Ph.D. Program; Clinical @ City College

The Graduate Center of the City University of New York

Practicum in Interviewing and Personality Appraisal (Child)
Course # 77700.30629 (3 Credits)
Spring, 2017

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Day & Time: Course: Tuesdays, 9:45-11:45 a.m. (Room 8/130);
Child Evaluation (Eval) Team Thursdays 4:00-6:00 p.m. (Room 8/116)
Office Hours: Thursdays 1:00-3:30, or by appointment

Course Description:

The purpose of this course is to teach you the essentials of child evaluation and assessment. These are real world skills that are critical in making decisions regarding treatment, school placement, testing, and medication, and involve developing your skills in parent interviewing, child play sessions, formulation, and diagnosis. You will employ these skills every single time you meet a child and their parents/guardians in a clinical setting. Individual cases will be discussed that illustrate principles related to conceptualization and diagnosis of a range of disorders.

The course will be conducted using primarily a lecture/discussion format. There will be an occasional video tape and classroom exercise to demonstrate different concepts and disorders. Students are expected to attend class prepared to discuss the readings assigned for that date and to participate in discussions. I very much want you to do the reading on time, think carefully about it, and be ready to participate in probing discussions. As the semester progresses, we will apply these readings to the cases you are seeing in the Eval Team.

This is a practicum course, and as such our primary focus will be evaluating the children assigned to the Child Eval Team by the Clinic. This course is a companion course to both Child Psychopathology and Lifespan Development which will introduce a number of the theoretical, development, and clinical constructs relevant to evaluating and assessing children and their families. Readings for the course will address clinical interviewing, developmental history taking, play observation, diagnostic assessment, report-writing and formulation, as well as play therapy, culture, class, ethnicity and issues of difference.

You are taking this course in the context of your continued task of becoming a clinician, specifically a child clinician. This is no small thing, and we will pay great attention to it as the semester progresses.

Goals/Objectives:

By the end of the course, the successful student will have accomplished the following goals:

- The successful student will have an understanding of several different methods for evaluating disorders of childhood including play observation, developmental history taking, clinical interviewing, diagnostic assessment, report-writing and formulation, as well as play therapy.
- The successful student will have a working knowledge of how these disorders are diagnosed, be able to comprehend the major theories of what causes these disorders.
- The successful student will be able to apply this working knowledge to evaluate a presenting problem, work to diagnose that problem, communicate this to the parents/guardians/caregivers of the child and provide feedback at the end of the evaluation.
- The successful student will be able to integrate issues of culture, class, race, ethnicity, sexual orientation, education, and other areas of difference.[1]
- The successful student will have completed all readings on time, will actively participate in class discussions, and will complete a series of examinations demonstrating their accumulated knowledge of psychopathology.
- The successful student will be familiar with the disorders of childhood in the DSM-5[2], as well as the Psychodynamic Diagnostic Manual (PDM).

Course Procedures: Structure of Class time.

The course time is divided between class time and a laboratory component, which includes live supervision, aka Child Eval Team. While I will teach the didactic class solo, I am a big believer in the notion that these teams run better with more than one head. To that end, the teaching assistant, Naomi Dambreville will join us to run the Child Eval Team and participate in the review of case material and written reports.

Class time (9:45-11:45 AM Tuesdays) is used for didactic purposes, as well as to review case material and session notes as they relate to the didactics. Typically, at least the first hour of the class will be devoted to discussing the reading. I will use your response papers[3] as jumping off points for some parts of the lectures, but given that this is a small practicum seminar, the expectation is that you will participate in discussion and arrive at class prepared to do so. One of the class meetings will involve direct observation of children in a school setting.

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[1] Readings may be added or amended depending upon case material.

[2] Given that as of this semester, most major hospitals and insurance companies continue to use DSM-IV-TR classifications rather than DSM-5, we will also require that you become familiar with the aforementioned information in DSM-IV-TR.

[3] More on these below

Students will be required to read a series of articles and chapters that address contemporary issues in child evaluation and psychotherapy. I have tried not to make the reading requirements for this course too extensive (1-2 required articles or chapters per week), however there is the expectation that the readings you are assigned will be closely read.

Child Eval Team (4:00-6:00, Thursdays) will be used to cover administrative matters, see "live" cases, continue to review clinical material, and to *play* with what we see as a group. In this way, initially, you will see your first cases (both parent and child sessions) in front of the one-way mirror[4] and those of you not seeing cases that day will watch through the mirror. After you see the case (typically from 4:30-5:15), we will use the remaining time to review what we saw and think together about the clinical material. If we don't have a live case scheduled, we will use this time for catch-up and supervision, as we will be working on many cases concomitantly. Typically, as the semester progresses, more and more of you see cases simultaneously and thus the number of people watching from behind the mirror will decrease.

The Child Eval Team was developed in part to try to keep the administrative pieces of the intake out of the class time and reserve those issues for the Eval Team Time. Eval Team will include, but is not limited to reviewing the status of each of the cases we are following, including logistics, clinical questions, updates, etc. as well as reviewing the things you need to know for upcoming sessions with parents/children. While we will use the class time primarily to review readings and responses, we will certainly use your ongoing case reviews as a backdrop for discussing the principles of evaluation.

Course Procedures: Clinical Work

Within the first few weeks of the semester, each therapist will be assigned a family to evaluate. Each therapist will be responsible for doing a complete intake on that child; this includes parent interviews (which include, but are not limited to, taking a developmental history, administering and transcribing the Parent Development Interview (PDI), getting a history of the problem), a series of child play sessions, contact and visitation with the school and any other outside providers as indicated[5], having the family complete questionnaires regarding the child's behavior, obtaining consents for the family to participate in the child intake research, and testing as indicated. Finally, you will meet with both the parent(s) and – if appropriate – the child, for feedback. On the basis of all of your observations you will be expected to write a short form[6] that includes a summary of all sessions, a diagnostic and dynamic formulation, as well as a treatment plan.

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[4] More on this in the Child Intake Manual (Slade et al 2013).

[5] Unless I determine otherwise, you will be required to do a school visit on one of the two children you evaluated.

[6] The short form is the document that *The Clinic* needs in order to open a chart on the patient; more on this below.

Depending upon the flow of Child referrals to the clinic, you may be required to complete a second intake. There will be no long form required for this case, but there will be a long form.

Course Procedures: Peer Consultants

Each of you has been assigned a Peer Consultant. Your peer consultant will provide consultation on the case each week. In addition, your Peer Consultant will be in charge of all of the minutia that go along with learning how to chart and manage child work.

It is our overwhelming belief and experience that in the "real world" of doing child therapy, one is often in the position of collaborating with several other professionals and therapists. Often, this can be a very valuable experience in the treatment of children; at times it can be a hindrance. Regardless of which, it will happen and we are aiming to include some training around this issue in the course. Invariably (as you will certainly see between Meg and me for example) there will be disagreement between therapist and peer consultants. Please know that we are in constant contact with and provide constant oversight to these Peer Consultants. Again, this experience is one that you can expect to encounter many times over the course of your career. As the semester goes on, *if* you are concerned about an issue relating to this, please let me know sooner than later.

Course Procedures: Writing

Writing is a large portion of the class. Writing as you see a patient or read a paper/chapter forces you to think about, play with and begin to consolidate your reactions. There are three types of writing for this class: Short Forms, Long Forms, and Response Papers.

The **short forms** are the official documents the clinic needs to open, track and close cases. Each therapist needs to submit one finalized short form per case. The intake will include data from the child sessions and from the parent sessions. The short form is the official documentation that the clinic uses to open a chart rather than your academic paper for the course. Both the primary therapist and their peer consultant must sign off on this. Once the short form has been approved by the supervisor, the therapist can present the patient to the Clinic Director for disposition. There is a sample short form on a fictional patient named Glenn Rivers that can be accessed through the shared folder.

In addition to the short form required by the clinic, your academic piece of writing for this class is a **long form**.[7] Writing the long form is a two step process. The first step involves turning in a rough draft of the long form for us to go over with you (The date for this will be announced, and likely will be in early June). This will help us clarify and/or sort through the various complicated issues that arise in any child intake. After this meeting, you should work to incorporate our comments into your final draft which will be due on the last day of class (May 23rd). As with the short forms, your Peer Consultant

[7] This is your final paper for the course and should be treated as such. The long form is a more in depth, comprehensive account of your case. We will provide you some samples.

will also need to sign off on this piece of work. No one will receive a grade for the course until they have completed their long form and turned in their PDI transcript.

In addition to the short and long forms, on most weeks during the semester you will be asked to write **response papers**. These are short, journal-like (non-literary) two page responses to a reading assigned that week. The purpose of this is (at least) twofold. 1) Thinking about what to write will push you to really consider what the readings are saying. 2) These responses will give me another window into your experiences, thoughts, fantasies etc. about the process of becoming a child therapist. As I hope is obvious, there is no right way to write these. All I ask is that you take them seriously and put down your thoughts. On the weeks when these are assigned, they will be due **Monday Morning @ 9:00 am** so that I can have an opportunity to read them and incorporate them into any plans for the week's class by the time we meet.

In terms of reports, when you see patient (child, parent, school visit, etc.) it is expected that you will update your short form by that **Sunday @ 12:00 pm**[8]. It is not necessary for you to have a flawless report prepared 36 hours after you see your patients. Rather, it is important to have something down on paper so that when it comes time to turn your short form into a long form, you have the bones of your report. Updating your short form regularly in this way also clarifies what questions you need to ask during the next session. This can be particularly true in regard to documenting a thorough developmental history.

Please make sure to post the response papers in your dropbox folders by their due dates. All of you have folders named "Child Intake Response Papers" in your Child Eval Team Spring 2015 dropbox folders. Any lateness on any of these documents that has not been discussed with me ahead of time will result in the lowering of your final grade in the course.

Arietta Slade has written a comprehensive Child Intake Handbook describing the intake process at the Psychological Center. This document details many, but not all of the procedures involved in conducting an intake at the clinic. We will make it available to you in the shared folder, and you are free to make use of it, but we would strongly caution against following the manual for its own sake. In our experience, child clinical work is very messy; every case is different and there will always be exigent circumstances that call for different interventions. In addition to this handbook, we will be passing out a number of protocols to be used in gathering demographic data and developmental and family history, making child observations, and tracking school performance and other academic information.

Requirements and Grading:

Grades will be based upon three main factors. The first of these is class participation (10%). The second one is your final Long Form (40%). The remaining proportion of the grade (50%) will be based upon your response papers (10 x 5%). I will judge the

[8] In the event that you see a case on a day other than Thursday (we will go over the details of this in Eval Team), this deadline will be adjusted accordingly.

"quality" of your work, that is, the degree to which you really engage in the process, put thought into your response papers, play with the material, endeavor to learn from supervision, and take the time and the effort required to do your best given your level of skill and understanding. "Quality" of course also refers to your capacity to listen and think clinically, and to conduct yourself in a thoughtful, humane, and clinically responsible way. You will not receive a grade until all written work has been handed in.

Student Performance Evaluation:
A. Response Papers 10 x 5% (50% of Grade):
B. Final Paper (Final Long Form) (40% of Grade): Due Monday, December 15.
C. Class Participation (10% of Grade):

The grading criteria will be a standard academic scale: 100-93 = A, 92-90 = A-, 89-88 = B+, 87-83 = B, 82-80 = B-79-78 = C+, 77-73 = C, 72-70 = C-, 69-65 = D, 65 and below=F. Late assignments will result in a reduction of one grade increment for each day late (e.g., an A paper will receive a grade of A-).

Participation is evaluated on quality (not quantity) of contribution to the class discourse. This does not mean talking a lot; quality of participation includes facilitation of group discussion, questioning, and integrating others' ideas and comments.

Class Attendance and General Expectations-Attendance is Mandatory. Attendance and class participation are a major part of this class. Only two excused absences and one unexcused absence are permitted. Missing more than 3 classes will result in automatic failure or you will be encouraged to withdraw.

Reasonable Accommodation:
If you have a diagnosed disability or believe that you have a disability that might require accommodations on the part of the instructor, please contact the Disabilities Office at City College.

Readings:

A number of books and articles are listed in the syllabus. I will also likely assign articles relevant to individual cases as the semester proceeds, as well as shift some readings from week to week so make sure you know what to read before embarking upon doing so. Many of the readings are in the class dropbox reading folder; some are not and **it is your responsibility to determine which are and which are not.** Please also familiarize yourself with the APA Guidelines for Ethical Conduct, as well as the APA Practicum Guide listed below. Please be aware that there are also a number of specific APA guidelines and task force reports regarding, for instance, child custody, traumatic exposure, etc. Please be sure to familiarize yourself with these as necessary at www.apa.org

Required Readings:

*Altman, N., Bonovitz, C. Dunn, K. & Kandell, E. (2008). On Being Bad While Doing Good: Pro Bono Clinical Work with Foster Children and Their Families. *Journal of Infant, Child & Adolescent Psychotherapy, 7:* 14-36.

*Bonovitz, C. (2009). Countertransference in Child Psychoanalytic Psychotherapy: The Emergence of the Analyst's Childhood, *Psychoanalytic Psychology, 26:* 235-245.

Bromfield, Richard (2007). *Doing Child and Adolescent Therapy: Adapting Psychodynamic Treatment to Contemporary Practice.* New York: Wiley.

Chethik, M. (2003). *Techniques of Child Therapy: Psychodynamic Strategies.* New York: Guilford Press.

*& Ekstein, R. & Wallerstein, J. (1954). Observations on The Psychology of Borderline And Psychotic Children. *Psychoanalytic Study Of The Child,* 9: 344-369.

* Ehrensaft, D. (2011). Boys Will Be Girls, Girls Will Be Boys: Children Affect Parents as Parents Affect Children in Gender Noncomformity. *Psychoanalytic Psychology,* 28: 528-548.

*Freud, A. (1963). The Concept of Developmental Lines. *Psychoanalytic Study of The Child, 18:* 245-265.

Freud, A. (1965). *The Writings of Anna Freud, Vol. VI: Normality and Pathology in Childhood: Assessments of Development.* New York: International Universities Press.

Green, J. & Levithan, D. (2010). *Will Grayson, Will Grayson.* New York: Dutton Books.

Greenspan, S.I. & Greenspan, N.T. (2003) *The Clinical Interview of the Child.* Washington, D.C.: American Psychiatric Publishing.

*Grossmark, Robert. (2012). The Unobtrusive Relational Analyst. *Psychoanalytic Dialogues 22:* 629-646.

*Kronengold, H. (2010) Hey Toy Man. *Journal of Infant, Child, and Adolescent Psychotherapy,* 9:3–17.

*Kronengold, H. (2012). The Adventures of Captain Pineapple. *International Journal of Play Therapy.*

*Mayes, L. & Cohen, D. (1996). Anna Freud and Developmental Psychoanalytic Psychology. *Psychoanalytic Study of The Child, 51:* 117-141.

* Oram, K. (2000). A transitional space: Involving parents in the psychotherapy of their children. *JICAP,* 1, 79-99.

PDM Task Force (2006). *Psychodynamic Diagnostic Manual,* Alliance of Psychoanalytic Organizations.

Pine, F. (1985). *Developmental Theory & Clinical Process.* New Haven: Yale
Sandberg, E. & Spritz, B. (2010). *A Clinician's Guide To Normal Cognitive Development.* New York: Routledge.

Siskind, D. (1999). *A Primer for Child Psychotherapists.* New York: Aronson.

Slade, A. (2008). Mentalization as a frame for parent work in child psychotherapy. In E. Jurist, A. Slade, & S. Bergner, Eds., *Mind to Mind: Infant Research, Neuroscience and Psychoanalysis* (pp. 307-334). New York: Other Press.

Tuber, S. & Caflisch, J. (2011). *Starting Therapy with Children and Adolescents: A Process-Oriented Guide for Beginning Therapists.* New York: Routledge.

* Winnicott, D.W. (1947). Hate in the countertransference. In D.W. Winnicott (1965). *Through pediatrics to psychoanalysis.* London: Routledge.

*Winnicott, D.W. (1971). *Playing and Reality.* London: Routledge

Also Recommended:

Lieberman, A.F. & Van Horn, P. (2008). *Psychotherapy with Infants and Young Children: Repairing the Effects of Stress and Trauma on Early Attachment.* New York: Guilford.

Siskind, D. (1992). *The Child Patient and the Therapeutic Process: A Psychoanalytic Developmental, and Object Relations Approach.* New York: Aronson.

Siskind, D. (1997). *Working with Parents: Establishing the Essential Alliance in Child Psychotherapy and Consultations.* New York: Jason Aronson.

Rogers, A. (1995). *A Shining Affliction: Harm and Healing in Psychotherapy.* New York: Penguin.

Tuber, S. (2008) *Attachment, Play & Authenticity: A Winnicott Primer.* New York: Jason Aronson.

Tuber, S. (2011) *Understanding Personality Through Projective Testing.* New York: Jason Aaronson.

* = Uploaded to class dropbox folder

Weekly Reading Assignments and Class Topics:

1.31 **Prelude**

Read: Green, J. & Levithan, D. (2010)

Response: Due 1.30

2.7 **Introduction: Conducting an Evaluation: Normality & Pathology**

Read: Freud, A. (1963)
Mayes & Cohen (1996).

Response: Due 2.6

2.14 **Introduction: One way of thinking about the intake**

Read: Chethik (2003). Chapter 1 & 2

Response: Due 2.13

2.21 **Gender**

Ehrensaft (2011).

Response: Due 2.20

2.28 **No Class (Admissions Day)**

3.7 **Working With Parents**

Read: Chethik (2003), Chapters 4-5.
Slade (2008).
Oram (2000).

Response: Due 3.6

3.14 **Obtaining a Developmental History**

Read: Greenspan & Greenspan (2003). Chapters 1, 5 & 7.
Review Tuber, Gomes, & Weinstein Developmental History Formats

Response: Due 3.13

3.21 **Meeting the Child: Play, Play, Play**

Read: Tuber, & Caflisch (2011). Chapter 1.
Chethik, (2003). Chapter 3.

Response: Due 3.20

3.28 **The Parent Development Interview**
Guest Lecturer: Melissa Ilardi, Ph.D.

Read: TBA

Response: 3.27

4.4 **Pause: What exactly are we doing here?**

Read: Kronengold (2010).
Kronengold (2012).

Response: Due 4.3

4.11 **No Class (CCNY Spring Break)**

4.18 **No Class (CCNY Spring Break)**

4.25 **Meeting the Child: Play, Play, Play…& More Play**

Read: Winnicott (1971), Chapter 1.
Slade, A. (1994).

Response: Due 4.24

5.2 **Space.**

Read: Grossmark (2012).

Winnicott (1971), Chapter 4.

Response: Due 45.1

5.9 TBA

Response: Due 5.8

5.16 Countertransference

Read: Bonovitz (2009).

Response: Due 5.15

5.23 Treating Borderline Children

Read: Ekstein & Wallerstein (1954).
Pine (1985). Chapter 14.
Chethik (2003). Chapter 8.

Response: Due 5.22

During the last weeks of the semester, we will review each of the cases presented in detail, with the aim of clarifying the dynamic formulation, diagnosis, and disposition. This will help students formulate their feedback to the parents, and will help in report writing.

Read: Winnicott (1971).
Siskind (1999).
Tuber (2011).

Review: PDM: Chapters on Childhood Disorders.
DSM IV: Chapters on Childhood Disorders.

NOTES:

I need to have drafts of all your reports in before I will give you a grade.

Working with children is a lot of fun; it is also a lot of work. Please do your best to give yourselves the room to experience this transition. While I hope you all decide to continue to work with children after your time here, my belief is that working with children and seeing development unfold before your eyes is invaluable for your adult work as well.

Additionally, it can be anxiety-provoking to begin this work in front of a one-way mirror. Rest assured, we will treat all of your work, and the associated strong affects that arise while doing it with great care. We have all been through the process of learning while being evaluated and will keep this in mind as we progress through the course

Outline of Class Meetings
Practicum in Interviewing and Personality Appraisal (Child)

January 31st	Prelude
February 7th	Conducting An Evaluation: Normality & Pathology
February 14th	One Way of Thinking About The Intake
February 21st	Gender
February 28th	**No Class (Admissions Day)**
March 7th	Working With Parents
March 14th	Obtaining A Developmental History
March 21st	Meeting The Child: Play Play Play
March 28th	The Parent Development Interview
April 4th	Pause: What Exactly Are We Doing Here?
April 11th	**No Class (CCNY Spring Break)**
April 18th	**No Class (CCNY Spring Break)**
April 25th	Meeting The Child: Play Play Play, & More Play
May 2nd	Space
May 9th	TBA
May 16th	Countertransference
May 23rd	Treating Borderline Children