



# Finding Hope and Facing Fears at the Partial Hospitalization Program

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On the first day of my fourth-year elective acting internship at the child and adolescent partial hospitalization program, I took a few deep breaths, readying myself for what I imagined I was about to face: stories of sadness, trauma, and abuse, and an accompanying hopelessness about my inability to make any change.

What I was not expecting was the first sound I heard when I badged through the door into the unit: laughter.

The rainbow-covered walls reverberated with the sounds of flopping crocs and shrieking giggles before the adolescent group rounded the corner to line up for their morning snack, chattering all the while and waving to me with welcoming smiles as I passed by.

It turns out that at the partial program, joy is not saved only for snack time. I experienced it when a shy teenager opened up for the first time about his anxiety and received a rousing applause from his supportive groupmates, and when a young child painted her heart drawing purple and explained that it means she is proud of herself. The program entails serious treatment, but the children approach it with a sense of fun. These young people are learning new skills they can utilize to care for their mental health. They will reenter their lives with a new-found ability to tackle their futures, and this brings me joy.

Though joy was evident from the moment I stepped onto the unit, it took me longer to fully process the difficult moments and challenges I encountered at the program. During patient interviews, I heard about depression and loneliness. During family sessions, I heard about past abuse and current conflict that these children go home to at night. There were moments of crisis, such as when a young child needed to be restrained to prevent him from hurting himself and others. I now better understand that not all patients will improve quickly or permanently. Not all will be able to employ the coping skills I teach them. Many will struggle

against numerous factors beyond my control. However, the challenging moments make the moments of joy that much more gratifying to me. Additionally, I find deep fulfillment in the moments I spend sitting with a patient who is struggling, and in being the person they share their thoughts and experiences with, even though that moment does not include laughter.

What makes a career in medicine rewarding to me, even more so than the intellectual challenge and lifelong learning opportunities, is the chance to build meaningful relationships with patients. During other clerkships, I was not able to envision this aspiration of mine as reality. In the general medical environment, I rushed through the visits with no time to dig deeper into who the person in front of me really is and what their life is really like. I was able to practice a bit more relationship-building in Pediatric Endocrinology, which necessitated longer visits to ask about the many aspects of diabetes management: diets, stressors, schedules, and relationships. However, the focus was on understanding how these factors impact blood glucose control, and less so the children's experiences as human beings. On inpatient-based clerkships, there was more time to sit and talk with patients, but those patients were quickly discharged and our paths never crossed again.

I finally saw this possibility for meaningful relationships actualize at the partial hospitalization program. Our psychiatric evaluations were comprehensive and thorough. Through intensive therapy sessions, adolescents built a trusting relationship with their providers, and many requested to follow with that provider as an outpatient after discharge. Our conversations at the program were about more than the child's psychiatric illness and treatment; we explored their life experience overall. I got to know these patients better than most others I encountered in other clinical spheres, and as a psychiatrist, there is potential for developing these therapeutic relationships further through longitudinal follow-up in the outpatient setting.

These relationships will keep me excited to wake up for work for decades to come, but I will need to maintain an emotional boundary to prevent the pain and trauma that I

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encounter through my work from taking hold of my thoughts outside of the office and from seeping into my own emotions. I fear that this might be difficult for me. Already, the stories of these children have stuck with me and I find myself thinking of them long after I have left. I will work to hone this skill just as intensively as I do my clinical skills.

Spending my days teaching coping skills has an unexpected benefit. I have picked up pearls of wisdom from the therapy sessions that I have already applied to my own life. I learned to “check the facts” (such a simple and revolutionary concept) and started an exercise routine again after letting my personal health slip to the very bottom of the bottomless to-do list of a medical student. I could learn these lessons by entering into my own therapy, but psychiatry is the field that provides the unique benefit of cultivating the personal growth of the psychiatrist herself without being the patient. I can be a more confident and healthy person and physician through my work as a psychiatrist.

I encourage students interested in psychiatry to rotate in the partial hospitalization setting if possible. I gained appreciation for the breadth of the field and the transdisciplinary

approach. I was able to take on a larger role, interviewing children for their psychiatric evaluations, collecting collateral information from family, and accompanying patients through individual and family therapy sessions.

I expected to face hopelessness in the context of treating children and adolescents who are suffering from psychiatric illness. However, the laughter-filled partial hospitalization program is one of the most hopeful clinical spaces I have encountered so far. I feel purpose in both the moments of pain and of joy that fill my days spent working in child and adolescent psychiatry. I will carry these lessons and this hope forward in my psychiatry career.

## Declarations

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