

When Words Really Matter

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I think a lot these days about doctors giving advice. Nobody taught me, back in medical school, how to give advice. It was not a part of our formal Introduction to Clinical Medicine course, in which we did discuss, in some detail, how to establish rapport with patients, how to ask open-ended questions, how to take histories around sensitive subjects like substance abuse and sexual activity.

But no, we did not really talk about how to give advice successfully – because after all, what did a bunch of second-year medical students know about giving advice? Before we could give advice, you might argue, we had to learn what advice to give.

There are some kinds of medical advice which you can only give after years and years of front-line experience, combined with an encyclopaedic knowledge of the field in question, combined with sage-like wisdom. To give this kind of advice means to shoulder a burden of life-and-death responsibility: whether or not to have the dangerous operation, whether or not to pursue the painful problematic treatment. And there is a different, more trivial, burden in offering the everyday live-a-healthy-life advice which I sometimes give out with the uncomfortable awareness that I am none too good at following it myself. Handling stress; eating properly; getting enough sleep; and exercising regularly.

Am I a hypocrite if I suggest that my patient should do as I say, not as I do? Or am I simply a conscientious physician, recommending what will give my patient the best chance at health, even if I sometimes fail to provide it for myself? So I try to be conscientious, but I end up acknowledging that this advice can be very hard to follow (“If this were easy to do, I would be a thin woman in much better physical condition!”). Are we allowed to give advice to our patients, if we can’t follow it ourselves?

When I started out in primary care, I tended to use the established checklists for anticipatory guidance, with their clear priorities – oral hygiene issues like getting rid of the baby bottle on schedule, for example, and brushing your toddler’s teeth, behaviour issues like managing tantrums and learning how to use time-outs as a discipline strategy

I had some qualms about the gaps between what I advised as a physician and what I did as a parent (I have 3 children now, with the youngest in junior high school, and I have never successfully consistently brushed a toddler’s teeth, never successfully used time-out as discipline). However, I also had some faith that perhaps I could help my patients in ways I had never helped my own children.

What would I tell the parents of my patients, though, if I really spoke from the heart? I suppose it is no accident that I found *Reach Out and Read*, or that *Reach Out and Read* found me: here, finally, was advice that I could offer other parents with the ring of true authenticity in my voice. *Here’s what I did for my own children, here’s something that I think matters desperately, here’s the great golden secret of life: read to your children!* Let your children grow up with books as friends and familiars from the very beginning: books as toys and building blocks, books as bedtime routines and bathroom companions, books as transitional objects and birthday presents.

The *Reach Out and Read* program had begun in a single clinic in Boston 20 years ago, as a collaboration between paediatricians and early childhood educators, and has now become a national program, reaching millions of children in thousands of paediatric clinics, hospitals, health centres, and private practices.¹ We have stayed with that original model for a primary-care-based literacy promotion: volunteers reading aloud to the families in the waiting room, primary care providers offering anticipatory guidance about the importance of reading aloud to young children, and a beautiful and developmentally appropriate book given to every child at every primary care visit from 6 months to 5 years of age.

Over the past 20 years, *Reach Out and Read* has grown into a national literacy promotion program, offered at more than 4000 clinics, health centres, hospitals, and practices, all over the United States, and in several other countries as well. It’s been a joy and a delight to work with people who do primary care, especially in settings which serve children growing up in poverty, and to help them figure out how best to incorporate the books and the advice about reading aloud

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into their well child visits.

I have learned a tremendous amount from my colleagues about giving this advice. They have helped me understand how to do it most effectively: Bring the book into the examination room early, at the start of the visit, and watch how the child handles it; that will help you with your developmental assessment. Comment on the child's interest in the book – reinforce for the parent that chewing on a book is a normal response from a 6-month-old (and make sure you have board books on hand for the babies who are too young for paper pages).

Ten or so years ago, a resident in a teaching hospital where I was doing a *Reach Out and Read* training said: "I've noticed that if I just give the baby a book, and the baby puts it right in his mouth, sometimes the mothers are embarrassed, like they're thinking, 'The doctor gave my baby a nice new book, and what did he do? He ate it! He's not really ready for books yet'". I nodded in agreement; I had noticed mothers in my examination room reacting in exactly the same way. But the resident went on: "So instead, when I start to give the book I say, 'Let's see what your baby will do with this board book, because the developmentally appropriate thing for a 6-month-old to do is to put it right in his mouth'. And then, when the baby does it, the mother will be really proud – her baby has just performed!" I borrowed that technique and that line, and I have used them over and over with my own patients, and I incorporated them into the training workshops I offered.

That is how I learned about giving advice to parents, and also giving advice to doctors. There are certain points in common. You have to make it real, and practical, and immediate. I think guidance is most helpful if it involves something concrete you can do right away – this afternoon while you are seeing patients, try saying that and doing this, tonight when you are putting your toddler to bed, try doing this and saying that. When I give books to very young children, I talk with their parents about specific developmentally appropriate techniques for enjoying books with a 1-year-old ("Point to the pictures and ask him questions – 'Where's the baby's nose – there's the baby's nose!'") or with a 2-year-old ("Children this age love rhymes – but she may not want to sit still for a whole story, so let her get up and run around if she wants to, and then come back for more!").

The best advice doesn't make any unrealistic assumptions about people's lives – parents will not go from never reading aloud to a book-filled life in a book-filled house in a single jump; doctors will not centre their primary care practices around literacy promotion. People juggle many competing imperatives and complicated agendas, at home or in the examination room, and to help them make good changes, you have to offer them strategies that fit their

realities – even if your ultimate goal is to change those realities more than a little.

Finally, and most importantly, it is easier to give advice that you follow. I am happy to stand up and tell doctors that talking about reading aloud and giving books during the health supervision visit will make the visit more efficient, rather than less so, will help them get a sense of the child's developmental stage, and also give parents guidance about helping their children along developmentally. And I say this with real conviction, because I'm the truest of true believers: it is what I do in my own clinical practice, and it's what I did – and do – at home with my own children. You speak with a different kind of conviction when what you are saying is: "This is what I did for my children, this is what I want for my patients, and I want it for my patients for all the same reasons that I want it for my children".

And what are those reasons? To start with, I read to my children because my parents read to me – because I grew up, in a family of teachers and writers and book-lovers, with books as the furniture of my mind. I have all the predictable associations with picture books – my mother's lap, my father's voice, the silly creatures and sillier rhymes of Dr Seuss. I expected books at bedtime, books on my shelf, and trips to the library. And I moved along, more or less on schedule, to reading for myself, and reading the way that perhaps we only read as children, obsessively, absorbedly, reading and rereading favourite books until they had become part of my thinking and part of my memory and part of my sense of the world.

I have wondered, sometimes, if there is some parallel between the repetition that a 2-year-old demands, turning over a favourite book as soon as a parent comes to the end, and requesting that it be read all over again, word-perfect, no changes tolerated, and the repetition that many children enjoy when they revisit particular books or particular series, over and over. I have a 13-year-old son who reread all the Harry Potter books starting with book one to be ready for book five, and again to be ready for book six, and then again to be ready for book seven. And after he had read book seven, a few months later he read all seven of them once again.

So I read to my children when they were little in part because I believe it is the way in to a childhood of reading and loving books. And in part because I have happy associations with that triad – parent, child, book – and I wanted to enjoy it from the parent's side. I also read to my children because – as I tell my patients' parents – reading aloud is a good way of calming children down, passing the time when you're waiting, and above all, of course, helping children to go to bed at night.

And finally, I think I read aloud to my children because I am not a naturally talented play-creative-games-with-

your-children mother. Give me an hour or two to pass with my beloved toddler or preschooler, and I do not create a fantasy world of block towers and plastic dinosaurs. I don't dig out the dress-up outfits and help stage a wonderful show. I was more the choose-a-book-and-come-sit-on-the-couch-with-me type of mother. And while you are at it, choose 2 or 3.

So yes, I think I give advice more effectively when it's advice I actually follow myself. I do not want to say: "When it is advice I actually believe in", because I really do believe in much of the good advice that I give that I *do not* always follow (if this were easy, I would be a thin woman in excellent physical condition!). But there's a different flavour when I am talking to parents about doing something I cared passionately about doing with my children in my own home. And maybe that is in fact precisely because the advice I give when I hand out those books is only a tiny part of the message and the possibility that I believe those books can carry.

When I suggest to parents that they read with their young children, I truly believe that I am offering a strategy which enhances language acquisition and promotes school readiness. In fact, the *Reach Out and Read* model has been shown to be effective in a number of peer-reviewed studies: parents who participate in the program report reading more frequently to their children, and they describe more positive attitudes toward books and reading aloud.²⁻⁹

Most important, several studies have shown significant improvements in both receptive and expressive language in young children who participate in the program.¹⁰⁻¹² That is why this guidance and these books are especially important for children at risk, children growing up in poverty, less likely to be read to, or to have books in their home, children at higher risk of language delay and school problems. For language development, for later school success, the guidance about reading aloud and the books which make it such a pleasure can mean a tremendous difference.^{13,14}

But important as that is, books are even more. Reading to my own children helped me enjoy their childhoods, helped me spend time with them when they were young in a way that fostered playfulness and language and pleasure and even, to use a word that certainly has its place in paediatrics, love. Yes, there it is. Reading aloud to my children when they were small helped me love them and treat them lovingly. Even though that is not what I say to parents in the

exam room, it's part of what I want, part of what I hope for, when I hand over that book and comment enthusiastically on the baby's ability to put it in her mouth, or the toddler's enthusiasm as he points to the pictures.

And I know that these specific pieces of advice are just the basic directions into ever-expanding worlds – the comforting and resonant zone of listening to stories, the colourful enchanted forests of children's books, and the infinite universe of literacy and literature.

For information on *Reach Out and Read*: www.reachoutandread.org

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