

Sound Bytes

■ Diane H. Schetky, M.D.

By the time this column is printed, Michael Carneal will have come to trial for killing three classmates and injuring five in the tragic W. Paducah, KY school shootings. As psychiatrist for the defense, I have had many media calls about this case. A court issued gag order has been in place regarding the discussion of the case with the media although this has been challenged by the prosecution and was recently reversed. The media swooped in like vultures the minute the gag order was lifted and some of Michael's bereaved classmates appeared on the Today Show. At the onset of the case, I signed an agreement with the family not to discuss the case with the media which has made it easy for me to fend off reporters. I have used some of these media contacts as an opportunity to discuss the topic of youth violence while avoiding references to the W. Paducah case.

Media interviews are a two edged sword. They provide opportunity to educate the public about mental health issues and the role of child and adolescent psychiatry. They are also fraught with risks. Statements may be taken out of context, distorted, or misunderstood. Expert witnesses need to reserve their comments for the courtroom where they will be heard under oath with ample time to explain the basis for their opinions. Discussions with the press may be premature as opinions may alter with new information and there is also the risk that media interviews on high profile cases may look self serving or like an attempt to sway public opinion.

I have learned from experience that one loses all control over information shared with reporters. After the prosecution released my report on Michael Carneal to the public, word trickled back to Maine of my involvement in the case and I was suddenly newsworthy. I did a lengthy interview with a reporter from the *Portland Press* on the topic of child forensic psychiatry. While he grasped the gist of it, his article implied that I had gone directly from medical school to becoming an expert witness with no reference to all the training child and adolescent psychiatrists complete. He inferred that I, rather than the court, was making the decisions in these difficult cases which made me very uncomfortable. I worried that judges might think I was trying to usurp their role. Before terminating the interview, I twice stressed that I was a psychiatrist, not a psychologist, and mentioned that the press often confuse the two. He assured me he would not. His article, however, went on to make reference to a book I had co-edited, *Child Psychology (sic) and the Law*.

Reporters may contact child and adolescent psychiatrists for background information on in-depth articles they are preparing or they may be seeking quick "sound bytes" on news breaking articles. Reporters are usually working under deadlines and appreciate prompt return of their phone calls. Typically, one does not have a lot of think time before responding to their



inquiries. It behooves us to give sound data to reporters, not wild speculation or mere opinion. It is helpful to focus on getting a few points across rather than offering a tome.

I was called by a reporter from Chicago regarding the two young children who killed an 11-year-old, who asked, "Why would these children do that?" It was an opportunity to emphasize the need for thorough evaluations on the young defendants by child and adolescent psychiatrists and to stress that one needed a lot more information to answer her question. Even with more information, we need to be cautious about commenting on persons we have not evaluated. Such interviews can be parlayed into discussions about what we know about risk factors and discussions about violence prevention.

Therapists have no business discussing their cases with the media even if they are called into court as witnesses.

The need to preserve therapist-patient confidentiality sounds obvious, yet many therapists have strayed in this regard believing they were being helpful to their patients by speaking with the media. It is questionable whether patients and their families (in the case of minors) can give informed consent for release of information to the media in the midst of highly stressful situations. Psychiatrists may also get drawn in when reporters ask for specific case examples to illustrate their articles. True life stories may make for good reading by the public but releasing information about patients violates confidentiality and could be grounds for litigation, as well. However, it is possible to respond to media queries with hypotheticals or very carefully disguised cases that have no identifying information.♦

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"Violent Kids,"

ABCNEWS.com, August 17, 1998

"Adolescents are very focused in the here and now. They don't think about the consequences of violent behavior, just like they don't think about lung cancer when they start smoking."