

Practice Parameter for Psychodynamic Psychotherapy With Children

This Practice Parameter describes the principles of psychodynamic psychotherapy with children and is based on clinical consensus and available research evidence. It presents guidelines for the practice of child psychodynamic psychotherapy, including indications and contraindications, the setting, verbal and interactive (play) techniques, work with the parents, and criteria for termination. *J. Am. Acad. Child Adolesc. Psychiatry*, 2012;51(5): 541–557. **Key Words:** Practice Parameter, child psychodynamic psychotherapy, indications, psychotherapeutic processes, parent work.

P psychodynamic psychotherapy is a basic skill and training requirement in adult, child and adolescent psychiatry.¹ To some, this basic skill is endangered.^{2,3} Individual psychodynamic psychotherapy, alone or in combination with other treatments, is used to treat child and adolescent disorders. Derived from a rich clinical tradition, psychodynamic psychotherapy is gaining evidence-based research data supporting its effectiveness.^{4,5}

The practice of psychodynamic psychotherapy provides an essential, developmental perspective on normality and pathology, applicable to the individual child and his family. This therapy addresses components of psychological functioning beyond diagnostic categories to facilitate optimal development and adaptive resilience vis-à-vis stressors and trauma.

The recommendations in this parameter are limited to children ages 3 to 12. Unless otherwise noted, the term ‘parents’ refers to the child’s primary caregivers, irrespective of their biological relationship to the child.

METHODOLOGY

The literature search was conducted in October 2011 using MEDLINE, EBM Reviews (evidence-based medicine), PubMed, PsycINFO, ERIC (education), Social Work Abstracts, and PEP-WEB (psychoanalytic electronic publications). The search in MEDLINE combined the search terms: “child OR “youth” AND “psychodynamic psychotherapy” OR “psychoanalytic psychotherapy” OR “psychoanalysis” yielding 10454 results

which totaled 7530 when the search was limited to English language. These results were further limited to “human”, child (2-12 years), “review articles” yielding 47 results. When limited to “core clinical journals”, 2 results were retrieved. The search was repeated in PsycINFO and yielded 56159 results which totaled 41395 when the search was limited to English language. These results were then limited to “human”, “child (2-12 years)”, “peer reviewed articles” yielding 518 results. When limited to “reviews”, 2 results were produced. The search was repeated in the EBM Reviews (evidence-based medicine database) resulting in 0 articles, in ERIC (education) yielding 119 results and in Social Work Abstracts yielding 82 results. The PEP-WEB (psychoanalytic electronic publications) was searched in English language for “child” AND “psychodynamic psychotherapy” or “psychoanalytic psychotherapy” or “psychoanalysis” resulting in 603 results. These results were further limited to “articles” yielding 485 results and to the Psychoanalytic Study of the Child producing 13 results.

The PubMed database was searched independently to benefit from the use of the MESH term database. In PubMed, MESH terms were used to narrow the search results. The MESH term “psychodynamic psychotherapy” was used, and the results were limited to “children (3-12 years)”, “human” and “English” yielding 140 results. When those were limited further, 1 result was found for “meta-analyses,” 6 for “randomized controlled trials,” 25 for “reviews” and 0 for “practice guidelines.” Continuing in PubMed, a

search using the MESH term “psychoanalytic psychotherapy” yielded 346 results when restricted to “children (3-12 years). When the results were limited to “English,” “meta-analyses,” “randomized controlled trials,” and “reviews and practice guidelines”, 46 results were identified (5 rcts and 41 reviews). The same search for the MESH term “psychoanalysis,” limited to children from age 3-12 years, yielded 524 results. When the results were limited to “English,” “meta-analyses,” “randomized controlled trials,” and “reviews and practice guidelines”, 51 results were identified (51 reviews).

The PsycINFO database was searched independently for the benefit of the specific subject headings used in the database. In PsycINFO the “psychodynamic psychotherapy” or “psychoanalysis” subject headings were combined with the subject heading of “mental health disorders” and limited to “English”, “human” and “children (2-12 years),” yielding 8 results. The subject headings “psychodynamic psychotherapy” or “psychoanalysis” AND “psychotherapeutic processes” were combined, and yielded 572 results using the same limits. The subject headings “psychodynamic psychotherapy” or “psychoanalysis” AND “treatment termination” yielded 44 results when limited to the 2-12 years old population.

Abstracts selected from the searches were studied to select material for the parameter. The reference sections of review articles were searched for material not included in the search. The review articles that addressed psychodynamic psychotherapy or psychodynamic psychotherapy were initially reviewed. In addition, topics addressing indications and clinical processes including termination and work with parents were examined.

Individual child psychodynamic psychotherapy for 3-12 years old children was the specific basis for consideration in the literature review. Some interventions historically developed for psychoanalytic treatments were included based on their application in the psychodynamic psychotherapy context.

DEFINITIONS

Psychodynamic psychotherapy is based on the core propositions of psychoanalytic theory⁶⁻⁹ derived from clinical observations. Research in experimental psychology and cognitive neuroscience provides the empirical foundation for these

postulates.¹⁰⁻¹³ Foremost amongst these propositions are:

1. Complex, unconscious mental processes determine conscious ideation and purposeful behavior.
2. Internal representations of experience with significant persons and the real world shape the individual's basic assumptions and expectations.
3. Observable thoughts and behaviors, including symptoms, are over-determined, i.e. they arise from more than one unconscious source. Communications have multiple meanings.
4. Psychic conflict is ever present and part of normal development. External conflicts occur between the individual and the social or physical environment when the needs of one conflict with the other. Internal conflicts occur within the mind. Most typically, internal conflicts occur when the individual's urges, impulses and desires come into conflict with internalized societal, especially parental, prohibitions.
5. Defenses are unconscious mental mechanisms that reduce anxiety and maintain psychological homeostasis. Defenses are transformed in the course of development from primitive, immature defenses to more flexible, mature defenses. Rigidly held defenses may become maladaptive and interfere with further development.
6. Resistance to psychological change serves to maintain psychic stability although it slows the therapeutic process.
7. Transference, namely the repetition or re-enactment in the therapist-patient interaction of the internalized relational patterns of past experiences with parents or other significant persons, provides an opportunity to observe, understand and revise these internalized relational patterns.
8. Therapist neutrality, the cultivation of a non-judgmental, respectful, empathic, supportive attitude toward the patient, establishes a secure relational setting for therapy. Therapist neutrality aims to foster free expression by the patient. The therapist seeks to follow the child's lead.
9. The therapist's emotional responses to the patient (countertransference) are important for the therapist to recognize and understand. The therapist may gain insight into the child's internalized conflicts from the feelings the child induces in the therapist. The therapist must also be aware of times when the child stirs up the therapist's own internalized conflicts lest these conflicts undermine the therapist's neutrality.

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات