

# Lab to Smartphone

David Rettew, MD

Welcome to the first column of “Lab to Smartphone,” a new and regular feature of *JAACAP Connect* that is devoted to educating and engaging our child psychiatry community on practical, contemporary, and controversial topics that are on the minds of both child psychiatrists and the greater public at large. Let’s face it: child psychiatry is poorly understood and often profoundly misrepresented in the media. While I could be wrong about this, my sense is that the annual meetings of, say, dermatology organizations generally don’t attract nearly the number of protesters that we do. And though it certainly is true that our profession has made some missteps along the way, much of this antagonism comes from our allowing of other groups to define us.

Ironically, in this age of endless information, people are more confused than ever, especially when it comes to a topic as complex as the developing human brain. Yes, there are fascinating and cutting-edge research studies being conducted worldwide every day, with some of them appearing in *JAACAP*, but what good is a groundbreaking article on attention-deficit/hyperactivity disorder (ADHD) going to do for a family that has been convinced that ADHD doesn’t exist? How is a new evidence-based approach to psychotherapy going to reach the patient who has just seen an antidepressant commercial and now believes that getting well involves no more than taking a pill to correct their “chemical imbalance”?

The ability to translate behavioral science into useful and operational knowledge challenges even those of us in practice for many years. For trainees such as psychiatry residents and child psychiatry fellows, it can be especially difficult to distinguish between substance and hype, the limits of psychiatry’s knowledge from the limits of your knowledge, or between the topics that are controversial among the public versus the topics that are controversial within the field.

With these principles in mind, the two primary goals of “Lab to Smartphone” can be summarized as follows. The first is to provide dependable and useful information on a variety of child mental health topics that are of current interest and are often not covered by more traditional journal formats. Many of these topics will relate to controversies that are being debated outside of the proverbial ivory tower. Potential topics could include psychiatry’s role in being true mental health professionals rather than just mental illness professionals, the new world of open-access journals and conferences, or why so many people don’t believe ADHD actually exists. These columns will at times challenge and confront not only groups that seek to undermine child psychiatry, but ourselves, as well. The second goal of this column, frankly, will be to encourage other child psychiatrists, and especially trainee and junior-level folks, to “get out there” and engage the broader community in both spreading reliable and helpful information about child mental health while refuting nonsense wherever it is found. As part of that effort, this column encourages especially less-experienced writers to contribute to “Lab to Smartphone” by either co-writing a column with me or with another senior mentor. Information about how to do this is at the end of this article.

How did I get this gig? That’s a good question, and I’m not sure I completely know the answer. Like many child psychiatrists, my career has taken some turns. I started out primarily as a researcher, doing studies in child temperament and the associations with psychopathology. My colleagues and I published a number of what we thought were pretty interesting studies, but few people seemed to be reading them, and the ones that were already knew a lot about the subject. Originally, I had thought that my job ended once a paper was published; now I realize that the work is just beginning. The people I really wanted to reach—the parent trying to do right by their kid, the pediatrician drowning in patient mental health problems, the child psychiatrist too busy to read

through an entire journal article—were finding answers to their questions but in other places, namely blogs, social media, websites, and the occasional trade book.<sup>1</sup> The problem with that was that much of that information was simply wrong and often written by people with little experience in either research or patient care. Some of these online experts were terrific, but too often the focus was less about translating science and more about selling a new type of untested psychotherapy, nutritional supplement, or book about how horrible psychiatry is.<sup>2</sup>

About 5 years ago, I was invited to write a blog for primary care clinicians as part of my day job at the University of Vermont Larner College of Medicine. This led to being asked to write a blog for the general public on the *Psychology Today* website called “ABCs of Child Psychiatry,” which now has been viewed close to a quarter of a million times. From there, I found myself doing more and more media appearances for radio and television, now including a monthly segment on our local news. While I’m far from being anything close to a celebrity, this exposure has generated quite a bit of positive and grateful responses, as well as my fair share of trolls and detractors.

Overall, this attempt to represent child psychiatry to the public and explain what is actually known about improving mental health has been a fascinating journey, but we need to increase our numbers. In my 20-plus years working in psychiatry, perhaps the most important lesson I have learned is this: the most challenging part of our work is not coming up with a plan that will help a patient and their family get better; it is motivating, inspiring, and supporting them to enact that plan. To accomplish this requires connection, trust, and an ability to articulate what we know into language that

is understandable and compelling. Unfortunately, there are not enough child psychiatrists around to be able to have these direct professional relationships with all the patients and families who need them. This means that to extend our reach to the broader population, we have to go beyond the office, the scholarly journal, and the scientific conference to the places where people are actually looking for information and encouragement.

In Vermont, like in many other states, there is a strong farm-to-table movement that strives to provide an integrated system of getting food from a local source to the consumer with maximum efficiency and minimal processing and manipulation. When it comes to the flow of reliable science-based information from the lab to an individual’s smartphone (and then to their brain, hopefully), much of that hard-earned evidence is unfortunately lingering at the farm or with a few interested neighbors while hungry diners elsewhere are gobbling down the scientific equivalent of Twinkies. It’s my hope that this column will be a small step towards improving that distribution network, and I invite you to be a part of it.

### References

1. Fox S, Duggan M. *Health Online 2013*. Washington, DC: Pew Research Center Internet and Technology American Life Center; 2013.
2. Rettew DC. Celebrity psychiatrists and science: time to close the gap. *J Am Acad Child Adolesc Psychiatry*. 2015;54:243-244.

### Participate in the Lab to Smartphone Column

To suggest a topic for this column or to inquire about co-writing a Lab to Smartphone column with Dr. Rettew or another child psychiatry mentor, please send an email to [david.rettew@med.uvm.edu](mailto:david.rettew@med.uvm.edu).

### About the Author

**David Rettew, MD**, is program director of the child and adolescent psychiatrist fellowship program at the University of Vermont Medical Center and an associate professor of psychiatry and pediatrics at the University of Vermont Larner College of Medicine. He is the author of the book *Child Psychiatry: New Thinking About the Boundary Between Traits and Illness* and the “ABCs of Child Psychiatry” blog on the *Psychology Today* website. He is on Twitter as **@PediPsych**.

**Disclosure:** Dr. Rettew has received royalties for his blog for *Psychology Today*.