MEDICAL STUDENTS AND RESIDENTS COMMITTEE

Mentorship Matters: Going Deeper: How I Chose a Career in Child and Adolescent Psychiatry

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Child psychiatry is one of the most underserved specialties in the world. The AACAP has taken a primary role in rectifying this, but what is it that really draws people to child psychiatry? For this issue of *AACAP News* I am excited to present another fantastic medical student, Jennifer O'Keeffe. Jennifer describes how her mentor, Rebecca Weis, M.D., provided that perfect balance of encouragement, supervision and freedom that allowed her to explore child psychiatry and find her niche.

Ruth Gerson, M.D., John E. Schowalter Resident Member to Council

I walked into the cafeteria. Most of the kids were joking around and listening to their MP3 players, a reward for good behavior on the Adolescent Psychiatry Inpatient Unit where I was doing an elective rotation. My eyes scanned the room to find David, sitting alone at a table, twirling headphones around his fingers and shaking his foot. He looked up at me with a slight half smile that was my signal to come over to his table. I asked him why he was not listening to his favorite songs like the rest of the kids. He replied, "I was waiting for you to come talk to me. You always come at this time."

My first few sessions with David were difficult. It was nearly impossible to break through the barrier that 14 years of mistrust, separation, and anger had created. Sure, I was able to ask him questions about his favorite movie and what he liked to do with friends on weekends, but moving beyond these superficial conversations was much more of a challenge. My attending, Rebecca Weis, M.D., had encouraged me to try to learn why he ran away from home, why he was constantly fighting with his mother, and why there was such a sad look in his eyes every time we met. It was easy to speculate. He had been separated from his parents in infancy, constantly living in different locations, and had not had a stable parental figure in his life since he was born. I needed to find out how these past experiences were getting in his way now, and what could be done to get his life on track at such a crucial age.

It was around the third session when it happened. We were discussing comic books and his love for drawing when he reached under his bed and pulled out a drawing that his mother had sketched of his family several years ago. A smile swept across his face, but soon it morphed into an angry glare, and he chucked the picture across the room. I walked over and gently picked up the portrait. I gave him a quiet moment and then I asked him what the picture meant to him and why was he so angry. He took a few deep breaths and then started rattling off how he was upset at his mom for shipping him away when he was young, how he hated the way she treated his younger brother, and that he felt he needed to protect his family from his mom's new boyfriend. We worked together from that point onward, talking about these and any other issues that came to his mind. As much as I held the physician role in his eyes, he also viewed me as a friend, mentor, and support system to let his pent up emotions loose. I was his advocate. With several family meetings, group and individual therapy, and the right recipe of medications he was able to leave the Unit with a new sense of hope and motivation that he could make his life better from this point forward.

A few weeks later, I heard from **Ruth Gerson, M.D.**, the child and adolescent psychiatry fellow I worked with on this case, that she unexpectedly ran into David and his aunt at the drug store. They both said he was doing great. His grades in school had improved tremendously, he was no longer fighting with everyone, and he overall appeared to be a much happier teenager. It was evident that the team on the Unit had made a critical impact in this patient's life, giving him hope that a new beginning was possible.

David was one of the many patients I had the pleasure of working with during my month on the Adolescent Inpatient Unit. Dr. Weis encouraged me to take a primary role on the team and to really get to know my patients. The satisfaction gained from working with David and the other teens on the unit played an enormous role in my decision to choose child and adolescent psychiatry. In addition to confirming my passion for pursuing the field, the rotation was essential for me as a fourth year medical student to clarify a misperception about psychiatry and child psychiatry. I was worried that if I chose psychiatry, I would not have the opportunity to use the "medicine and science" information I learned throughout medical school. However, to my fascination and relief,

this was not an issue; actually quite the opposite. For example, one of the patients on the Unit was diagnosed with a brain tumor as a young child and now, many years later, had to cope with the mental and social implications of this surgery at such a young age. A patient of mine suffered from a life-consuming eating disorder and was hospitalized at a measly 96 pounds. It was the psychiatric team's responsibility to monitor her electrolytes, get her BMI back into normal range and make sure she had the physical and emotional strength to fight her illness. These are just a few of the examples that demonstrate how child and adolescent psychiatry allows us to take our medical knowledge and apply it to real, devastating mental disorders.

Psychiatry is fascinating. Although our treatment focuses primarily on the mind and brain, the entire person is affected. It is the one field of medicine that treats not only the biological components of the illness, but also explores deeper to improve the patient's mind, emotions, and functioning in society. No aspect of life is neglected, including relationships, family and social wellbeing. Child and adolescent psychiatry is an investigation into not only the child's mental state, but also their world. I embrace the opportunity to use my medical knowledge as a child advocate, providing the comprehensive care that these children and their families deserve. ■

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