

Reflections of Clinical Psychologists in a Pediatric Setting: Facing Challenges and Building Possible Solutions

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ABSTRACT

With the integration of mental health services in medical settings and response to children's psychosocial needs with physical illness and their families, a clinical psychologist's role is gradually becoming more important. However, working within such an environment could be demanding and complex. The purpose of this article is to highlight the challenges where professional requirements, working with other experienced colleagues, adapting to medical setting, and training lacunae can all give rise to multiple interpretations and ways in which these problems might be addressed. This paper reflects on the authors' experiences in working within a paediatric care setting in one of the medical establishments in South India.

Keywords: *Mental Health, Pediatric, Medical Setting, Training, Clinical Psychologist*

Children needing mental health care in a general hospital setting is gradually expanding and increasing. Psychological priorities in paediatric care settings tend to be broader, emphasising early intervention and prevention for developmental and behavioural conditions and managing chronic paediatric conditions and health risks. However, psychological work with children who have physical illnesses can be challenging. The authors work in a medical setting where outpatients and inpatients are referred from the department of paediatrics, paediatric nephrology, paediatric hemato-oncology, paediatric surgery, and multidisciplinary clinic (for children with special needs). Most often, inpatients are seen within 24 hours. Some of the unique challenges faced while working in a paediatric setting are professional requirements, relationships and communication with professionals from other departments, adapting to resources, and training lacunae.

Professional Requirement

Although many mental health training institutes inculcate a sense of familiarity among aspiring mental health professionals by posting them in a general medical hospital, one may face many setbacks due to limited experience and exposure. In their article, Robinson and Baker (2006) highlighted how psychological services could be integrated into the health care system.

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In a pediatric setting, the nature and pace of the work are different. Very often, assessments, interviews, and even therapy are done bedside due to the non-availability of therapy rooms in the ward. Children referred for psychological consultation are often stressed out due to frequent hospital visits, ongoing painful medical procedures, or extended stay in the ward. Preparedness for psychological intervention is low in such settings, since a child's physical condition is given priority over emotional needs. Hence, the content and process of therapy have to be different. Therapy sessions need to be tailored to the requirements of each child and their family. Usually, more frequent sessions of a shorter duration are required (Raman, 2016). Besides, coordinating with other treatment team members for an uninterrupted session is essential, especially when the child is in the ward.

Sometimes referrals for evaluation and intervention are made on the day before or the day of discharge. It is a challenge to accomplish all of these tasks on such short notice. Hence, work needs to be done quickly. Further appointments are often scheduled for post-discharge visits (Raman, 2016). However, the family is often lost to follow up because the physical treatment is prioritised over psychosocial needs, thereby creating a barrier to therapy sessions. Issues such as time, travel, logistics of transportation, waiting for therapy sessions, family income level (for instance, leaving a job that pays daily), cost of service and family's perceptions about mental health treatment and involvement could act as barriers to treatment (Barrett et al., 2008).

In certain cases, children with physical illnesses or a compromised immune system are admitted to the ICU/ITU. Under such circumstances, there is a risk of contamination for the exposed child and vice versa. Donning coveralls or gowns and masks is essential in such situations.

Encountering the untimely death of a child undergoing therapy is not uncommon and can sometimes affect the professional's mental well-being. Thus, professionals must be prepared to face such a situation and know how to deal with it.

The clinical psychologist's availability is a key factor in determining the reliability of service and child family satisfaction. As it is, a child's physical condition is given priority over emotionally needs. Thus, while keeping work-related stress at a minimum, one should be flexible enough to accommodate the need of the child, family and medical team.

Relationship with Professionals from Other Departments

It is essential to communicate efficiently with medical colleagues, avoid jargon, and have a brief and focused discussion. Working with people from a different area of expertise—doctors, nurses, social workers, and other therapists—help one understand their roles, skills, and contributions; (American Psychological Association [APA], 2013).

In addition to routine clinical work, one should also dedicate time for additional learning, such as attending rounds, discussions, joint case conferences, seminars, and workshops to understand the nature of the work and connect with peers.

Adapting Resources for Necessary Functioning

While working in a medical setup, developing specific skills for focused and quick assessments is vital. While charting down notes or making psychological reports, one should remember to use non-technical language and provide straightforward, practical advice. One

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is also required to do the job quickly and make decisions with a limited amount of data. Learning to adapt to the lack of a private place for assessment or therapy is also a challenge.

Training Lacunae

Evaluation of a patient requires core knowledge, clinical and practical skills, and good communication skills. Some crucial issues required to raise the level of preparedness are described below:

- Medical terminologies, understanding the physiological basis and medical aspects of disability on emotions and behaviour (Palermo et al., 2014).
- In a general medical setup, the nature of professional adaptations is fast-paced and therefore, a flexible and multifaceted approach may be more appropriate.
- Demonstrate skills such as communication, delegation, time management.
- Role expectations and responsibilities and independent decision-making to work collaboratively.
- Following hospital requirements (Robinson and Baker, 2006) and at the same time, understand the vast array of practical experience to ethical aspects of mental health (Raman, 2016).

What We Learned in the Process

Modification in the psychological services, conducive to the medical setting, can lead to more familiarity regarding the profession. Learning about other professions and accepting individual differences and perspectives, developing effective communication, being self-aware and reflective, and constantly integrating new knowledge and skills and scientific literature can help identify barriers and enhance known skills. Most importantly, communicating the psychological perspective to the multidisciplinary team and working collaboratively towards making a comprehensive treatment plan is greatly needed.

Possible Solutions

Adapting becomes easier when connecting with peers, personally and professionally. It is essential to communicate and work collaboratively towards making a comprehensive treatment plan.

Exposure to a general pediatric setting should be a part of a clinical psychologist's training, emphasising collaborative training, practice, and research. Training should be designed to help young trainees adapt their knowledge and skills and prepare them to deal with various difficulties and problems. Well-designed training programmes or internships in different medical clinics, rehabilitation centres, medical institutions, or similar settings under experts' supervision are essential to become a good practitioner. Specialised training for Psychologists is necessary to have an adequately prepared workforce that would be effective in primary care settings (Palermo et al., 2014; Rozensky and Janicke, 2012).

Discussing the challenges and treatment plan with other psychologists working in diverse settings can be helpful for mental health professionals. They can seek peer supervision as well. They can also explore the possibility of having a buddy system of psychologists working in a general medical setup and arranging weekly sessions or discussions.

CONCLUSION

Medical settings provide opportunities for clinical psychologists to display their unique knowledge and skills. Insight into the experience of fellow practitioners working in medical settings should be shared to enable greater potential for sensemaking and learning.

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Conflict of Interest

The author(s) declared no conflict of interest.

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