

## UNIT NO. 4

## SPEAKING TO CHILDREN

Dr Daniel Fung

**ABSTRACT**

**Children are often minimised in the medical consult. When communicating with children, doctors must be aware that children are different in the ways they feel, think and behave. Speaking with children means the doctor must show concern and care, respect their individuality and acknowledge their ability to make choices with assistance. Counselling children require space to work together, time to spend with the child and skills to develop with practise.**

**THE CHILD AS THE PATIENT**

When doctors see children, the encounter often becomes a 2-way conversation between the parent/caregiver and the doctor. The child's role and participation in the medical consult is often minimised. Recently, some countries (e.g. Holland) have legislated that children should play a part in decision-making regarding their own healthcare. This is in keeping with the United Nations' Convention on the Rights of the Child.

The child should never be considered a little adult. Children have their own way of doing, thinking, feeling and seeing. Some children act like adults because they have observed adults in action and model themselves after adults. However, their emotional and cognitive maturity continue to be different.

At the same time, children are also developing and growing in the physical, intellectual, emotional and social sense. Furthermore, development has individual differences and there is no magic formula that can be used appropriately with all children. It is thus important to realise that unlike adult behaviour, what appears abnormal may actually be normal at a given stage of development e.g. talking to an imaginary friend as a toddler.

Although the family is important in adults, understanding the interaction between the child, his family and the wider environment is crucial to understanding and helping children. When children present with problems to the doctor, he must recognise that he is not just treating the child but may need to manage the entire family. Occasionally, the child is brought to see the doctor as a symptom of a much larger systemic difficulty in the family. Experienced doctors must be aware of this and not just focus on the identified patient (the child). For example, mothers who are depressed may present with complaints about the child having difficulties studying or behaving poorly. In rare situations, children may be presenting with

strange symptoms as the result of child abuse (e.g. Munchausen's Syndrome by Proxy).

**IMPORTANCE OF SPEAKING TO THE CHILD**

Speaking to children does not mean just talking to them. As children are less able to express themselves and talk about their difficulties, they tend to show it in disturbed behaviour. Therefore, behaviours in children are a form of communication, a cry for help that all is not well in the child. The goal of speaking (or communicating) with children is to show the child that the physician is concerned and caring. It is the prime means by which doctors can express their willingness to help. Instead of just focusing communication on the parents, doctors are encouraged to spend time inquiring information directly from the child. For example, a doctor can ask the child about his family, where he lives or what school he attends. Such information gathering can form the basis of developing rapport and allow the child to become involved in the care of his problems.

**CONSULTING SKILLS IN THE PARENT, CHILD AND DOCTOR TRIAD**

Surveys of children's interviews have shown that parents and doctors tend to speak with parents often acting as the child's proxy despite the child being present. Such interactions make the consulting experience for children a source of fear and trepidation. Instead of making the consulting experience a two-way interaction, doctors can make an effort to introduce themselves to the young patient. Getting up from your seat, lowering yourself down to the level of the child (for young children), makes the interaction a friendlier one.

Establishing rapport in a consultation requires 3 things:

- ⌞ A child friendly environment. Children invariably respond differently if the environment is bright, cheerful and have abundance of their favourite things; toys, picture books and art materials. Have ready rewards (e.g. stickers) for a cooperative child
- ⌞ Prepare adults to prepare their children. Have in place brochures for parents about why it's important to explain to the child their visit rather than keeping them in the dark. Discourage parents from making the doctor the bogeyman, "the doctor will give you an injection if you do not behave yourself"
- ⌞ Speak to the child and take time to build rapport. Do not focus the interview with the parent/ caregiver solely. Explain what you are doing if you are performing a physical examination.

## TIPS FOR EFFECTIVE COMMUNICATION WITH THE CHILD

In order to properly assess a child, an understanding of how a child communicates is necessary. There are basically 2 dimensions in talking to children, namely *orientation* and *competence*. These 2 dimensions apply to the child as well as the doctor.

- ⌞ How the child is oriented to talking to the doctor will determine if he/she speaks at all. Thus a child should be prepared for a visit to the doctor. While the doctor is seeing the child, it is important for the child to receive an explanation of why he/she is at the clinic. Letting the child know the purpose of the visit and what the doctor is doing helps to orientate the child for an interview. At the same time, the doctor needs to orientate himself to the interview. An understanding of his own biases about children and his own expectations will determine if a child will respond positively to the doctor
- ⌞ The child's performance depends on his/her ability to perceive, remember, reason and communicate. This is related to the cognitive and emotional development of the child. For example, a toddler is less likely to use verbal communication in an adult-like narrative interview than during play. The doctor's competence in eliciting information will determine if any is derived. Remember that we can obtain information without the child speaking; e.g. observing the child during interaction in the clinic, getting the child to play or draw. In general, the more competent we become in communicating with children, the less competent children need to be. An experienced clinician will be able to elicit information more easily than a less experienced one. It is therefore important to work often with children if we want to develop useful techniques.

A good clinician will adapt to the characteristics of each child and his/her environment, bearing in mind the clinician's own habits and biases. There are few fixed and specific formulas for communicating effectively with children:

- ⌞ Understand normal development
- ⌞ Try and see things from the child's point of view
- ⌞ Get as much information about the child from as many sources as possible
- ⌞ Conduct the sessions in a familiar or pleasant setting for the child.

## PITFALLS TO AVOID

- ⌞ Do bear in mind that not all doctors can communicate effectively with all children. In other words, some doctors can communicate well some of the time but not necessarily all of the time. If the child refuses to talk, do not get angry or give up.
- ⌞ Once the child starts speaking and answering questions, do not make the experience an interrogation. Do not ask an endless series of questions but allow the child time to answer. If you are running out of time, let the child know and make another appointment if necessary.

## COUNSELLING THE CHILD – WHAT WORKS AND WHAT DOES NOT?

Counselling children is about listening to them and allowing them a safe, caring environment for them to speak and ask questions. This may sometimes need to be done without parents/caregivers around. Be careful if it's a child of the opposite gender, in which you may need a chaperone to be present. The ideal setting for interviewing children should be neutral, relaxed and free from distractions. The following are some suggestions, which the author found useful:

- ⌞ Use open questions rather than closed ones.
- ⌞ Use sentences with only 3 or 5 more words than the number of words in the child's average sentence.
- ⌞ Use names rather than pronouns.
- ⌞ Use the child's terms. If necessary, ask the child and make sure the child understands the terms you use.
- ⌞ In order to determine that you have been understood, ask the child to repeat what you have said rather than asking, "Do you understand?"
- ⌞ Rephrase questions the child does not understand. Repeating a question may be misunderstood as the child has given a wrong answer and the child may change his answer.
- ⌞ Use encouraging responses like "I see", "Uh-huh", "Go on".
- ⌞ Avoid asking questions involving a time sequence.
- ⌞ Be careful to interpret specific questions, as children tend to be literal.
- ⌞ Do not respond to every answer with another question.
- ⌞ Acknowledging the child's comments may encourage him to expand on his previous statements.

### REFERENCE

Cai YM, Fung D (2000): Help your child to cope: Understanding Childhood Stress. Revised Edition. Times, Singapore.

---

## LEARNING POINTS

- o Children are different from adults.
  - o Speaking with children means you must show concern and care, respect their individuality and acknowledge their ability to make choices with assistance.
  - o Counselling children require space to work together, time to spend with the child and skills to develop with practice.
-