

PRACTICUM IN INTERVIEWING
AND PERSONALITY APPRAISAL (CHILD INTAKE)

Professor Arietta Slade
Tuesdays: 2:00-4:00
Live supervision: 4:00-6:00 PM

Purpose:

The purpose of this class is to teach you the essentials of child evaluation and assessment. These are 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. These are skills you will use every single time you meet a child in a clinical setting.

Format of the Course:

This is a practicum course, and as such our primary focus will be evaluating the children assigned to the Intake Team by the Clinic Director. This course is a companion course to Developmental Psychopathology I and II, which will introduce a number of the theoretical, development, and clinical constructs relevant to evaluating and assessing children and their families. Readings each week will address clinical interviewing, developmental history taking, play observation, diagnostic assessment, report-writing and formulation. In addition, you should be familiar with the disorders of childhood in the DSM-IV, as well as the Psychodynamic Diagnostic Manual (PDM).

Within the first two months of the term, you will each be assigned one family to evaluate. You will be responsible for doing a complete intake on that child; this includes parent interviews (which include taking a developmental history, getting a history of the problem, etc.) a series of child play sessions, contact with the school as indicated, having the family complete questionnaires regarding the child's behavior, and testing as indicated. Finally, you will meet with both the parent(s) and – as indicated – the child, for feedback. On the basis of all of your observations you will be expected to write a final report that includes a summary of all sessions, a diagnostic and dynamic formulation, as well as a treatment plan.

The course time is divided between class time and live supervision. Class time (2-4 PM Tuesdays) is used for didactic purposes, as well as to review case material and session notes. The second two hours (4-6 PM, Tuesday) will be used to see "live" cases, and continue reviewing 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. You will also be assigned an individual child supervisor once you've had your initial session with the parents.

The TA for the course this year is Zoe Berko; she will be meeting with you weekly to review procedures and other clinical issues.

One of the main “texts” for the course is the Child Intake Manual I wrote describing the intake process at the Psychological Center. This comprehensive document details all the procedures involved in conducting an intake at the clinic. In addition to this manual, I 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.

Texts:

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

Morrison, J. & Anders, T. (1999). Interviewing Children and Adolescents: Skills and Strategies for Effective DSM-IV Diagnosis. New York: Guilford.

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

Siskind, D. (2001). A Primer for Child Psychotherapists. New York: Aronson.

Rogers, A. (1994). A Shining Affliction: Harm and Healing in Psychotherapy. New York: Penguin. (A fascinating, troubling, but very interesting view of the process by a beginning therapist.)

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

Slade, A. (2006). Child Intake Manual. Unpublished manuscript, City University of New York.

Good to read at any point in the process:

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

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: Aronson.

Introduction Conducting an Evaluation

Slade, A. (2004). Child Intake Manual.

Siskind, D. (2003), op. cit., Part I

Review videotapes of prior clinic intakes

Session 1 Introduction to the Child Intake Research

Slade, A., Aber, J.L., Berger, B., Bresgi, I., & Kaplan, M. (2003). Parent Development Interview – Revised. Unpublished manuscript. The City University of New York.

Review procedures, consents, assents.

Session 2 Meeting the Parents

Cox, C. (1999). Obtaining and formulating a developmental history. Child and Adolescent Clinics of North America, 8, 271-279.

Morrison, J. & Anders, T., op. cit., Chapters 1-3, 9.

Greenspan, S., op. cit., Chapters 7

Review videotapes of previously conducted parent interviews

Session 3 Obtaining a Developmental History

Greenspan, S., op. cit., Chapters 1 & 2

Review Tuber, Gomes, & Weinstein Developmental History Formats

Session 4 The Parent-Therapist Relationship

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.

Novick, J. & Novick, K.K. (2001). Parent work in analysis: Children, adolescents, and adults. Part I: The evaluation phase. Journal of Infant, Child, and Adolescent Psychotherapy, 1: 55-77.

Bromfield, R., op. cit., Chapters 1, 2, 11, 12

Additional reading:

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

Session 5 **Meetings the Child: Play, Play, Play**

Close, N. (1999). Diagnostic play interview: Its role in comprehensive psychiatric evaluations. Child and Adolescent Clinics of North America, 8, 239-255.

Slade, A. (1994). Making Meaning and Making Believe. In Children at Play: Clinical and Developmental Approaches to Meaning and Representation. A. Slade & D. Wolf, eds. New York: Oxford University Press, 81-107.

Siskind, D. (2003), op. cit., Chapter 6 & 7

Session 6 **Meetings with the Child**

Morrison & Anders, op. cit., Chapters 4-8

Greenspan, S., op. cit., Chapter 5.

Review videotapes of previously conducted child play sessions

Session 7 **Meetings with the Child**

Bromfield, op. cit., Chapters 6-10

Session 8 **Meetings with the Child**

Bromfield, op. cit., Chapters 13-16

Session 9 **Meetings with the Child**

Rogers, A., op. cit. - Read the entire book.

Session 10 Diagnosis

Slade, A. (2004). The Move from Categories to Phenomena: Attachment Processes and Clinical Evaluation. Infant Mental Health Journal, 25, 1-15.

In addition, please refer to the following:

DSM IV

PDM: Chapters on Childhood Disorders

Morrison & Anders, op. cit., Chapters 11-27

Session 11 Report Writing

Morrison & Anders, op. cit., Chapter 10

Review report protocol and sample write-ups.

Session 12 Writing a Dynamic Formulation

Slade, A., (2009). Writing a dynamic formulation. Unpublished manual, The City University of New York.

Greenspan, op. cit., Chapter 6

Session 13 Case review

Session 14 Case review

Notes: Please remember to register for Clinical Supervision.

I need to have drafts of all your reports in before I will give you a grade. This saves all of us from having that stage of things drag on forever.

In closing, let me just say that ~ aside from the skills you will learn in this course, and continue developing for the rest of your career ~ learning to listen and attend to your own reactions to a child and his/her family are as vital skills as any others. They give you a window into the child's experience that can't be duplicated by any other kind of knowledge. So, try to stay open to your responses ~ flashes of anger, compassion,

possessiveness, etc. ~ they will make you a better clinician and observer, and a special kind of secure base for the child.

Most important, you get to play, so have fun!