its effects.

Remember “the placebo effect” is real and measureable, there are studies which have shown certain medications do not “separate out from placebo” this means the effect of the placebo or sugar pill are no different than the effects of the medication. Our expectations matter and this is as true for the physician as the patient. There are times when our expectations are too great or too small. We need to be sure there is a reasonable expectation.

Medicines don't fix broken families, they don't dramatically alter IQ scores, they don't erase bad memories and they don't instill motivation where there is none. However they can improve attention and focus, reduce distractibility,

improve compliance, diminish anxiety and depression, lessen obsessions and compulsions etc. When we understand the role medications can play, we can complement them with the other interventions we need. Medications are rarely used alone regardless of the problem. They need to be complimented with parenting, tutoring, therapies and other strategies.

How will I know when it is the right intervention plan for my child or teen?

In obvious cases when things are working everyone knows and sees the benefits. In some circumstances, there may be conflicts between parents, teachers, and even among different therapists about the correct course of action. There are however, objective signs of improvement in school, with friends, and at home. This is all part of the data collection process we need to use in making decisions about which treatments to continue and what needs to be discarded or changed

Parents are usually experts at instinctively understanding what may or may not benefit their child. However, we need to be aware that parents can be blinded to the needs of the child due to disturbances in relationships or the family unit, defenses about the problems their child faces, or resistance to the changes required of them to make their child well. As with all challenges in life, we need to embrace change and the uncertainty it can bring, my role is to help take you through that process. The discomfort and uncertainty of change is balanced by the prospect of a child who is happier, more successful and less symptomatic and a family with less stress and conflict.