

BASIC CONCEPTS IN CHILD PSYCHIATRY

Formulated by the

Committee on Child Psychiatry of the Group for the Advancement of Psychiatry

Report No. 12

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April, 1950

PART I

I. THE NATURE OF CHILDHOOD AND THE CLINICAL SERVICES NEEDED TO DEAL WITH THE PROBLEMS OF THIS PERIOD.

Child Psychiatry is a development within the field of general psychiatry of comparatively recent origin. With the shift of major emphasis from the laboratory to the study of man himself, dynamic psychiatry began. In this early period, the symptoms and character traits of adult patients were correlated with memories of early interpersonal experiences. This synthesis resulted in formulations of theories regarding child development. But attempting to understand the child out of such retrospective material, useful as it was for a dynamic reconstruction of adult problems, was unsatisfactory because it kept the focus on adulthood and not on childhood as an important period in itself. This finally made it desirable to study the child at first hand. The major motive for this direct approach was the hope of wholesale prevention of difficulties in later life, but it soon became evident that such a broad goal, although understandable as an ideal, was unattainable in practice. Furthermore, it was found that focusing attention mainly on potential difficulties of the future tended to obstruct therapeutic efforts in the present. The prophylactic objectives of mental hygiene thus recede as immediate goals to be realized by clinical attention to the problems of childhood. Clarity on the important differences between clinical and mental hygiene objectives is resulting in more effective efforts in each, in fulfilling their different objectives.

The therapeutic needs of disturbed children stimulated further growth in the field of child psychiatry. As knowledge accumulated out of direct observation by psychiatrists, child analysts, social workers, psychologists and pediatricians, there emerged a better understanding of the laws of psychological growth and development. The child began to be thought of as a child and not as a miniature adult. He was seen to be an individual whose thoughts, feelings, relationships and means of expression differ from those of adults. The field of child psychiatry took shape out of the recognition of these differences and out of the needs to develop clinical skills to help children with emotional disturbances.

Many divergences in methodology and clinical practices have emerged as the field of child psychiatry developed into a recognized clinical specialty. Underlying these differences in theory and practice, certain basic principles have been accepted generally in the understanding of personality development. First there is common agreement in stressing the importance of early stages of development in shaping the personality; and, second, that an important dynamic in personality development is contained in the inter-

action between biological and cultural forces. This group agreed that certain differences in emphasis should be included in this statement.

One viewpoint is expressed in the genetic dynamic concepts of psychoanalysis. Personality development is a historical continuum as the biological forces interact with forces of the cultural setting in which the child develops as an individual. Successive stages are understood in their relation to preceding ones. Early experiences, as well as the processes elaborating them, continue to exert their influence without being available to conscious recall or conscious perception.

Biological forces express the vitality of the organism (Id). They are manifested in the individual's needs for intake, for elimination and retention, for muscular and sensory activity. These instinctual needs are perceived as urges to discharge tension through the exercise of physiological functions. By maintaining homeostatic balance, gratification of instinctual needs helps to preserve the biological integrity of the organism.

Instinctual tendencies follow the general principle of growth, proceeding from simple to higher forms of integration and differentiation. In the course of growth, physiological functions assume supremacy in typical sequence. While the maturational sequence is common to the entire species, individuals vary in the intensity of their needs and in the rate and rhythm of growth.

Compared to the newborn of other species, the human infant is insufficiently equipped to survive by inborn automatic reflexes alone. His physiological functions have to be perfected before they can adequately serve his vital needs. The ministrations of others is essential for his survival. Protection, stimulation and vital supplies must be provided in the care he receives. In fulfilling the functions of maternal care, the mother mediates between the infant and the outer world. After the symbiotic uterine existence, the mother as the source of gratification, protection and limitation becomes the first representative of external reality.

While the newborn requires immediate gratification of his instinctual needs, physiological growth increases his tolerance for inner tension and external stimulation. The benign impact of a predictable reality on the maturing organism leads to the structuralization of the initially undifferentiated discharge-movements. Perception, motility and anticipation of environmental response permit the individual to scan increasing sectors of the external world in terms of his instinctual needs. Thus maturational processes and environmental direction (specifically, the shaping of instinctual tendencies through maternal care), lead to the establishment of the psychological functions of the ego, which mediates between inner need and external world.

Basic Concepts In Child Psychiatry Formulated By The Committee On Child Psychiatry

**Helmut Remschmidt, Herman van
Engeland**



Basic Concepts In Child Psychiatry Formulated By The Committee On Child Psychiatry:

In the Long Run...Longitudinal Studies of Psychopathology in Children Group for the Advancement of Psychiatry,1999 his volume presents studies of the outcome of pathology for children with specific psychiatric diagnoses such as in children with chronic medical illnesses childhood traumas mood and anxiety disorders attention deficit hyperactivity disorder conduct disorders and eating disorders

Cultural Assessment in Clinical Psychiatry Group for the Advancement of Psychiatry,2008-08-13 Culture permeates human activity the world over In today s technological global village people from very different cultures are interacting more closely and more often than ever making it critical for clinicians to understand and incorporate cultural dimensions into their daily practices This volume offers a contemporary pragmatic understanding of how culture is inextricably intertwined with mental health and mental illness In Chapter 1 the 17 member GAP Committee on Cultural Psychiatry begins by discussing the history particularly within the last two decades and scope of culture in clinical psychiatry In Chapter 2 the authors describe 11 selected cultural variables that strongly influence clinical work ethnic identity race gender and sexual orientations age religion migration and country of origin socioeconomic status acculturation and acculturative processes language dietary influences and education In Chapter 3 the authors present a brief history and detailed analysis of the Cultural Formulation the newest instrument for ensuring thorough clinical assessments explaining its clinical use based on DSM IV guidelines In Chapter 4 the authors integrate the 11 cultural variables described in Chapter 2 with the use of the Cultural Formulation described in Chapter 3 producing an extraordinary cross section of case vignettes How the son of Irish Catholic immigrants struggles to reconcile old country traditions with life in modern American society The sometimes painful and always complex process and outcomes of acculturation for a Pakistani Muslim family who had come to the United States for only a temporary period but ended up staying permanently Diagnosing social phobia in an Asian American whose traditional reticence must be viewed within the context of Asian culture Loss of country of origin and family ties as catalysts leading to significant behavioral changes and severe depressive symptoms in an African immigrant tribesman from Kenya and the cultural context of his recovery The interplay of gender age and religion with developmental issues personality organization and symptom development for a good Catholic girl The existential interpersonal and clinical experiences of a Protestant minister from predominantly Catholic Ecuador who came to the United States as pastor of an Hispanic church in a predominantly white city In Chapter 5 the authors conclude with a summary and suggestions regarding the complex issues raised by a thorough cultural assessment Enhanced by a detailed index this powerful work meets the significant and rapidly growing need for psychiatrists and other mental health professionals to understand the role of culture in psychiatry and to integrate this knowledge into their practice so that they can provide the most comprehensive and useful care to their patients

Forced Into Treatment Group for the Advancement of Psychiatry. Committee on Government Policy,1994 What role does coercion play in psychiatric treatment Does it increase or decrease the chances for successful

outcome Forced Into Treatment discusses various aspects of coercion ranging from the role of coercion in initiation psychiatric treatment to its effect on treatment process and outcome The book demonstrated that a patient who is appropriately forced into treatment can move from initial defiance through reluctant compliance to a successful therapeutic alliance and a successful outcome In addition Forced Into Treatment addresses the role of coercion power and authority in socializing children the use of coercive social pressure as a motivation to seek help the effects of court ordered treatment for people who have refused psychiatric help the historical and legal aspects regarding coercive treatment *Basic Concepts in Child Psychiatry* Group for the Advancement of Psychiatry Staff, **A Comparative Study of Four Michigan Child Guidance Clinics** Wayne Babcock, 1961 **Published Reports - Group for the Advancement of Psychiatry** Group for the Advancement of Psychiatry, 1956 **Diagnostic Classification in Child Psychiatry** Richard Leos Jenkins, Jonathan O. Cole, 1964 **Basic Concepts of Psychiatric-mental Health Nursing** Louise Rebraca Shives, 2007 This seventh edition includes new chapters and maintains popular features from previous editions such as self awareness prompts while adding research boxes and student worksheets at the end of each chapter *Reports and Symposiums. Group for the Advancement of Psychiatry*, 1961 *Preventing Mental Illness* Despo Kritsotaki, Vicky Long, Matthew Smith, 2018-10-16 This book provides an overview of a diverse array of preventive strategies relating to mental illness and identifies their achievements and shortcomings The chapters in this collection illustrate how researchers clinicians and policy makers drew inspiration from divergent fields of knowledge and practice from eugenics genetics and medication to mental hygiene child guidance social welfare public health and education from risk management to radical and social psychiatry architectural design and environmental psychology It highlights the shifting patterns of biological social and psychodynamic models while adopting a gender perspective and considering professional developments as well as changing social and legal contexts including deinstitutionalisation and social movements Through vigorous research the contributors demonstrate that preventive approaches to mental health have a long history and point to the conclusion that it might well be possible to learn from such historical attempts The book also explores which of these approaches are worth considering in future and which are best confined to the past Within this context the book aims at stoking and informing debate and conversation about how to prevent mental illness and improve mental health in the years to come Chapters 3 10 and 12 of this book are available open access under a CC BY 4 0 license at link.springer.com **Explorations in Child Psychiatry** E. Anthony, 2013-11-11 It is a great pleasure for me to write a foreword to this fine work by many different collaborators under the aegis of my friend and one time colleague in Geneva Dr E James Anthony because it represents a collective effort toward a goal that today seems very necessary yet difficult to attain This goal is the synthesis of developmental psychology with all the other aspects of child psychology into a science of ontogenetic development from birth to maturity encompassing three points of view the biological the behavioral and the internalization of the behavioral into mental life This synthesis is indeed necessary since it is not

possible to understand a disorder or a developmental arrest without having a sufficient knowledge of the ensemble of elements that has brought it about At each level of development the personality of the subject attempts to integrate a multiplex system of factors in varying proportion and without carefully and fully considering this interdigitating whole it is not easy to disentangle the mechanisms involved in any particular functional disintegration *The Person with Epilepsy at Work* Group for the Advancement of Psychiatry. Committee on Psychiatry in Industry, 1957 *Report*, 1999 **Diagnostic Dilemmas in Child and Adolescent Psychiatry** Christian David Perring, Lloyd A. Wells, 2014 Within child and adolescent psychiatry there are a number of potential dilemmas pertaining to diagnosis treatment the protection of the child as well as the child's own developing intelligence and moral judgement Diagnostic Dilemmas in Child and Adolescent Psychiatry is the first in the IPPP series to explore this highly complex topic Child and Adolescent Psychiatry in Europe Helmut Remschmidt, Herman van Engeland, 2012-12-06 The intention of this book is to provide an overview of child and adolescent psychiatry in Europe focusing on the historical development current situation and future perspectives of the specialty Child and adolescent psychiatry is now acknowledged as a medical specialty or subspecialty in almost all European countries Also the number of child psychiatrists has increased dramatically over the last decade However there are still enormous differences from country to country not only with regard to the number of specialists but also with regard to the extent and nature of services provided and their diagnostic and therapeutic orientation Furthermore important differences exist in the training curricula for child and adolescent psychiatry within medicine and other professional fields both inside and outside the universities and in the image and importance of this discipline to the public This diversity is also reflected in the reports on the historical development current situation and future perspectives of child and adolescent psychiatry in 31 European countries all following the same structure in order to facilitate comparability This structure comprises 1 the historical development and the current situation 2 classification systems and diagnostic and therapeutic methods 3 structure and organization of services 4 cooperation with other medical and non medical disciplines 5 training and continuing medical education 6 research and 7 future perspectives Lewis's Child and Adolescent Psychiatry Andrés Martin, Fred R. Volkmar, Melvin Lewis, 2007 Established for fifteen years as the standard work in the field Melvin Lewis's Child and Adolescent Psychiatry A Comprehensive Textbook is now in its Fourth Edition Under the editorial direction of Andrés Martin and Fred R Volkmar two of Dr Lewis's colleagues at the world renowned Yale Child Study Center this classic text emphasizes the relationship between basic science and clinical research and integrates scientific principles with the realities of drug interactions This edition has been reorganized into a more compact clinically relevant book and completely updated with two thirds new contributing authors The new structure incorporates economics diversity and a heavy focus on evidence based practice Numerous new chapters include genetics research methodology and statistics and the continuum of care and location specific interventions A companion Website provides instant access to the complete fully searchable text **Child**

Psychiatry Observed Elizabeth Gore, 2014-05-17 Child Psychiatry Observed A Guide for Social Workers is based on the experience of a clinical child psychiatrist who aims to give an overview of child psychiatry The book first presents various psychological disturbances as well as its causes This topic emphasizes the development of psychological disturbances among children since birth which then develop over time as the child faces various experiences and special cases such as divorce of the parents harassment and separation from the parents Then the book gives ideas how to treat a child identified as patient in a clinic and how the society can help in providing facilities that could help the child recover The latter part gives an insight into the future of child psychiatry The text will be invaluable to counselors child psychiatrists psychologists and practitioners in related fields Parents and students will also benefit from the book Community Mental Health Centers Act Extension United States. Congress. House. Committee on Interstate and Foreign Commerce. Subcommittee on Public Health and Welfare, 1970

Bureau Publication ..., 1964

Psychology Class - 12 [Bihar & Jharkhand Board] Dr. Vimal Agarwal, 2022-12-21

- 1 Differences and Evaluation in Psychological Merits Theories of Intelligence and Individual Differences
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