

Chapter 1 : Anna Freud - Wikipedia

Early thoughts on child analysis. The emotional development of children was of considerable interest from the earliest days of psychoanalysis, and Freud's 'Little Hans' case is probably the most famous example of early work with children.

What is a Child? The very notion of a child, we now realize, is both historically and culturally conditioned. But exactly how the conception of childhood has changed historically and how conceptions differ across cultures is a matter of scholarly controversy and philosophical interest see Kennedy, And, whereas Piaget claims that his subjects, Swiss children in the first half of the 20th Century, were animistic in their thinking Piaget, , Margaret Mead presents evidence that Pacific island children were not. According to Aristotle, there are four sorts of causality, one of which is Final causality and another is Formal Causality. Aristotle thinks of the Final Cause of a living organism as the function that organism normally performs when it reaches maturity. He thinks of the Formal Cause of the organism as the form or structure it normally has in maturity, where that form or structure is thought to enable the organism to perform its functions well. According to this conception, a human child is an immature specimen of the organism type, human, which, by nature, has the potentiality to develop into a mature specimen with the structure, form, and function of a normal or standard adult. Many adults today have this broadly Aristotelian conception of childhood without having actually read any of Aristotle. It informs their understanding of their own relationship toward the children around them. Thus they consider the fundamental responsibility they bear toward their children to be the obligation to provide the kind of supportive environment those children need to develop into normal adults, with the biological and psychological structures in place needed to perform the functions we assume that normal, standard adults can perform. Two modifications of this Aristotelian conception have been particularly influential in the last century and a half. One is the 19th century idea that ontogeny recapitulates phylogeny Gould, , that is, that the development of an individual recapitulates the history and evolutionary development of the race, or species Spock, , This idea is prominent in Freud and in the early writings of Jean Piaget see, e. Piaget, however, sought in his later writings to explain the phenomenon of recapitulation by appeal to general principles of structural change in cognitive development see, e. The other modification is the idea that development takes places in age-related stages of clearly identifiable structural change. This idea can be traced back to ancient thinkers, for example the Stoics Turner and Matthews, , But it is Piaget who first developed a highly sophisticated version of stage theory and made it the dominant paradigm for conceiving childhood in the latter part of the 20th Century see, e. This conception, he argues, ignores or undervalues the fact that children are, for example, better able to learn a second language, or paint an aesthetically worthwhile picture, or conceive a philosophically interesting question, than those same children will likely be able to do as adults. Moreover, it restricts the range and value of relationships adults think they can have with their children. Broadly Aristotelian conceptions of childhood can have two further problematic features. They may deflect attention away from thinking about children with disabilities in favour of theorizing solely about normally developing children see Carlson , and they may distract philosophers from attending to the goods of childhood when they think about the responsibilities adults have towards the children in their care, encouraging focus only on care required to ensure that children develop adult capacities. How childhood is conceived is crucial for almost all the philosophically interesting questions about children. It is also crucial for questions about what should be the legal status of children in society, as well as for the study of children in psychology, anthropology, sociology, and many other fields. Theories of Cognitive Development Any well-worked out epistemology will provide at least the materials for a theory of cognitive development in childhood. But it also implies a rejection of the Platonic doctrine that learning is a recollection of previously known Forms. Few theorists of cognitive development today find either the extreme empiricism of Locke or the strong innatism of Plato or Descartes completely acceptable. It is, however, the work of Jean Piaget that has been most influential on the way psychologists, educators, and even philosophers have come to think about the cognitive development of children. Although his project is always to lay out identifiable stages in which children come to understand what, say, causality or thinking or whatever is, the intelligibility of his account presupposes that

there are satisfactory responses to the philosophical quandaries that topics like causality, thinking, and life raise. Take the concept of life. Life is assimilated to activity in general Second Stage: Life is assimilated to movement Third Stage: Life is assimilated to spontaneous movement Fourth Stage: Life is restricted to animals and plants These distinctions are suggestive, but they invite much more discussion than Piaget elicits from his child subjects. What is required for movement to be spontaneous? Is a bear alive during hibernation? We may suppose the Venus flytrap moves spontaneously. But does it really? What about other plants? Interesting post-Piagetian work in cognitive development includes Cary , Wellman , Flavel , Subbotsky , and Gelman Recent psychological research on concept formation has suggested that children do not generally form concepts by learning necessary and sufficient conditions for their application, but rather by coming to use prototypical examples as reference guides. This finding seems to have implications for the proper role and importance of conceptual analysis in philosophy. It is also a case in which we should let what we come to know about cognitive development in children help shape our epistemology, rather than counting on our antecedently formulated epistemology to shape our conception of cognitive development in children see Rosch and Lloyd, , and Gelman, Some developmental psychologists have recently moved away from the idea that children are to be understood primarily as human beings who lack the capacities adults of their species normally have. This change is striking in, for example, the work of Alison Gopnik, who writes: Instead, children and adults are different forms of homo sapiens. Part of this new respect for the capacities of children rests on neuroscience and an increased appreciation for the complexity of the brains of infants and young children. Theories of Moral Development Many philosophers in the history of ethics have devoted serious attention to the issue of moral development. Thus Plato, for example, offers a model curriculum in his dialogue, Republic, aimed at developing virtue in rulers. And the Stoics Turner and Matthews, , 45â€”64 devoted special attention to dynamics of moral development. Among modern philosophers, it is again Rousseau who devotes the most attention to issues of development. He offers a sequence of five age-related stages through which a person must pass to reach moral maturity: Although he allows that an adult may effectively modify the behavior of children by explaining that bad actions are those that will bring punishment 90 , he insists that genuinely moral reasoning will not be appreciated until the age of ideas, at 13 and older. However, the cognitive theory of moral development formulated by Piaget in *The Moral Judgment of the Child* and the somewhat later theory of Lawrence Kohlberg , are the ones that have had most influence on psychologists, educators, and even philosophers. Thus, for example, what John Rawls has to say about children in his classic work, *A Theory of Justice* rests heavily on the work of Piaget and Kohlberg. Kohlberg presents a theory according to which morality develops in approximately six stages, though according to his research, few adults actually reach the fifth or sixth stages. However, Kohlberg maintained that no one skips a stage or regresses to an earlier stage. Although Kohlberg sometimes considered the possibility of a seventh or eighth stage, these are his basic six: Morality of conventional role conformity Stage 3â€”Good-boy morality of maintaining good relations, approval by others Stage 4â€”Authority-maintaining morality Level C. Morality of accepted moral principles Stage 5â€”Morality of contract, of individual rights and democratically accepted law Stage 6â€”Morality of individual principles of conscience Kohlberg developed a test, which has been widely used, to determine the stage of any individual at any given time. The test requires responses to ethical dilemmas and is to be scored by consulting an elaborate manual. One important issue in moral theory that the Kohlberg-Gilligan debate raises is that of the role and importance of moral feelings in the moral life see the entry on feminist ethics. Another line of approach to moral development is to be found in the work of Martin Hoffman Hoffman describes the development of empathetic feelings and responses in four stages. A philosophically astute and balanced assessment of the Kohlberg-Gilligan debate, with appropriate attention to the work of Martin Hoffman, can be found in Pritchard

Chapter 2 : Sigmund Freud's Theories | Simply Psychology

Childhood experiences and fantasies remembered and forgotten, or conscious and unconscious, are a constant reference point for analytic work. This issue should stimulate researchers toward continuous exploration, development, and understanding.

The first two books emphasize single-syllable short vowel sounds. The other two cover long vowels and build vocabulary skills. Simple consonant blends are introduced throughout the series. One to three pages in length, each story honors God and teaches Christian values. I was feeling pretty confident in my teaching ability! Then my fourth son was ready to learn to read. Strangers had commented on his advanced vocabulary for his age, so I was sure he would be an early reader. We used the same materials and while he knew the letter names and sounds, he could not use phonics to read. I had read that I should have him sing the sounds to make them easier to run together. This particular son loves to sing, so I was sure that would work. We continued to review phonics. But as the months went by, he continued to sound out c-a-t without ever once blending the sounds into a word. He was memorizing words and was guessing at the rest using some letter sounds and context. Although he definitely had a system for reading, it was clearly the wrong one! Everything I had read about teaching reading suggested that he HAD to learn to read phonetically. He memorized words very quickly and was very clever at decoding words apart from straight phonics. I Asked an Expert My neighbor is a reading specialist. What was whole language again? I had to look it up. It emphasizes learning to read whole words and through literature rather than with the decoding skills of the phonics approach. There were no phonics-based worksheets that have become a staple of modern reading instruction. And yet I learned to read. I was still nervous about not continuing to drill my son with phonics. I asked yet another expert at a homeschooling convention if I would be hurting my son by allowing him to read his way instead of the phonetic way. He agreed with my neighbor. I should let him memorize words and use the context to read. I bought a sight-word curriculum and I noticed that it bored him. It really was boring. I started letting him read the Christian Liberty Press readers with help. We would review the words on the left page the same approach I had used with my sons who used phonics to read. I just told him the word. He would say it and keep reading. At first my son was surprised by his newfound freedom from phonics. He was also hesitant to use his reading method. I started praising him for reading his way. He grew more confident and eager to read. The end result is that within no time, he was reading at grade level and then beyond. His basic phonics knowledge, great exposure to literature through audio books and read alouds, and his excellent use of context has enabled him to read new words on his own. I figured my son was just a rare bird. Turns out that there are a number of kids who do not use phonics to read in the way we expect. Most children should be taught using aspects of both phonics and whole language activities. This article shares how. Talk to an expert. Get help addressing these issues if they are present. Teach your child how to use context in reading. Before reading a passage, make sure your child looks at the pictures. Pictures stimulate the brain to choose appropriate words from a range of possibilities. Ask your child to summarize what she has read up to the unknown word. The previous sentences and words provide important clues to the new word. Pure phonics discourages guessing, but the slow pace of phonics decoding really puts off some kids like my son. Allow your child to make an educated guess using context and any recognizable phonics. If your child guesses wrong, tell him the word. Encourage your child to memorize words. The only time accomplished readers use phonics is for new words and names. Some children prefer this strategy right from the beginning. While sight word flashcards may have some value, reading the same words over and over is even more effective. Repetitive books like Dr. Seuss titles are excellent for this purpose. Subscriber-only printables and discounts will be sent your way, too.

Chapter 3 : How to Improve Analytical Skills: 12 Steps (with Pictures)

Predictive Analytics in Child Welfare – Benefits and Challenges By Kate Jackson Social Work Today Vol. 18 No. 2 P. Predictive risk modeling tools have the potential to help social workers and other child welfare workers anticipate and prevent child abuse and neglect, but refinement is needed.

Do not display workflow information 1: This value determines whether the organizational structure is a multi-level distribution list for workflow purposes. If you set the value as 1, the system creates a record in the Organizational Structure Rule table F for the organizational model. Tier Descriptions Specify whether to allow a tier structure to be defined based on effective dates for a root parent address. Do not allow a tier structure to be defined. Allow a tier structure to be defined. The system does not supply default dates. The system supplies default dates. If you leave this processing option blank, the system does not provide a default value for the organization structure type. A structure type identifies a type of organizational structure that has its own hierarchy in the JD Edwards Address Book system for example, E-mail. Enter the version of Organizational Structure Revisions to be called. If left blank, version ZJDE will be used. Specify a version of the Organizational Structure Revisions program for the system to use. The version indicates a specific set of data selection and sequencing settings for the application. Versions may be named using any combination of alphabetic and numeric characters. Parent Number Enter the address book number of the parent entity for example, parent company. The system uses this number to associate a particular address with a parent entity or location. Any value that you enter in this field updates the Address Organizational Structure Master table F for the specified structure type. This address number must exist in the Address Book Master table F Examples of address book records that would have a parent number include: A parent in one hierarchy can be a child in another hierarchy. A hierarchy can be organized by business unit, employee, or position. For example, you can create a hierarchy that displays the reporting relationships between employees and supervisors. Address Number Enter a valid address book number. This number identifies an entry in the JD Edwards Address Book system, such as employee, applicant, participant, customer, supplier, tenant, or location. Group Enter a number for the group. This number reorders a group of records on the form. Begin Eff Date beginning effective date Enter a valid date. This is the date on which the address number appears in the structure. The Beginning Effective Date field prevents the address number from occurring in the structure until the beginning effective date is the same as the current date. If you select the processing option for tier descriptions in the Structure Revisions program P , you must complete this field. If this field is left blank, the address number always occurs in a structure unless an ending effective date exists. End Eff Date ending effective date Enter the date on which the address book record will cease to exist in the structure. Figure Work With Distribution Lists form.

Chapter 4 : Child analysis - melanie klein trust

Some examples of analytical skills include the ability to break arguments or theories into small parts, conceptualize ideas and devise conclusions with supporting arguments. Additional examples include detecting patterns, brainstorming, being observant, interpreting data and integrating information.

This website is a gateway to reliable and open data and analysis on the situation of children and women worldwide. Over the past 20 years, UNICEF has supported governments to generate, analyse and use many different forms of data, from longstanding and statistically robust household survey programmes to government administrative data and new forms of community feedback mechanisms. UNICEF has also worked extensively on the development of indicators for national and international development goals and targets related to the well-being of children and women. The organisation has established extensive global databases and developed and tested new indicators, methods and standards to monitor progress for every child. Many of the measurement techniques developed by UNICEF and its partners during the MDG period have also been integrated within the SDG global indicator framework, placing children firmly at the centre of the new development agenda. The Data and Analytics team has 4 units: Since its inception in the mids, five rounds of MICS have been completed and a sixth is now under way. Close to surveys have been implemented in more than low- and middle-income countries. Each round of surveys builds upon the last and offers new indicators to monitor trends and current priorities. The MICS programme is designed to collect statistically sound, internationally comparable data on more than indicators used by countries to assess the situation of children and women in the areas of education, health, gender equality, rights and protection. Firmly embedded in the statistical plans of many governments, it also provides data required to monitor progress towards national and international goals and commitments aimed at promoting the welfare of children. With the largest coverage of SDG indicators among all survey programmes, the MICS programme built a reputation as a leader in new methodologies of data collection and new technologies. It has pioneered the development and implementation of new measurement tools in several areas, and is currently developing a module to address the information gap on populations after an emergency. As part of the MICS global programme, UNICEF provides technical support and training through a series of regional workshops covering questionnaire content, sampling and survey implementation, data processing, data quality and analysis, report writing, data archiving and dissemination and further analysis. The databases include only statistically sound and nationally representative data from household surveys and other sources. Developing new methodologies UNICEF plays a leadership role in several inter-agency monitoring groups on specific topics. Together with its inter-agency partners, UNICEF helps devise new methodologies, indicators and monitoring tools, build statistical capacity at the country level, develop joint estimates, and harmonise monitoring work across partners. It also suggests how these data can be used strategically to inform programmatic efforts. Where possible, data are disaggregated by gender, age, residence, household income, education, and other key social and demographic variables to help uncover possible risk factors and inequities. UNICEF also promotes the advancement of research through the development of joint projects and collaboration with academic institutions and other agencies working at the national and international level. UNICEF also conducts regional workshops on specialised topics in conjunction with government counterparts to enhance their capacity to understand, interpret, analyse, disseminate and use statistics. Data Architecture and Communication The Data Architecture and Communication team builds data platforms and works towards increasing the reach and use of data through data driven communication products: Publications Recent publications include: Country profiles Statistical profiles of individual countries present data on key child-related indicators and facilitate data access at the country level for government institutions, their development partners and the general public. Data Architecture UNICEF aims to provide a modern data warehouse and data production architecture covering work in robust data outcome and impact data. This includes streamlining the work of compiling and analysing data but also making data more accessible through interoperability and by providing modern and flexible data visualization. The Data for Action team is working to generate a profound cultural shift towards this vision.

Real, lasting organizational change happens by movement, not mandate and the Data for Action team leads by teaching, inspiring and empowering UNICEF staff around the world to use data to better reach and improve the lives of children. It is institutionalizing the Data for Children Strategic Framework , responding to frequently found challenges in putting data to use, raising the skills floor on data work in the organization, and developing a science of delivery for administrative and humanitarian data efforts.

Chapter 5 : Predictive Analytics in Child Welfare – Benefits and Challenges - Social Work Today Magazine

This paper traces the analytic work with a severely traumatised two-and-a-half-year-old girl Phoebe, whose early life was marked by chronic abuse and a violent murder she witnessed a few months prior to the beginning of treatment.

Each day in the United States, according to a report of the Commission to Eliminate Child Abuse and Neglect Fatalities, "four to eight children die from abuse or neglect at the hands of their parents or caretakers. They must determine quickly and accurately, and typically based on limited information, whether the assertions are valid" which calls can be screened out, requiring no further action, and which must be screened in, generating an investigation. Children at risk easily can be overlooked. But technology has contributed what many experts believe is a better way. Predictive risk modeling PRM , or predictive analytics, has emerged as a strategy with which social workers and other child welfare workers might better infer which referrals require investigation and which do not. In addition to potentially increasing the accuracy of their decision-making processes, predictive analytics tools can reduce the time it takes to determine the need for investigation—a potentially lifesaving combination. PRM draws on vast data mines to identify patterns—in the case of child welfare, patterns of family characteristics or behaviors and their associated outcomes. It can then be used to compare information about an individual or a family against those patterns revealed in historical data to help predict an outcome and pinpoint those at greatest risk. The data used might include, for example, criminal history, welfare status, hospital reports, alcohol and substance use, school records, behavioral health issues, and past allegations of abuse. The tools use statistical processes to crunch the data and produce a score for a given situation; low scores indicate less probability of harm, and the higher the score, the more likely the future will bring a negative outcome. Although PRM tools have been employed for decades in insurance, finance, medicine, and other fields, their use in child welfare is nascent, due in part to concerns about the ways in which sensitive personal data might be used. In August , the county launched the Allegheny Family Screening Tool AFST , which lets screeners extract information from an existing deep data warehouse to produce a score from one to Previously, Vaithianathan and Putnam-Hornstein led a research team commissioned by the Ministry of Social Development of New Zealand to explore PRM as a strategy for early intervention to help prevent adverse outcomes for children younger than 5 years old. Application of the New Zealand work, Vaithianathan says, began with the AFST, which has now been implemented, "and Colorado and California are currently engaged in exploratory replications. The county normally screens out about one-half of the cases that come in, Cherna says. When his department looked retrospectively at the screenings done before the use of predictive analytics, it became clear that a considerable number of individuals who, with analytics, would have high scores but were being screened out, and there were some who, with analytics, would have low scores, "whose chances of going into placement were one in a thousand" but who were being investigated. Using the score helps determine and influence the decisions. PRM offers an edge and contributes to consistency, but the role of the social worker remains paramount. As with physicians, the more they know about a specific case, the more accurate the diagnosis. Social workers will also be able to make more targeted intervention decisions leading to better outcomes. Two separate proposals were awarded to evaluate the AFST, one from a public sector evaluation, research, and consulting firm and the other from Stanford University. But that viewpoint is not universal, and some who acknowledge the risk point to the ways it is being mitigated. Putnam-Hornstein notes that "no one thinks the current system is free of bias operating via human decision-makers," pointing out that having standardized risk scores through predictive analytics "might help surface disparate treatment. Furthermore, in the case of the AFST, only the screeners and their supervisors see the scores the analytics produce, never the investigators. To address issues about bias, Allegheny County commissioned an ethical review, and the authors determined not only that the tool was ethically appropriate but also that not using an accurate predictive tool would itself constitute an ethical quagmire. The analysis also asserted that existing methods are not free from the possibility of stigmatization and that new methods must be compared against the status quo. At the same time, it pointed to strategies for responding to stigmatization that can mitigate its impact and even give predictive analysis an edge.

Commissioning an ethics report is a good first step, but most important is how the agency responds to an ethics report, and, where appropriate, incorporates the advice given into the model that is implemented. According to Putnam-Hornstein, "It is very early days for tools like this. And we must be careful to not oversell their accuracy or the impact they will have"the AFST is not a crystal ball. But I truly believe that PRM has the potential to fundamentally shift practice on the front end of our child protection systems"helping reduce the number of families subjected to unnecessary investigations, while also supporting social workers to prioritize referrals where action is needed. This gap leaves each agency"and the provider it selects"to cut its own path, making a range of decisions around aspects like methodology, transparency, ethics, fairness, and use policy. Many important filters, like acceptance by agency leadership, community, stakeholders, and frontline staff, sit between even the most accurate theoretical model, and an effective and ethical use case. He points to the need for greater understanding, noting that MSW students also need to become familiar with analytics in their graduate training. But I also think it is an area where there are a lot of challenges that have nothing to do with predictive analytics but rather with more simple things like getting information to the right people to make good decisions.

Chapter 6 : Effective Child Protection - Eileen Munro - Google Books

Big Data Gives a Boost to Health and Human Services Data mining and predictive analytics will make social service agencies more effective. by Stephen Goldsmith / February 7,

What skills are required for Childcare Workers? Importance Skills Speaking - Talking to others to convey information effectively. Service Orientation - Actively looking for ways to help people. Critical Thinking - Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems. Judgment and Decision Making - Considering the relative costs and benefits of potential actions to choose the most appropriate one. Active Listening - Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times. Writing - Communicating effectively in writing as appropriate for the needs of the audience. Reading Comprehension - Understanding written sentences and paragraphs in work related documents. Complex Problem Solving - Identifying complex problems and reviewing related information to develop and evaluate options and implement solutions. Instructing - Teaching others how to do something. Persuasion - Persuading others to change their minds or behavior. Active Learning - Understanding the implications of new information for both current and future problem-solving and decision-making. Negotiation - Bringing others together and trying to reconcile differences. What knowledge is needed to be a Childcare Worker? Importance Knowledge Customer and Personal Service - Knowledge of principles and processes for providing customer and personal services. This includes customer needs assessment, meeting quality standards for services, and evaluation of customer satisfaction. Psychology - Knowledge of human behavior and performance; individual differences in ability, personality, and interests; learning and motivation; psychological research methods; and the assessment and treatment of behavioral and affective disorders. Education and Training - Knowledge of principles and methods for curriculum and training design, teaching and instruction for individuals and groups, and the measurement of training effects. English Language - Knowledge of the structure and content of the English language including the meaning and spelling of words, rules of composition, and grammar. Public Safety and Security - Knowledge of relevant equipment, policies, procedures, and strategies to promote effective local, state, or national security operations for the protection of people, data, property, and institutions. Administration and Management - Knowledge of business and management principles involved in strategic planning, resource allocation, human resources modeling, leadership technique, production methods, and coordination of people and resources. Clerical - Knowledge of administrative and clerical procedures and systems such as word processing, managing files and records, stenography and transcription, designing forms, and other office procedures and terminology. Dependability - Job requires being reliable, responsible, and dependable, and fulfilling obligations. Self Control - Job requires maintaining composure, keeping emotions in check, controlling anger, and avoiding aggressive behavior, even in very difficult situations. Cooperation - Job requires being pleasant with others on the job and displaying a good-natured, cooperative attitude. Integrity - Job requires being honest and ethical. Stress Tolerance - Job requires accepting criticism and dealing calmly and effectively with high stress situations. Attention to Detail - Job requires being careful about detail and thorough in completing work tasks. Persistence - Job requires persistence in the face of obstacles. Social Orientation - Job requires preferring to work with others rather than alone, and being personally connected with others on the job. Initiative - Job requires a willingness to take on responsibilities and challenges. Innovation - Job requires creativity and alternative thinking to develop new ideas for and answers to work-related problems. Leadership - Job requires a willingness to lead, take charge, and offer opinions and direction. Analytical Thinking - Job requires analyzing information and using logic to address work-related issues and problems.

Chapter 7 : Professional practice of behavior analysis - Wikipedia

Work out math problems. Solving math problems is one of the most common ways of improving analytical skills. Math is very logical and math problems are structured in a way that we are given information and are forced to use that information to solve a problem.

Sophie, who was the more attractive child, represented a threat in the struggle for the affection of their father: She was a lively child with a reputation for mischief. Freud wrote to his friend Wilhelm Fliess in *Suffering from a depression and anorexia*, [17] she was very insecure about what to do in the future. His advice to Jones, in a letter of 22 July, was that his daughter "does not claim to be treated as a woman, being still far away from sexual longings and rather refusing man. There is an outspoken understanding between me and her that she should not consider marriage or the preliminaries before she gets two or three years older". From 1905 to 1907, she worked as a teaching apprentice for third, fourth, and fifth graders. In 1908, she began her own psychoanalytical practice with children and by 1910 she was teaching at the Vienna Psychoanalytic Training Institute on the technique of child analysis. From 1911 until 1918, she was the Secretary of the International Psychoanalytical Association while she continued child analysis and contributed to seminars and conferences on the subject. In 1919, she became director of the Vienna Psychoanalytical Training Institute and the following year she published her influential study of the "ways and means by which the ego wards off depression, displeasure and anxiety", *The Ego and the Mechanisms of Defence*. In 1938, Anna, heiress to the Tiffany luxury jewellery retailer, had arrived in Vienna from New York with her four children and entered analysis firstly with Theodore Reik and then, with a view to training in child analysis, with Freud himself. Please help improve this article by adding citations to reliable sources. Unsourced material may be challenged and removed. September Learn how and when to remove this template message In 1938, following the Anschluss in which Nazi Germany occupied Austria, Anna was taken to Gestapo headquarters in Vienna for questioning on the activities of the International Psychoanalytical Association. Unknown to her father, she and her brother Martin had obtained Veronal from Max Schur, the family doctor, in sufficient quantities to commit suicide if faced with torture or internment. However, she survived her interrogation ordeal and returned to the family home. After her father had reluctantly accepted the urgent need to leave Vienna, she set about organising the complex immigration process for the family in liaison with Ernest Jones, the then President of the International Psychoanalytical Association, who secured the immigration permits that eventually led to the family establishing their new home in London at 20 Maresfield Gardens, Hampstead. Premises were acquired in Hampstead, North London and in Essex to provide education and residential care with mothers encouraged to visit as often as practicable. Many of the staff were recruited from the exiled Austro-German diaspora. Lectures and seminars on psychoanalytic theory and practice were regular features of staff training. Freud and Burlingham went on to publish a series of observational studies on child development based on the work of the Nursery with a focus on the impact of stress on children and their capacity to find substitute affections among peers in the absence of their parents. Building on and developing their war-time work with children, Freud and Burlingham established the Hampstead Child Therapy Course and Clinic now the Anna Freud National Centre for Children and Families in as a centre for therapy, training and research work. On her arrival in England Freud began to give lectures on child analysis. Freudian, Kleinian and Independent. The Kleinian approach differed from the Freudian in several methodological and theoretical techniques around infancy and object relationships. For example, the Freudian approach did not believe that children experienced superego, and their therapist should be part of their transference and significant figures. In contrast, Klein believed that children had superego, and needed to be treated with the same techniques as adults Fisher et al. Freud naturalised as a British subject on 22 July During the 1950s she was concerned with the problems of emotionally deprived and socially disadvantaged children, and she studied deviations and delays in development. At Yale Law School, she taught seminars on crime and the family: Freud died in London on 9 October Her life-partner Dorothy Tiffany-Burlingham and several other members of the Freud family also rest there. She was described as "a passionate and inspirational teacher" and in the Hampstead Clinic was renamed the Anna

Freud Centre. In her London home of forty years, as she had wished, was transformed into the Freud Museum , dedicated to her father and the British Psychoanalytical Society. Contributions to psychoanalysis[edit] Freud in Anna Freud was a prolific writer, contributing articles on psychoanalysis to many different publications throughout her lifetime. Her first publication was titled, An Introduction to Psychoanalysis: Lectures for Child Analysts and Teachers [30] , and was the result of four different lectures she was delivering at the time, to teachers and caretakers of young children in Vienna. The reaction-formations, which seemed to be firmly established in the structure of the ego, threaten to fall to pieces". The answer is comparatively simple. If you want to be a real psychoanalyst you have to have a great love of the truth, scientific truth as well as personal truth, and you have to place this appreciation of truth higher than any discomfort at meeting unpleasant facts, whether they belong to the world outside or to your own inner person. Further, I think that a psychoanalyst should have You ought to be a great reader and become acquainted with the literature of many countries and cultures. In the great literary figures you will find people who know at least as much of human nature as the psychiatrists and psychologists try to do. Does that answer your question? The Writings of Anna Freud: Lectures for Child Analysts and Teachers " Vol. Ego and the Mechanisms of Defense ; Revised edition: Normality and Pathology in Childhood: Assessments of Development Vol. On 3 December , Freud was the subject of a Google Doodle.

Chapter 8 : Maternal, Child & Adolescent Health | UC Berkeley School of Public Health

With Kristeva's concept of maternal eroticism () as starting point, the "multiverse" of mother/child erotic sensibilitiesâ€”the dance of the semiotic choraâ€”is explored and a parallel engagement proposed within the analytic dyad.

It has two main branches: The experimental analysis of behavior EAB is the basic science of this field and has over many decades accumulated a substantial and well-respected research literature. This literature provides the scientific foundation for applied behavior analysis ABA , which is both an applied science that develops methods of changing behavior and a profession that provides services to meet diverse behavioral needs. Briefly, professionals in applied behavior analysis engage in the specific and comprehensive use of principles of learning, including operant and respondent learning, in order to address behavioral needs of widely varying individuals in diverse settings. Examples of these applications include: Applied behavior analysis ABA include the use of behavior management , behavioral engineering and behavior therapy. Behavior analysis is an active, environmental-based approach. Currently in the U. At the doctoral level many are licensed as psychologists with Diplomate status in behavioral psychology or licensed as licensed behavior analysts. The American Psychological Association offers a diplomate post PhD and licensed certification in behavioral psychology. However it does wield the power to suspend or revoke certification from those certified if they violate the strict ethical guidelines of practice. As many states are without a licensure act, this has been sufficient to deter violators as it removes their ability to vendor with the state, schools, and insurance companies under that certification. While the BACB certification means that candidates have satisfied entry-level requirements in behavior analytic training, certificants are able to practice independently within the scope of their practice and training. Thus, a BCBA such as those who go into marketing, engineering, or other approved fields in which BCBAs work who has never trained to work nor worked with children diagnosed with autism should not attempt to do so independently. Most health insurance companies also recognize the BCBA credential as one conferring the capability and the right to practice independently in many states including California with the recent passage of SB into law. Some states still require certificants to be licensed by their respective jurisdictions for independent practice when treating behavioral health or medical problems, and a number of states including Arizona and Nevada have created a specific BCBA licensing program for a full list please refer to the BACB website. Licensed certificants must operate within the scope of their license and within their areas of expertise. Unlicensed certificants who provide behavior analytic training for educational or optimal performance purposes do not require licensed supervision, unless the law or precedent prohibits such practice. Where the government does not regulate the treatment of medical or psychological disorders certificants should practice in accord with the laws of their state, province, or country. All certificants must practice within their personal areas of expertise. Licensure[edit] The model licensing act for behavior analysts has been revised several times to reflect best practices and policy. Previous versions included provisions that would have made it in practice more difficult then to obtain the necessary experiential hours for license and independent practice as a clinical psychologist. A licensed behavior analyst would have equal training, knowledge, skills and abilities in their discipline as would a mental health counselor or marriage and family therapist in their discipline. In February , Indiana, Arizona, Massachusetts, Vermont, Oklahoma and other states now have legislation pending to create licensure for behavior analysts. Pennsylvania was the first state in to license behavior specialists to cover behavior analysts. Arizona, less than three weeks later, became the first state to license behavior analysts. Other states such as Nevada and Wisconsin have also passed behavior analytic licensure. In California, after the defeat of a bill to create a license for BCBAs in , the state government instead passed SB which mandates that all non-governmental insurance agencies reimburse for BCBA for behavior therapy in treating autism, starting in Unlike many weaker bills mandating that autism be covered by insurance, SB does not currently impose an arbitrary cap on services by age or funding amount â€” in this it is similar to other treatments such as those for heart attacks or other chronic conditions. Consultation â€” an indirect model in which the consultant works with the consultee

to change the behavior of the client. Therapy is individual, group, or family in which the therapist works directly with a person with some form of pathology to lessen the pathology. Counseling is where the counselor works directly with a person who has problems but no pathology. Coaching is in which the coach works with a person to achieve a life goal. Within the domain of parent-child consultation, standard intervention includes teaching parents skills such as basic reinforcement, time-out and how to manipulate different factors to modify behavior. Direct therapy is also used in schools but can also be found in group homes, in a behavior modification facility and in behavior therapy [8] where the focus may be on tasks such as quitting smoking, modifying behaviors for sex offenders or other types of offenders, modifying behaviors related to mood disorders or to encourage job seeking behavior in psychiatric patients. These models worked mostly with normal or typically developing populations. These two models are the Behavioral Coaching and the Behavioral Counseling model. Both were very popular in the 1970s but have recently seen a decline in popularity, in spite of their success, as proponents argued the merits of holding strictly to learning theory.

History of behavioral counseling[edit] Behavioral counseling was very popular throughout the 1970s and at least into the early 1980s. Behavioral life coaches operate mainly from a behavior analytic orientation. Unlike therapy this model is applied to people who desire to achieve a specific goal [23] such as increasing their assertiveness with others. Coaches use behavioral techniques such as objective setting, goal setting, self-control training and behavioral activation to help clients achieve specific life goals. Behavioral coaching was sometimes used to teach job skills to people having mental retardation or head injury. In this area the model made extensive use of task analysis, direct instruction, role play, reinforcement and error correction. Goal of increasing reinforcement[edit] Behavioral counseling was largely seen as a growth model that tried to increase the individuals sense of "freedom" by helping the client reduce punishment or coercion in their lives, build skills, and increase access to reinforcement. Skinner created a video discussing the processes involved and the importance of reinforcement to increase the sense of "freedom". Behavioral counseling for weight loss by Richard B. Stuart led to the commercial program called Weight Watchers. Lovaas model, Natural language procedures, and Pivotal response training Among the available approaches to treating autism, early intensive behavioral interventions EIBIs have demonstrated efficacy in promoting social and language development and in reducing behaviors that interfere with learning and cognitive functioning. Children with autism[edit] The ABA approach teaches many skills such as appropriate play a precursor to social interaction and engagement with the world and others, [47] [48] social, motor and verbal behaviors as well as reasoning skills and the ability to self-regulate appropriately. Imitation[edit] Imitation can also be directly trained. This controversy exists because behavior analysis is used to alter rates of behavior, and not the condition of "autism. ABA principles can also be used with a range of typical or atypical individuals whose issues vary from developmental delays, significant behavioral problems or undesirable habits. Curriculum development in behavior analytic programs for children with autism is important. By focusing on the exact skills that need help the teacher does not teach a skill the student knows. This can also prevent student frustration at attempting a skill for which they are not ready. Many families have fought school districts for such programs. Donald Baer, a behavior analyst who often testified as an expert witness, provided several letters to lawyers before he died. Ohio State has archived those letters. Skinner in learning experiments with rats and pigeons, to show how learning was influenced by rates of reinforcement. For example, Ole Ivar Lovaas used discrete trials to teach autistic children skills including making eye contact, following simple instructions, advanced language and social skills. These discrete trials involved breaking a behavior into its most basic functional unit and presenting the units in a series. A discrete trial usually consists of the following: If the behavior was not correct the teacher offers the correct answer then repeats the trial possibly with more prompting, if needed. There is usually an inter-trial interval that allows for a few seconds to separate each trial to allow the student to process the information, teach the student to wait and make the onset of the next trial more discrete. Discrete trials can be used to develop most skills which includes cognitive, verbal communication, play, social and self-help skills. There is a carefully laid out procedure for error correction and a problem solving model to use if the program gets stuck. Discrete trials have been helpful in the treatment of pediatric feeding problems [58] as well as in the prevention of feeding problems. Natural language procedures In language training, many

free operant procedures emerged in the late s and early s. Peterson completed a comprehensive review of 57 studies on these training procedures. Other applications of applied behavior analysis[edit] Clinical behavior analysis[edit] Main articles: He identifies four comprehensive behavior analytic programs: Stephen Hayes et al. In addition, the book highlights several recent areas of functional analysis research for common clinical problems. Many of these areas are specified in the section on behavior therapy. Community reinforcement approach and family training[edit] Main article: Community Reinforcement Approach and Family Training The study of behavioral factors related to addictions has a long history. The community reinforcement approach has considerable research supporting it as efficacious. Partners are trained to use positive reinforcement, various communication skills and natural consequences. Children with disruptive disorders and parenting[edit] Main articles: Behavior analysis of child development , Positive behavior support , and Parent Management Training With children, applied behavior analysis provides the core of the positive behavior support movement [73] [74] and creates the basis of Teaching-Family Model homes. Teaching-Family homes have been found to reduce recidivism for delinquent youths both while they are in the homes and after they leave. The etiological models for antisocial behavior show considerable correlation with negative reinforcement and response matching. In addition, behaviorally-based early intervention programs have shown effectiveness. Exposure therapy Methods of counter-conditioning and respondent extinction, called exposure therapy, are often employed by many behavior therapists in the treatment of phobias, anxiety disorders such as post-traumatic stress disorder PTSD , and addictions cue exposure. Prolonged exposure therapy has been particularly helpful with PTSD. Exposure with Response Prevention ERP is a respondent extinction procedure often used to treat obsessive-compulsive behavior. Escape response blocking is critical for this procedure. For PTSDs exposure therapy is one of the few evidence-based techniques. Biofeedback Kamiya demonstrated that the alpha rhythm in humans could be operantly conditioned. Almost half of his subjects reported experiencing a pleasant "alpha state" characterized as an "alert calmness". These reports may have contributed to the perception of alpha biofeedback as a shortcut to a meditative state. He also studied the electroencephalography EEG correlates of meditative states. Early studies of the procedure included the treatment of seizure disorders. Organizational behavior management , Behavioral engineering , and Behavior-based safety Behavior analysis with organizations is sometimes combined with systems theory in an approach called organizational behavior management. This approach has shown success particularly in the area of behavior-based safety. Behavior safety research has lately become focused on factors that lead programs to being retained in institutions long after the designer leaves. Direct instruction , Positive behavior support , Curriculum-based measurement , and Functional analysis psychology Direct instruction and Direct Instruction: School-wide behavioral support has been increasingly accepted by administrators, law-makers and teachers as a way to improve safety in classrooms.

Chapter 9 : The Philosophy of Childhood (Stanford Encyclopedia of Philosophy)

An Analytical Framework for the Study of Child Survival in Developing Countries Created Date: Z.

Sometimes we benefit from this without doing anything further. But most of the time we create havoc in our own lives and in the lives of those with whom we interact. Certainly, we might think, these two processes do not run the risk of damaging our therapeutic efforts because we are not psychoanalysts. In our work, we focus on behaviors of which clients are quite aware. We restructure thoughts that clients share with us. We help clients process their emotions as they become evident. Furthermore, we deal with our own issues outside of therapy. This thinking is wrong, however. Transference and countertransference are not conscious phenomena. They occur outside the realm of our consciousness. They take place in session after session without our knowing, whether we are trained to deal with them or not. Equally important, they have the potential either to make our work extremely successful or to diminish – if not wipe away – the good we hope to do. It focuses on the potential of transference and countertransference to make non-analytic practitioners experts in their fields as they become aware of what is going on beneath the surface of their work. This course grounds readers in clinically supported theory and noteworthy research. It gives them the knowledge and insight necessary for making transference and countertransference work for them. It prepares them to turn the double-edged sword of transference and countertransference into edges of beneficence and positive outcomes. First, some theoretical overview. Residing deep within the unconscious mind where there is no time Freud, , transference and countertransference become activated when similarities between the past and the present arise. Already encoded in well-trodden subcortical neural pathways, material from the unconscious mind is propelled into the conscious mind as we try to deal with the psychological pain we are experiencing. We transfer thoughts and feelings about people in our past to those who resemble them in the present. We assign them roles once played by others. We take on old roles ourselves. Why do we do this? Because we are programmed to assume that if we re-enact conflict, there is a good chance of its being resolved. We will be better off once a new experience replaces our memories of a previous event. For example, as adults, we assign the role of parent to our spouse or therapist. We then sit back and watch, unconsciously confident that they will parent us better than our father or mother did in our childhood. They may do this to a great extent, but they inevitably fail to live up to all of our expectations: We are unable to replace our pain with a sense of well-being to the level that we so deeply desire. We are still in pain. We have managed to ignore what theorists and researchers have told us for almost a century: If we do not reckon with the forces that perpetuate our compulsion to simply repeat the past, we only make matters worse. We get hurt once again as we bare our neck to the double-edged sword of transference and countertransference. A course for non-analytic professionals whose work is being impacted by transference and countertransference even though their primary intent is to correct thinking, process emotions, and support new behavior rather than deal with unconscious material; A course that exposes the dangers of presuming that old schemas fit new experiences simply because of similarities; A course for practicing clinicians who might otherwise unwittingly allow displaced material to run rampant during the course of therapy, provide ineffective treatment, and run the risk of grievances and lawsuits; A preparation for academicians and students who wish to explore the tremendous benefit of identifying unresolved conflict, understanding its dynamics, embracing the pain inherent in it, mourning what should never have happened, and moving on. This is the first course in a three part series, based on the book *Transference and Countertransference in Non-Analytic Therapy: Double-Edged Swords* , by Judith A. University Press of America, *Contemporary Environments and Neuroscientific Advances* This course was designed for the following four reasons: First, most contemporary non-analytic graduate programs do not adequately treat the subject of transference and countertransference. Even if these clinicians suspect transference and countertransference, they find it difficult to diagnose them expeditiously and deal with them effectively. Therapists in virtually every theoretical school must achieve positive outcomes more quickly than 20th-century clinicians. In addition, most managed care companies no longer regard clients acquiring insight and rebuilding their ego as positive outcomes. Instead, practitioners must translate outcomes into observable,

measurable correlates and thereby prove that clients have attained perceptible goals. They must acquire new behaviors and reduce, if not eliminate, symptoms. Thus practitioners must define what they do by functions that measure change. They must be aware of all variables that determine or contribute to determining whether clients make desired changes. They must know how transference and countertransference impact goal attainment. They must detect, decode, and decisively manage transferred material. Third, clients and their families, who as consumers expect timely, ethical, and efficacious treatment, belong to a litigious society eager to right wrongs. Though serious mistakes may be rare, unaddressed transferential and countertransferential material can result in errors which clients or their relatives can bring to the attention of grievance boards or lawyers. Should therapists give sexual expression to countertransferential love, for example, an injured partner may hold them responsible for boundary violations. Should clients complete suicide, their families may presume that the professionals who treated them deliberately chose not to address transferential signs of that possibility. Fourth, recent cognitive and neuroscientific research findings undermine the belief that transference and countertransference are just theoretical. They have been detected as phenomena actually instantiated in the brain Shore, a; Pally, ; Gabbard, It is no longer scientific to deny their existence and thus their ability to affect psychotherapeutic practice. The first unrealistic attitude is that therapy is a kind of magic. Clients will unconsciously re-enact an early developmental stage in which others will promptly attend to their needs. They will reveal their problems, and their therapist will listen intently and give advice. They will feel better because they will follow that advice. Or they will prove them wrong by not following it. Their therapist will help them figure out how to make others act differently. They will not have to change. The third unrealistic attitude is that therapeutic progress should be made sooner rather than later, and preferably with limited effort. As consumers in a fast-paced, highly mechanized world, clients are primed to get what they want quickly as well as effortlessly. No matter how chronic or serious their problems, they expect to find solutions within a short time. If not, they will be dissatisfied. Enduring Realities As a consequence of these unrealistic attitudes, realistic 21st century therapists work quickly and diligently to help their clients accept three age-old, transference-and-countertransference-based realities relevant to successful therapeutic work. First, effective therapy is primarily interactive Little, and relational. Therapy is a relationship between two persons with personal and interpersonal histories whose experiences of, expressions of, and use of feelings in the clinical setting become interdependent Heimann, as they work toward achieving mutually acceptable goals. Though therapy may have its magical moments, it is by no means magic. Second, though most problems are personal on one level, they are interpersonal on another, and therefore require solutions that are effective on both levels. Clients must address what they themselves do, and most likely have done repeatedly in the past, even as they identify the contributions of others. Third, even relatively minor change is neither quick nor effortless. It requires painful honesty, sustained energy, and repeated practice. It demands the hard work without which new relational habits cannot replace old ones and thus the future simply repeats the past. In sum, in order to empower their clients with appropriate motivation, insight, and skills, non-analytic therapists must become experts in dealing with constructs called transference and countertransference and the interpersonal processes that mediate them. Double-Edged Swords It cannot be emphasized enough that transference and countertransference propel conflictual unconscious material into the dynamics of both analytic and non-analytic therapy. If non-analytically oriented therapists fail to notice these displaced phenomena during their sessions, they are limited in their ability to help their clients move beyond their one-sided accounts of problematic relationships and events outside of therapy. Then, as therapists sensitively share their insight and invite corroboration or correction, clients can begin to realize that what is transpiring in therapy is similar to the unresolved conflicts at the core of their presenting problems. With this insight, they can begin to resolve their conflicts. Simultaneously, therapists can realize how, through countertransference, they are also acting out old, conflictual interpersonal issues in their own work with clients. Then they, too, can choose conflict resolution over mindless repetition. Even a cursory history of the 20th and early 21st centuries reveals transference and countertransference as double-edged swords operating outside of therapy no less than in it. We pour billions of dollars into foreign wars because we unconsciously know that we ourselves have brought pain and suffering to people already victimized by others. We also

unknowingly carry countless unresolved conflicts from the past into the present as we engage in profiling, rape, child abuse, hate crimes, human trafficking, wars of ethnic cleansing, and even wars of liberation. We may even unconsciously minimize clergy sexual abuse and its cover-up because we transfer to those involved in them an aura of divinity and macho fatherhood. Indeed, transference and countertransference are ubiquitous Brenner, We have not adequately dealt with layer upon layer of painful, individual and collective memories that unconsciously motivate us to re-stage atrocities. Some were done to us. Some we did to others. In brief, this course is intended to enable non-analytic clinicians to deal with transferred phenomena that can undermine their otherwise excellent collaborative work. It heeds the prophetic words of Marmor Without them, regardless of orientation, therapists cannot withstand the pressures of health care reform to reduce therapeutic time. Without them, therapists cannot deal "economically and effectively with the deluge of emotional and behavioral problems" that our disturbed society has spawned Language, Cultural Diversity, and Context In this course, jargon has been changed into commonly used terms for the sake of readers who are not versed in psychoanalytic language. At the same time, while the impact of cultural diversity on transference and countertransference has been short-changed here because of space limitations, efforts have been made to identify at least some of the unique culturally-based expectancies therapists and clients unconsciously bring to their interactions. Finally, though efforts have been made to place constructs within the context of their original theories, those theories have not been used in their entirety. Rather, select aspects of analytic theories are placed within the context of non-analytic theories without sacrificing the essence of either, again so that readers can more easily interweave new material with the professional knowledge they already possess. It is a pervasive and ubiquitous phenomenon that takes place in many situations in life Brenner,