

GAIMH

Postgraduate and Continuing Training Standards

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PREAMBLE:

“Postgraduate and continuing training standards for GUIDANCE, COUNSELING, and PSYCHOTHERAPY for children from 0-3 years with their parents and other caregivers”

1 Tasks and aims of the GAIMH

The GAIMH, founded in 1996, is an association of infant mental health professionals from Germany, Austria and Switzerland. It is an interdisciplinary affiliate of the World Association for Infant Mental Health (WAIMH). In accordance with its statutes its tasks include the following:

1. Promotion and development of postgraduate and continuing training programs for all professional groups concerned with pregnancy, infancy, and early childhood.
2. Enhancing awareness and understanding of the significance of pregnancy and early childhood for psychic development, the risks involved, and the needs of young parents, as well as enhancing the appreciation of the maternal and paternal roles in early child-rearing.
3. Support and coordination of all efforts to improve basic conditions for the mental health of parents, families, and other caregivers as a prerequisite for unimpaired emotional development during pregnancy and infancy.

2 Standards for postgraduate and continuing training programs

The following recommendations were drawn up between 2002 and 2005 by an interdisciplinary project committee of the GAIMH. They define standards for postgraduate training and training programs that qualify persons to work with children between the ages of 0 and 3, their mothers, fathers and other caregivers. As a contribution to quality assurance they provide guidelines for:

- the development of relevant curricula,
- the evaluation and recognition of existing postgraduate and continuing training programs,

- the postgraduate and continuing training of staff in related institutions,
- policy-makers from institutions involved with the health, education, and welfare system in order to monitor the array of programs offered in the field of early childhood.

These standards were developed consistent with the latest scientific findings and practical experience. They presume that these findings and experiences are of great significance for the appropriate professional conduct of anyone working in the field of early childhood. Their timely, goal-oriented, and consistent use in the course of guidance, counseling and psychotherapy helps to prevent later developmental and relational problems. Subsequent interventions in cases in which problems are already chronic are generally more time-consuming and costly.

3 Age-dependent features

The individual development of an infant or toddler takes place within the context of the mutual mother-child, father-child and/or caregiver-child relationships. For this reason it can only be understood and supported in the context of the development of these relationships.

The developmental processes of early childhood are characterized by the dynamic processes of maturation, adaptation, and learning as well as the resultant rapid change, great variability, and daily crisis. The related behavior patterns and ways of experiencing people and things are dependent on the respective developmental phase. The transitions from normative crises to subjective burdens to clinically relevant disorders are fluid.

4 Definition of postgraduate and continuing training

Postgraduate training is defined as a higher or additional qualification based on professional education and several years of work experience. Postgraduate training programs are intended to mesh with professional occupations, and to prepare the participants to take on special functions or positions by expanding and enhancing specific competencies.

Continuing training comprises teaching and learning processes based on a particular profession with its own theories and practical skills. The goal is to reflect upon, deepen, renew, and expand professional competencies (knowledge, abilities, skills, behavior patterns) in this specific profession.

5 Types of early intervention

Services for infants and toddlers between zero and three years of age, their mothers, fathers and other caregivers are available in the fields of guidance, counseling, and psychotherapy. They can also begin during pregnancy and around the time of birth. Depending on the family background and target group, they can have an educational, psychological, medical, or social emphasis.

Significant similarities emerge in the three areas out of the particularities of early childhood, and for this reason it is neither possible nor sensible to draw strict boundaries between them. The basic underlying principle of guidance, counseling, and psychotherapy is a respectful attitude toward the children, their mothers, fathers, and other caregivers in the context of their personal circumstances.

Guidance, counseling, and psychotherapy must consider in equal measure the dependence of the child's behavior and experiences on his/her stage of development and on the relationship and situation that pertains. The transitions from short-term stress and crisis to problems and manifest disorders must be considered within the respective concepts, as should the fluid transitions between prevention and intervention.

The following formulation of curricular standards for the three fields takes into consideration the fact that it should be possible to distinguish the tasks and participants of guidance, counseling, and psychotherapy on the basis of their fundamental focus and training.

The respective social, educational, health, and family laws in Austria, Germany, and Switzerland, as well as the necessity of providing for individual services for families, can also result in country-specific differences in the three fields.

Postgraduate and continuing training standards for GUIDANCE for children from 0 to 3 years with their parents and other caregivers

1. Definition

Guidance is available to all mothers, fathers, and children in the form of services from pregnancy until the child is three years old. It is voluntary, easily accessible, and geared to coping with daily life.

Guidance helps to promote the successful development of child, mother, father, family, and other responsible caregivers, even if there is no predefined problem.

Guidance is carried out on the basis of an attentive relationship between guidance expert and mother, father, and child within a specific program, either in an individual or a group setting. Depending on the situation, guidance makes use of various resources and methods and incorporates different services.

It has a preventative function by providing useful information, activating existing resources, making use of existing networks, and creating new ones.

Initial remarks

Guidance is carried out in four fields of activity:

1. Surrounding the birth: A range of programs available before during, and after the birth,
e.g., pregnancy guidance, birth preparation, birth guidance, puerperal care, breast feeding advice, pre- and postnatal gymnastics.
2. Family Guidance: Programs geared to handling everyday situations, the education of mother, father, and child; their personal development; and the development of the family as a relationship system.
e.g., courses in parental education; group activities for mothers/fathers with infant/toddler, mother-father-child gymnastics.
3. Family Support: Childcare services where the primary caregiver is not present,
e.g., playgroups, babysitters, foster families, day nurseries, day-care homes and centers, kindergarten, nurseries.
4. Educationally relevant problem situations
e.g., occupational therapy or remedial teaching for children with manifest developmental disorders, speech therapy.

The GAIMH welcomes the appropriate incorporation of the principles of the standards for postgraduate and continuing training programs described below into basic training for diverse professional groups working in these fields of activity.

2. Eligibility requirements

The eligibility requirements differ according to the target group:

- Age limit 21 and over
- Medical, psychological, educational, or basic social training
- Practical experience in working with children aged 0 to 3, or proof of internship or practicum
- Affiliation with a recognized institution
- Candidates coming from another field (with no specialized basic training) require specific psychological/educational/social entrance modules accompanied by practicum.

3. Theoretical content of postgraduate and continuing training

Because various professional groups with different basic training and priorities come together in the four named fields of activity, it is important to adapt contents and methodology to their respective educational needs, and to develop the curriculum with the respective target group in mind. The following contents or parts thereof should be incorporated into the postgraduate or continuing training curriculum, depending on the prerequisites.

3.1. With reference to the child

- Knowledge of the child's development—physical, emotional, mental development—before, during, and after birth
- Knowledge of the learning prerequisites and factors in early childhood
- Knowledge of the child's competencies
- Ability to interact and communicate
- Interrelation between neurobiological developmental processes and experiences of early relationships
- Development of attachment and sense of self (experience of contingency)
- Attachment behavior
- Exploration, quest for autonomy, experience of self as an agent
- Initiating contact with others
- Process of self-development
- Sensory integration
- Eating, sleeping, self regulation

3.2. With reference to the caregivers

- Demands arising from the birth, transition to parenthood

- Mother/father competencies
- Sensitivity
- Interaction, communication, and handling of conflicts
- Attachment and relationship development
- Handling of the crises typical of early childhood
- Handling of rules and boundaries
- Creating an environment that permits self-determined development and education.
- Handling of “co-educators“ (incl. the media)
- Support of social networks for families

3.3. With reference to basic theoretical principles

- Relationship systems from various points of view (from the child’s, mother’s, father’s, “guidance expert’s“ perspective)
- Basic knowledge of family development
- Dealing with research/theoretical concepts such as attachment theory (e.g., Ainsworth, Ahnert, Bowlby, Grossmann, Main et al.), developmental theories and models (e.g., Dornes, Keller, Stern), adult education (e.g., theme-centered interaction, Cohn), concept of sensitivity (Ainsworth), fit concept (e.g., Chess & Thomas, Largo), intuitive parenting (Papoušek), dialogue management (e.g., Rogers), pre- and perinatal psychology (e.g., Janus), salutogenesis (Antonovsky), temperament (e.g., Chess & Thomas, Zentner)
- Dealing with user-oriented educational concepts such as those of Marte Meo, Montessori, Pikler, Reggio, and Waldorf education
- Dealing with educational concepts for group/course programs in early childhood; groups for mothers/fathers with their child (e.g., PEKiP) and group sessions/courses for mothers/fathers without the child
- Group leadership
- Basic knowledge of learning theory for adults
- Basic knowledge of programs relating to early childhood (guidance, counseling, psychotherapy).

4. Practical content of postgraduate and continuing training

In postgraduate and continuing training programs, theoretical content is combined with practical application and its consequences.

- Recognition of and appropriate response to a child’s requirements and signals
- Recognition of and appropriate response to the mother’s/father’s requirements and signals.
- Learning methods for group sessions with infants, toddlers, mothers/fathers
- Familiarization with diverse fields of activity in early childhood.

- Regular supervision of practicum (if possible incorporating videotaping) in terms of self-experience and self-reflection.

5. Scope and duration

The scope and duration of postgraduate and continuing training programs depend on the educational needs of the target groups. Postgraduate and continuing training programs comprise multiple sections with an interval of time between each section for self-reflection, which give participants a chance to gain experience by using the acquired knowledge in practical situations.

6. Requirements for persons offering postgraduate and continuing training

Teaching must be organized using recognized, tried and tested methods of adult education. The instructor must have relevant practical experience with children, mothers, and fathers in the field of early childhood.

Members of GAIMH's project group postgraduate and continuing training standards for guidance

Sabine Hoeck, Munich

Pediatrician, psychotherapist, Castillo Morales teaching therapist; Early Intervention Center Bavaria and Children's Hospital Munich Harlaching

Thomas Mix, Würzburg

Dipl. psychologist, psychotherapist; Early Intervention Center Würzburg

Dores Beckord-Datterl, Salzburg

Clinical and health psychologist, psychotherapist, adult education instructor; Parent counseling for the province of Salzburg; supervision of toddler teachers in the day nursery, and of parent-child group leaders

Margrit Hungerbühler-Räber, Basel

Educational consultant, child therapist, practicum supervision, project work; at present co-director of F-NETZ, northwestern Switzerland; continuing education and public relations work in the field of early childhood

Kathrin Keller-Schuhmacher, Basel

Chemist, psychologist, adult education instructor; longstanding experience in group work with mother/father/infant/toddler; and in education in the field of early childhood; project leader prevention/health promotion in early childhood in Basel Land; at present co-director of F-NETZ, northwestern Switzerland

Christine Küberl, Landskron

Dipl. marriage, family and life consultant DGKS, parent education, birth preparation, parent-child counseling for children from 0 to 6 years of age; parent education in early childhood at the Institute for Family Counseling and Psychotherapy of the Kärnten Caritas Association, teaching parent-child group leaders and marriage, family and life counselors

Yvonne Mellin, Sinsheim

Educator M.A., PEKiP-group leader, infant and toddler counseling; continuing training and practicum supervision in early childhood, project leader "Balanced Family"—a service for parents in transition from pregnancy to birth to the child's first years; psychological counseling services of the Evangelical church district of Kraichgau

Lena Neuburger, Berlin

Dipl. educator, parent education course instructor, training to be a child and adolescent psychotherapist, course instructor for starting a family in the Federal Association of the German Red Cross, Berlin

Postgraduate training standards for COUNSELING for children from 0 to 3 years of age with their parents and other caregivers

1 Definition

Counseling is a process of mutual exploration of possible solutions to promote development and relationships when stress, problems and crises affect families with children aged 0-3 and their external systems of childcare. Counseling empowers the recipient to utilize existing resources within an acceptable time frame to support the child's subsequent stages of development. It is based on the latest scientific findings and is case-, solution-, and resource-oriented. Counseling offers a relationship opportunity without making this the focus of the counseling session.

Initial remarks

The GAIMH welcomes the appropriate incorporation of the principles of the postgraduate training standards described below into the basic training for various professional groups working in these fields of activity.

2 Eligibility requirements

- Completion of professional training (technical college, college of higher education, or university education in a psychosocial or medical field)
- Access to infants and toddlers and their families in a counseling context
- Counseling competencies

3 Theoretical postgraduate training

Developmental psychology of early childhood

- Development tasks of early childhood
- Preverbal communication and early speech development
- Individual variability
- Development of attachments and relationships
- Pregnancy and transition to parenthood
- Parental relationship and child-rearing competencies
- Age-dependent conflicts and crises

- Biological and social parameters
- Transition to supplementary forms of childcare
- Risk and protective factors in child development
- The child's well-being and parental child-rearing capacities

Children in special situations:

- Children with adaptation disorders
- Children with regulation disorders (crying, sleeping and eating disorders, disorders of affective and behavioral regulation)
- Children who were born prematurely
- Handicapped children
- Children with chronic illnesses, during and after hospitalization and surgery
- Children at risk of or affected by neglect and abuse
- Children in foster care and adoptive families

Families in special situations

- Juvenile mothers and fathers
- Immigrant families
- Single parents
- Poor families
- Mentally ill mothers and fathers
- Substance-dependent mothers and fathers

Separation and transition to child care forms that replace the family

Legal and institutional principles of the counseling assignment

4 Practical postgraduate training

Diagnostic procedures

- Video-assisted behavioral observation
- Solution and resource oriented interpretation of behavioral observation
- Orientational developmental assessment
- Communication and relationship diagnostics
- Identification of age-dependent disorder patterns

- Identification of early warning signs of impending or current emotional and physical neglect and abuse
- Detection of mental health problems of family members
- Risk assessment of the child's well-being
- Assessment of child-rearing capacity
- Recognition of indications for multi-modal interventions or psychotherapy and referral to other support services

Counseling competencies

- Self-perception and how one is perceived by others
- Development and relationship oriented parent counseling in individual and group settings, especially in the child's presence as well as in multi-generational settings
- Incorporation of video taping
- Counseling methods and materials
- Cooperation and communication with other support services

Methodology of practical postgraduate training

- Hands on teaching of theory
- Observation training
- Self-experience and self reflection
- Documentation of three completed and supervised counseling cases incorporating video taping and evaluation (one in the 1st, 2nd and 3rd year respectively)
- Case supervision
- Intervision

5 Scope and duration

- Modular approach
- 1-2 years, comprising around 150 hours

6 Requirements of persons offering postgraduate training

- Several years of professional experience in fields of work relating to early childhood
- Counseling and/or psychotherapy qualifications
- Knowledge of recent specialist literature and research findings

➤ Experience in adult education

Members of the project group postgraduate training standards for counseling

Mauri Fries, Borsdorf/Leipzig (project group leader)

Dipl. psychologist, child and adolescent psychotherapist; postgraduate training for specialized staff in youth welfare services and early intervention, counseling for parents with babies and toddlers, case supervision in establishments for babies, toddlers and their parents

Mechthild Papoušek, Munich

Apl. Prof., psychiatrist, developmental psychobiologist; basic research, publications and teaching on integrative communication-centered parent-infant/toddler counseling (IESK-B) and psychotherapy (IESK-P), "Münich Clinic for Fussy Babies"; case supervision

Eva Vonderlein, Heidelberg

Dipl. psychologist, scientific collaborator in the Department of Developmental Psychology, as well as in the counseling services for families and children at the University of Heidelberg. Main focus: premature birth, postgraduate training in parental counseling of specialized staff in neonatology

Maria Mögel, Zurich

Psychologist in child and adolescent FSP; psychoanalyst; child-rearing counseling at the Parent-Toddler Counseling Center of the district of Horgen; teaching development and child-rearing counseling (professional school for counselors for mothers); supervisor

Claude Zangger, Zurich

Counselor in mothers HFD, adult education instructor KAEB; Director of the Parent-Toddler Counseling Center Zurich, director of the Parent-Toddler Counseling Social Center Dorflinde Zurich (city social services), Postgraduate training in child protection in early childhood for social workers and for counselors for mothers working with parents with babies and toddlers

Peter Scheer, Graz

University Professor Dr. med., pediatrician, psychotherapist, teaching therapist at the Austrian Medical Association; Director of Psychosomatic Medicine and Psychotherapy at University Hospital for Children and Adolescents, Graz, Austria

Thomas Mosler, Graz

Dr. med., representative of the SHFI: University Course and Institute for Interdisciplinary Early Intervention, Graz

Postgraduate training standards for PSYCHOTHERAPY for children aged 0-3 with their parents and other caregivers

1. Definition

Psychotherapy in early childhood is a scientifically founded method of treating children aged 0-3 and their parents and/or other primary caregivers.

Its goal is to cure or improve mental and/or functional somatic disorders in children. At the same time it aims to improve the relationships between the child and his/her caregivers, thereby helping to prevent subsequent disorders.

Psychotherapy in early childhood can begin with the treatment of parents during pregnancy.

Initial remarks

The GAIMH supports the incorporation of the content of these recommendations into the training of psychotherapists for children, adolescents, adults and families. Based on his/her training, each psychotherapist should be qualified to deal professionally with problems regarding parents and their infants and toddlers, and if necessary to refer them to a specialist.

The standards of postgraduate training described below are intended for psychotherapists whose focus is or will be in the field of early childhood (incl. pregnancy and birth), and who address themselves to complex disorder patterns or would like to acquire a special qualification for training activity in this field.

2. Eligibility requirements

In order to be eligible to train as a psychotherapist for children aged 0-3 with their parents/caregivers, candidates must have completed their psychotherapy education and be accredited psychotherapists in Germany, Austria, or Switzerland, according to the laws of those countries. At present the three countries have different regulations concerning educational requirements, and a number of therapeutic procedures are recognized. The following specifications take this situation into account and are supplementary to the respective state-approved procedures.

Candidates who are in the advanced stages of psychotherapy training may begin the postgraduate course of training described here, but can only complete it once they have successfully finished their psychotherapy studies.

Previous professional experience with infants and toddlers as well as with their relationship systems is recommended, as is a process of reflection as to the personal suitability for therapeutic work in this field.

3. Theoretical postgraduate training

The following will give a brief outline of topics, some of which refer to very extensive specialist fields. In conjunction with the postgraduate training outlined here, one must learn particular aspects that relate to early childhood and/or aspects the knowledge of which is essential to the differential diagnosis or to interdisciplinary cooperation.

3.1. Significance of the early parent-child relationship for the child's development

- Selected findings from infant research and interaction research
- Development of attachment, attachment behavior
- Development of relationship and individuation within the parent-child system
- Variability of early developmental processes

3.2. Biological and social parameters

- Aspects of the biological foundations of development (genetic factors, neurological development, somatic processes of pregnancy and birth)
- Pediatric aspects (e.g., illness and functional disorders in early childhood, prematurity, congenital deformities, developmental disorders)
- Aspects of the sociology of the family, significance of psychosocial factors
- Legal aspects (e.g., legal guardianship, right of asylum)
- Cultural aspects (e.g., culture-dependent concepts of child development and upbringing, of child behavior and of the causes of illness)
- Possibilities of institutional support for families with small children (nursery, day-care, kindergarten, community services)

3.3. Concepts of physiological and pathological development

- Developmental psychology in early childhood: self development/individuation, dyadic and triadic relationship dynamics, early sibling relationships
- Psychodynamics of the development of parenthood, couples and family dynamics in early parenthood, multigenerational perspective
- Psychopathology in early childhood
 - Children with primary disorders (incl. somatic regulation disorders)
 - Children with psychic disorders as a result of severe illness and/or after major operations
 - Early interaction and relationship disorders (incl. disorders of a child's behavioral regulation in the context of interactional regulation between parent and child)
 - Children of parents with a physical or mental illness
 - Psychopathology of parents and their significance for the child's development

Enhancing recognition of the respective contribution of the child and adult in the issue at hand.

3.4. Diagnostic procedure

The candidates should be empowered to make a comprehensive clinical diagnosis, which generally includes a multiaxial assessment (child's behavior and mental condition, parent-child interaction and relationship, development and somatic conditions, psychosocial circumstances). Special diagnostic procedures that are connected with the chosen method of treatment should be studied in depth.

A discussion of the diagnostic examination findings with the parents or the responsible caregivers must be handled with care. Particular caution must be taken when dealing with unproven findings and suspicions: It is important to weigh the necessity of drawing attention to behavioral difficulties or a disorder, particularly with regard to its potential progression, against the risk of unsettling the parents, which could potentially trigger a process of pathologization.

- Clinical diagnostics
- Context clarification (reason for referral, parent's request)
 - Diagnosics of age-dependent disorder patterns in children
 - Assessment of the quality of early relationships and relationship disorders
 - Assessment of parental mental disorders which compromise the parent-child relationship
 - Furthermore
 - Introduction to the multiaxial classification system ZTT:DC 0-3 ("Zero to Three") of the US "National Center for Clinical Infant Programs," in addition to a general international classification system of mental disorders (ICD-10 or DSM IV)
- Video-assisted diagnostics of early interaction
- Developmental diagnostics
- Family and couple diagnostics, psychosocial diagnostics

3.5. Concepts and methods of treatment

The candidates should familiarize themselves with various methods of treatment, but study one method in depth and acquire his particular therapeutic technique.

Whatever the method used, it is important for the candidates to learn to recognize and to reflect upon their personal involvement, which is an issue when working with infants and small children, as well as aspects of counter-transference.

- Parent-infant/toddler therapy: limited interventions, short-term therapy, long term treatment
- Transition to individual therapy, couples and family therapy, group therapy

- Intervention focused on parenthood processes
- Long-term parallel treatment of child and parents
- Comprehensive multimodal approach, interdisciplinary networking, child protection
- Treatment indications for parent-child therapy, for multimodal interventions, for partly inpatient and inpatient treatment and in addition
- Therapeutic technique for one method

4. Practical postgraduate training

In the course of the practicum, the candidates should use their knowledge of the potential of various methods, but focus on the method that best corresponds to their training and personal aptitude.

4.1. Supervised case treatment

- Candidates own case treatments
 - 4 cases
 - Of these, one in the 1st, 2nd and 3rd year of the child's life, respectively
 - Of these, one long-term case (> 10 sessions)
 - In total at least 40 sessions of treatment
- Supervision
 - In total at least 20 hours of supervision
 - Partly possible in a casuistic supervision group

4.2. Practicum

A practicum is recommended:

- Baby-toddler observation within the family with an accompanying seminar or
- Internship in an appropriate institution (neonatal unit, premature baby care unit, early intervention, nursery, psychosomatic ward) with psychotherapeutically oriented supervision.

5. Scope and duration

Approx. 120 hours of theory over a period of 2 years

For scope of practical training see above

6. Requirements of persons offering postgraduate training

After completion of studies (not yet formalized) at least 5 years professional work experience in the field of psychotherapy in early childhood.

Members of the Project group PSYCHOTHERAPY

Fernanda Pedrina, Zurich (project group leader)

Pediatrician, child and adolescent psychiatrist, longstanding experience in parent-infant psychotherapy; research on postpartum depression; teacher of and publications in psychoanalytic therapies in early childhood

Vera Brunner-Kalman, Zurich

Psychotherapist in Zurich and in the Child and Adolescent Psychiatric Services of St. Gallen, longstanding experience as supervisor; co-founder of the "baby clinic" at the Child and Adolescent Psychiatric Services of St. Gallen.

Wilfried Datler, Vienna

University professor at the Institute for Educational Science of the University of Vienna. Publications include papers on the significance of the father in early childhood

Marguerite Dunitz-Scheer, Graz

University professor, pediatrician, child psychotherapist, Psychosomatic Department for Early Childhood at Children's Hospital Graz; teacher of and publications on diagnostic procedure and inpatient treatment of severe eating disorders

Tamara Jacubeit, Elmshorn

Child and adolescent psychiatrist; director of Department of Adolescent Psychiatry and Psychotherapy, Elmshorn

Inken Seifert-Karb, Oberursel

Psychotherapist and analytic family therapist, director of parent counseling services Oberursel. Research on triadic interaction and subconscious family dynamics in the early parent-child dyad

Monika Strauss, St. Gallen

Child and adolescent psychiatrist and psychotherapist. Longstanding experience in training assistant doctors and psychologists. Co-founder of the "baby clinic" at the Child and Adolescent Psychiatric Services of St. Gallen

Consolata Thiel-Bonney, Heidelberg

General practitioner, psychotherapist (TP) and systemic family therapist. Director of the consultation hour for parents with infants and toddlers at the University Clinic in Heidelberg; teaching activity, publications

Christiane Wiesler, Freiburg i.B.

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