Ethically Encouraging Children to Be Responsible for Their Own Health Care

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Practitioners can encourage children to acquire some level of personal responsibility for their own health care by obtaining assent to treatment; by building on each child's success in modifying some aspect of his or her physiology; by helping each child understand how attitudes and beliefs impact behavior, emotions, physiology, and health or disease; and by discussing generalization issues with him or her. The approach used to encourage the development of responsibility for one's own health differs depending on whether the child is a passive, a compliant, or a take-charge type of person.

Introduction

Cortis (1995) stated that medical schools do not teach doctors "that patients can take charge of their own health and be responsible for their own healing" (p. xv). If doctors and other health care practitioners are not taught this important principle, how can patients, especially children, be expected to learn this skill? Most adults have not learned to be responsible for their own health and healing as demonstrated by the epidemic of health problems correlated with behaviors such as overeating, smoking, and substance abuse, many of which could be reduced or eliminated by changes in lifestyle. In addition, there seem to be no explicit programs for teaching adults or children to be responsible for their own health and healing.

One of the implicit treatment goals of biofeedback and other applied psychophysiological practitioners is teaching their clients to learn to control their own physiology. Biofeedback training encourages clients to acquire self-control over their own physiology, body, and life (Moss, 2003). Yet practitioners may or may not consciously attend to teaching clients to become responsible for their own health and healing. How can a practitioner ethically go about encouraging clients/patients, especially children, to acquire the skills needed to become responsible for their own health and healing? Of course, such self-responsibility will be shared with parents and healthcare providers and will vary with the age and maturity of the child.

Therapeutic Relationship And Motivation

Certainly, a practitioner needs to form a good working relationship with the child and his or her parents in order to have successful treatment outcomes and to teach self-responsibility skills (Striefel, 2005a, 2005b, 2005c). Establishing such a relationship takes flexibility and a wide range of other skills because of the differences in the personalities, intelligence, maturity, gender, and age of the patients. A mechanical "one fits all" approach to forming a good therapeutic relationship is not enough. Common courtesies, sharing meaningful information, using simple language and examples, accepting and encouraging client questions, and the expression of differing opinions are all part of obtaining full and meaningful assent and/or informed consent to treatment, but also to establishing a good therapeutic relationship. Attempts to obtain assent and/or informed consent (dependent on the maturity and age of the client) can readily help motivate the client to participate in the treatment process and to learn that biofeedback treatment will not be something that the practitioner does to him or her, but rather, something that he or she will do for him- or herself by learning new skills. By learning to take control of his or her own physiology, he or she can also learn to impact his or her own health and healing, and thus treatment outcomes. In order for this generalization to occur it is important for a practitioner to discuss the relationship between this level of self-control and other things the client can do to learn to take responsibility for other aspects of his or her own health and healing (exercising, eating right, not smoking or drinking, not engaging in other high-risk behaviors). Of course, this discussion has to be adjusted to the individual client and his or her problems.

Three Approaches to Health Care

Patients seem to come to practitioners with one of three different approaches to health care (Cortis, 1995). The three types of patient approaches to treatment are the passive approach, the obedient approach, and the take-charge approach (Cortis, 1995).

First are those patients who are *passive* and who seem to want a "magic pill" (Cortis, 1995). They do not generally accept responsibility for their condition or for their own treatment. Often they do not have good treatment outcomes unless the treatment involves a solution such as the practitioner doing something for them (a simple surgery) or a simple process such as taking a medication. Even then, they may not follow the instructions for taking the medication. Such patients often drop out of treatment, sabotage treatment, or do not get involved when a practitioner expects them to be responsible at some level for their own treatment outcomes. These patients shop around for the practitioner who will give them the magic pill so that they can do what they have always done. It is easier for an attention-deficit/hyperactivity disorder (ADHD) client to take a medication than it is for him or her to go through electroencephalogram (EEG) biofeedback training to learn to control his or her own brainwaves, and thus some of the symptoms of his or her disorder. It is likely that passive patients will not like biofeedback treatments. Of course, few patients fit totally into one of the three categories I am using in this article. Therefore, the challenge remains: How do you motivate such clients to stay in treatment and to learn self-control over not only their physiology, but also for their own health and healing?

Second are the *obedient* patients who do exactly what they are told to do (Cortis, 1995). Obedient patients tend to achieve reasonable treatment outcomes and often try hard to please the practitioner. Practitioners like working with these patients. Such patients, however, tend not to make clear to the practitioner how they might contribute to their own treatment, and thus to their own health and healing (Cortis, 1995). These patients do accept responsibility for being compliant, but not for maximizing treatment outcomes. Yet, because of their willingness to be compliant, it is easier for practitioners to teach them to take more responsibility for their own health and healing. It does, of course, mean that the practitioner needs to focus on more than just the presenting problem and its successful resolution (i.e., on the broader scope of good health and prevention of health problems by accepting responsibility for one's own health and healing).

The third group includes those who *take charge* of their own treatment, and thus their own health and healing. Cortis calls these the exceptional patients. These patients tend to be a challenge for practitioners because they do not always agree with the practitioner, nor do they always comply with treatment recommendations. I think that this type of patient is more likely to seek out alternative and complimentary treatments, especially if these treatment approaches allow them to be responsible for their own health and healing, such as in using biofeedback.

These patients, at a minimum, need to be dealt with as equal partners in the treatment process and really do need to be given a supportable rationale for what treatment approach is to be used, why it is to be used, and what the alternative treatment options are. Of course, this should be a part of the informed consent process for all clients. These patients/clients are aware, responsible, and proactive, and they often have very good treatment outcomes, although the practitioner may have a difficult time explaining what it was that accounts for the treatment outcome. Perhaps this group of patients is also responsible for some of the treatment outcomes that are attributed to placebo effects that are durable over time. These patients are likely to seek a different practitioner if they do not believe a practitioner is being honest and forthcoming with them or if they believe the practitioner will not let them be actively involved in their own treatment. They want full disclosure of information so that they can make informed treatment decisions and be in charge of their health and healing. Biofeedback and other applied psychophysiology treatments are often ideal for these patients because they emphasize personal responsibility for producing treatment changes. Biofeedback allows clients to be actively in charge of treatment outcomes.

Self-Responsibility

Because children and adolescents are still developing their approach to life and to health and healing, there may well be a perfect opportunity for the biofeedback practitioner to help these patients acquire the attitudes, beliefs, and skills needed for beginning to take control of a very important aspect of their own lives, their own health, and their own healing. Whether learning to control one or more aspects of his or her own physiology will generalize to other aspects of a child or adolescent's health or healing is unlikely unless some attention is given to such possibilities. "When you took responsibility for learning to warm your hands, you told me that you didn't have as many headaches and that sometimes you could prevent even having the headaches. What do you think would happen if you learn to be responsible for what you eat [for exercising/for not smoking/for relaxing daily]?" (Use the term that is relevant to the particular client.)

Patients who are exceptionally responsible for their own treatment and the outcomes achieved tend to do the best in the long term. They often frustrate practitioners,

but also often exceed professional expectations. Cortis (1995) pointed out that his heart patients often did the opposite of what he expected by getting better, rather than worse, and living when he expected them to die. There seems to be great power in being responsible for one's own health and healing, and thus for how one's attitudes, beliefs, thoughts, and emotions can help produce desirable or undesirable changes and outcomes. These take-charge patients often make profound changes in their lifestyles in terms of exercising, diet, reducing high-risk behaviors such as substance abuse, learning to reduce stress, and looking at situations differently if they believe it will contribute to their short- and long-term health and healing. How might you as a practitioner ethically help children and adolescents who are passive or obedient during treatment to become one of those people who take charge of more and more of their own health, healing, and life?

Cognitive-Behavior Therapy

Cognitive-behavior therapy (CBT) has three assumptions that fit nicely with encouraging self-responsibility (Lau, Segal, & Zaretsky, 2003): (a) thoughts (cognitions) can mediate the responses an individual makes to events in the environment; (b) by identifying dysfunctional ways of thinking, alternatives can be identified that can effect positive changes; and (c) both cognitive and behavioral principles and techniques can be used to produce changes. No one can change another person's thoughts, but one can provide the information needed for a person to want to change or to actually change his or her way of thinking and behaving. Individuals who take responsibility for their own health and healing tend to be independent thinkers, and thus it is important for practitioners to understand that these individuals rely on information to produce their own changes. These patients need information on how attitudes and beliefs impact behavior, emotions, physiology, and health or disease processes. It is also important to help the patients understand how they use available information to arrive at the meanings that they assign to particular events and how these interpretations impact their emotions, behavior, and health. This cognitive process should not be left to chance.

"Self-efficacy, the inner conviction that one can do something that will make a positive difference, often generalizes into a more active personal mastery over psychosocial and relationship problems" (Moss, 2003, p. 10). Therefore, self-efficacy can be an attitude or belief that impacts many facets of health and healing (treatment outcome). How does one establish self-efficacy in the passive or obedient child or adolescent client if it does not yet exist for him or her? Moss (2003) pointed out that a person learns self-efficacy by learning to control a muscle or another physiological process, by reducing the severity of symptoms, and by increasing a sense of participation in personal wellness. Clearly a sense of participation can be encouraged during the rapport-building process by obtaining client assent and/or informed consent to treatment. The process for obtaining assent, informed consent, and a sense of participation will differ for clients who are passive, obedient, or the take-charge type. Understanding the mind-body connection is an important part of motivating the child or adolescent client to participate and produce physiological and other health and healing changes. Trust, honesty, full disclosure, skill practice, review of client achievements in treatment, and discussion of generalization and maintenance of skills are all part of the process for encouraging the development of self-responsibility for health and healing in children and adolescents.

References

Cortis, B. (1995). *Heart and soul: A psychological and spiritual guide to preventing and healing diseases*. New York: Villard Books.

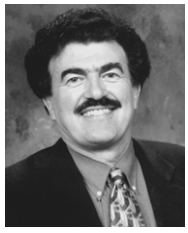
Lau, M. A., Segal, Z. V., & Zaretsky, A. E. (2003). Cognitive-behavioral therapies of the medical clinic. In D. Moss, A. McGrady, T. C. Davies, & I. Wickramaskera (Eds.), *Handbook of mind-body medicine for primary care* (pp. 67–99). Thousand Oaks, CA: Sage.

Moss, D. (2003). Mind-body medicine, evidence-based medicine, clinical psychophysiology, and integrative medicine. In D. Moss, A. McGrady, T. C. Davies, & I. Wickramaskera (Eds.), *Handbook of mind-body medicine for primary care* (pp. 1–18). Thousand Oaks, CA: Sage.

Striefel, S. (2005a). The ethical practitioner-client relationship. *Biofeedback*, *33*(1), 8–13.

Striefel, S. (2005b). Ethics, children, and hypnosis. *Biofeedback*, *33*(2), 1–5.

Striefel, S. (2005c). Treatment decision making when working with children and adolescents. *Biofeedback*, *33*(3), 1–5.



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