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## ABSTRACT

This paper examines the development of courses, materials, and techniques to help graduate students a) acquire experience with and knowledge of the development of children from conception to 8 years of age and b) develop skills to implement these experiences, especially in dealing with parents, teachers, and all involved in the early childhood education process. The first section, on an "ideal" program of training for early childhood consultation, stresses the need for discussion that focuses on the translation of positive goals and values into traits and behaviors relevant to different ages. Listed in this section are various forms of practicum education regarding childhood development. Two aspects of the evaluation of training are considered: the effects of training on graduate students and the effect the consultant has on adults he encounters. The author concludes by describing his involvement in several of these activities. (Related tables of reading lists and syllabi are included as appendixes.) (JA)

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Education for Early Childhood Consultation

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Paper presented at the 1973 meeting of the

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## Education for Early Childhood Consultation<sup>1,2</sup>

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I will limit my discussion to the following area and aspects of training for consultation:

1. The development of courses, material, and techniques to help graduate students (a) acquire experience with, and knowledge of, the development of children from conception through eight years of age, and (b) develop skills to implement these experiences and to "give away" (Miller, 1969) this knowledge to prospective and existing parents and teachers, and all others who are or will be involved in early child-care, education and rearing.

2. Methods of evaluating the effects of such graduate training and education on (a) the post-graduate's professional behavior, (b) the attitudes, values, perceptions and behavior of adults who are participants in courses and training programs provided by "early childhood consultants", and (c) the behavior of children who encounter the adults.

### Goals of Training and The Issue of Values

To put the above activities in the very largest perspective, we can turn to Rheingold's (1973) eloquent and "evangelical" call for a mobilization of our national resources to the problems of child-rearing. She believes that:

"The rearing of a new generation can provide that voice of moral assurance in an era of bitter doubt. A responsible people,

free of prejudice, concerned for the quality of human life, will be able to revise our economic and political institutions so that at last they become responsive to human hopes. . . .

"In rearing children, we write the future history of the world. We could start now to make that history a shining affirmation of what it means to be human." (p. 46)

To aid us in our "rearing of a new generation" we need a new kind of "expert":

"We must set out at once the specifications for a new profession; I shall name it Scientists of Rearing. They shall be scientists who devote themselves to acquiring and testing knowledge on the rearing of children, and to discovering how successful different practices are in achieving the behaviors that index the values society will now espouse, and how successful in eliminating destructive, self-defeating, and mean behaviors. These scientists will also teach those who will teach the parents and all those who care for children. This new profession must be accepted as the highest in the land." (p. 45)

Toward these ends our:

"first task shall be to enunciate the values that the new generation should be taught to honor, those values that shall guide the rearing of children.

"Once we ask how should a child be reared, we face the larger question: the nature of the human being the rearing is to create. Without preamble we are plunged into the problem of values. For the traits we aim to create, the goals of rearing, will depend on our values." (p. 44)

An "Ideal" program of Training for Early Childhood Consultation

Basic to an "ideal" program, then, are lengthy discussions among its participants of the goals of child-rearing; the multitude of conflicting values that can and do influence an adult's child-rearing behavior.

Discussions should also focus on the problem of how we can translate positive goals and values into traits and behaviors relevant to different ages:

"How does a child or an adolescent or adult behave when he is responsive to the needs of his fellows? When is he responsible for the needs of others? And in the varieties of situations in which he may find himself? What are the behaviors that index a concern for the environment in two-year-olds, in ten-year-olds?"  
(Rheingold, 1973; p. 44)

The issue of values has received increasing attention with respect to the adult psychotherapy relationship (see e.g. London, 1964; and Margolis, 1966). At Michigan State University, Professor Norman Abeles leads a course focusing on determining the values that should or could be operating in such encounters. The issue of values regarding child-rearing has received much less attention. One has to make generalizations from the theories of Rogers, Maslow, Skinner, and others, and make specific the implicitly expressed values of Ginott, Axline, Dreikurs Moustakas, and even Spock.

Along with students being exposed to the complicated issue of determining child-rearing values (throughout history and across cultures), there are other "essential ingredients" in their training program:

A. Cognitive Education Regarding Child Development

The information and knowledge we have already acquired (as compared to theory and speculation of which, of course, there is no surfeit) regarding the biological, physical, cognitive, personality, and social development of children from conception through pre-adolescence is indeed voluminous. I assume that courses covering such material already exist in departments of most universities; with departments of anthropology, education, human development, family and child sciences, nursing, psychiatry, medicine, psychology, sociology, and social work all having one or more courses involving theory and research in some aspect of child development and child behavior in the family or other social settings. A student interested in becoming an "early childhood consultant" (or, synonymously, an "applied developmental psychologist" or "scientist in rearing") should sample freely and extensively from among these offerings and acquire a wide and deep knowledge base.

B. Practicum Education Regarding Child Development

There are a wide variety of experiences as active participants and observers that could be part of the training program. I will attempt a comprehensive, but not exhaustive, list with respect to chronological periods in children's lives:

1. Work with an obstetrician and in obstetric wards, which could include a study of the course of pregnancy in one or more women.
2. Work in a maternity ward, which could include the study of the infant, and of the mother-father-child interaction during the post-partum hospital period.

3. Making home visits, including periodic and extended live-in periods with one or more families with infants and toddlers. During these visits the students could study the family's interaction patterns, and make measurements of child temperament (see e.g., the procedures developed by Thomas, Chess and Birch, 1968).

4. Work with pediatricians, in hospital pediatric wards, in well-baby clinics, and hospital emergency rooms, which could include a study of the course of development of one or more children, and how children and families handle crises and minor and serious illnesses.

5. Work in day care centers and nursery schools, Head Start, Home Start, and orphanages as teachers and/or participant observers.

6. Work in institutions for brain damaged, mentally retarded and severely physically handicapped young children.

7. Work in welfare and community agencies that aid economically disadvantaged families.

8. Work in elementary schools as teachers, tutors, and as mental health consultants to teachers, and individual and groups of children (see e.g., a graduate program in school psychology described by Bennett, 1971).

9. Work in after-school recreational settings, which could include the Scouts, Y's, and various clubs.

10. Experiences and training in assessing and evaluating individual personality and interaction patterns of members of "normal" and "clinic-referred", families including home visits, parent and teacher interviews, measurement of child behavior in school with regard to peers, teachers, and school work, psychological assessment of the marital interaction,

and assessment of the child's motor, perceptual, and cognitive skills, emotional, and other personality characteristics.

11. Experiences and training in family and filial play techniques with individual and groups of "normal" and "clinic-referred" families (see e.g., Guerney, 1964; Guerney and Stover, 1971).

12. Experiences and training in encountering individual, and groups of "normal" and "clinic-referred", 4-8 year old children in play settings.

13. Experiences and training in training parents, teachers, and other significant others to be "modifiers" of disturbing child behavior (see Berkowitz and Graziano, 1972; and Patterson, 1971 for reviews of literature in these areas).

14. Experiences and training in providing training in "communication skills" to prospective and existing parents, teachers, and other child-care personnel (see e.g., the approaches and programs of Bessell and Palomares, 1972; Ginott, 1965; Gordon, 1970; Moustakas, 1966; Stollak, 1973).

Ideally, again, a student interested in early childhood consultation would sample freely and extensively from among his University's and community's offerings and opportunities in the above practicum areas and settings, either as part of course or "internship" requirements, as a paid assistant, or as a volunteer. From such experiences, the graduate student will likely gain a deep appreciation of the effects of individual differences, settings, and complex social factors, on child behavior and adult child-rearing and education practices, as well as acquiring skills to function effectively in a variety of such settings.

### C. Research Training

The last aspect of training involves our continual need to acquire and test new knowledge. Students from the very beginning of their graduate education should be part of ongoing cross-sectional and longitudinal studies of the multitude of variables involved in child-care, rearing, and education. They should receive sufficient training in research methodology and design to enable them to evaluate published research reports, and, of course, enable them to conduct and evaluate research they, themselves, initiate.

Ideally, the above cognitive, practicum and research experiences would be integrated to such an extent that students would feel, at all times during their training, the equal importance, necessity, and utility of each component. This is a goal, as we are all aware, that is not often reached in graduate mental health training programs, especially those focusing on adults. I think that this may partly be due to the very great complexity of adult behavior, the current meagerness of our knowledge of adult behavior in real-life settings, and the difficulty of doing "meaningful" research into the lives of adults. As compared to adults, the relatively limited behavior repertoire and more circumscribed life of a young child makes possible a higher potential for our providing integrated training and conducting applied research.

### Evaluation of Training

#### A. Effects on Graduate Students

We would hope that training would affect the job choices and performance of the graduates of such programs. Not only would we hope that they would be in jobs relating to children but that as part of their

professional activities they would be teaching "those who will teach the parents and all those who care for children. . . (They) will teach children in grade school and high school how to be parents. . . (They) will teach it in college." (Rheingold, 1973; p. 46)

There are many settings in which early childhood consultants could and should be making significant contributions. I will, again, attempt a comprehensive listing:

1. Based in general hospitals, they could actively urge parents and prospective parents to participate in courses and extensive practicum training they provide in sensitivity to children and effective child-care.
2. Based in day-care, Head-Start, nursery schools and other community agencies the consultants could be providing similar courses and practicum training to all staff and parents. Such courses and training could be required of all participating parents.
3. Based in elementary schools they could provide courses and practicum training to all teachers. Such education could focus not only on helping teachers to handle crises in the classroom and provide them with techniques to control and alter the behavior of disturbing children, but also help teachers develop and implement general classroom practices (see e.g. Guernsey and Merriam, 1971; Moustakas, 1966) and mental health curriculum (see e.g. Bessell and Palomares, 1972) that would help them maximize and enhance the positive mental health of all children they encounter.

They could also provide courses and practicum training to parents of children in the early grades of elementary school. I could even

envision school administrators requiring the participation of all parents of children enrolled in their school, as a function of the school's total involvement in family education.

4. Based in junior and senior high schools they could provide courses and practicum training to students who anticipate becoming parents, teachers, and child-care workers. Further, assuming that the federal and state legislatures will someday more carefully, and adequately, describe the job demands and characteristics of child-care workers, and arrange salaries for such personnel that more justly approximates the very great importance of their work (Rheingold, 1973), then certificates of completion of such training could aid high-school graduates obtain meaningful and reasonably well-paid child-care positions in various community agencies.

5. Based in colleges and universities, they could be conducting research in child development and rearing. They could also be providing year and two-year long courses and practicum training to undergraduates who receive course credit for such experiences. Again, certificates signifying completion of such training could be acknowledged by federal, state, and local governments, and community agencies as necessary or useful in obtaining specific jobs.

My own biases also lead me to believe that it is important for professionals in early childhood consultation to participate in large, "basic", undergraduate courses -- especially those which attract students interested in careers in mental health -- and to actively "persuade" and "convince" the students of the importance and critical need for "scientists in rearing". The writings of Cowen (1973),

Hobbs (1964), the Joint Commission on the Mental Health of Children (1970), and Rheingold (1973) should be basic readings in such courses.

In psychology, at least, many of us are aware that the majority of textbooks and undergraduate courses are generally insufficient and inefficient in helping undergraduates develop personal and interpersonal attitudes and skills which they can apply to solve present and future psychological problems and enhance their own and others satisfaction with life (Guernsey, Stollak and Guernsey, 1971). I am also aware, however, of the persuasive arguments that undergraduate education in psychology need not attempt to achieve such goals.

More specifically, the majority of popular undergraduate texts relating to clinical and abnormal psychology (with a marked exception of Part 2 of Zax and Cowen's [1972] recent text) are so very "biased" toward adult psychopathology, and individual and group adult psychotherapies, that prospective and first year graduate students are unfamiliar with, and, sadly, uninterested in, the area of child and family psychopathology. Even fewer have ever thought of, or can conceive of themselves, acting as professional educators and consultants to those involved in child-rearing. The "pull" of "encountering" or "modifying the behavior" of other adults is very powerful and such activities are the professional goals of the majority of those who enter the mental health professions.

Thus, many factors, including the influence of past and current undergraduate texts and courses, student perceptions and expectations regarding the mental health professions, faculty interests, internship agency requirements, and eventual job opportunities, are all operating, and will likely continue to operate and perpetuate this situation.

Therefore, a "responsibility" of college or university based faculty with expertise in early childhood development and rearing could be to "proselytize" for their perspective, and hopefully, alter career directions of at least some students.

6. Based in child guidance clinics and community mental health agencies, they could not only be involved in developing, implementing, and evaluating techniques to minimize and eliminate existing child and family psychopathology, but also, again, they could be providing courses and practicum training for all interested community members.

In summary, the major evaluation of the effects of training would be a study of the early childhood consultation activities of the graduates.

#### B. The Effects on Adults the Consultants Encounter

The job and career choices, and the paid or volunteer participation in mental health activities of high school and undergraduate students and other participants of courses and training provided by early childhood consultants, can also be studied.

More subtle evaluation could involve measurement of changes in adult values and attitudes toward child rearing, expectations regarding how children should act at different ages, perceptions of the meaning of child behavior, and especially, measurement of adult behavior with children. Could "hostile" and "restrictive" adults be helped to become more "warm" and "permissive" (Becker, 1964)?

Recent research has provided evidence of important relationships between adult actions and the behavior of young children that could be useful in helping all adults in their encounters with children. For example, the effects of such variables as consistency and promptness

of maternal responses to infant crying, and the frequency and duration of mutual visual regard and physical contact between mother and infant and toddler, have been shown to affect these very young children's intensity of response and approach to strangers, characteristics of their obedience, attachment, separation, and exploratory behaviors, and characteristics of their non-crying modes of communication (Bell and Ainsworth, 1972; Moss, Robson and Pendersen, 1969; Stayton, Hogan and Ainsworth, 1971; see especially Williams (1972) for a comprehensive annotated bibliography of literature regarding infant development, the infant-adult relationship, child-rearing patterns and infant education, intervention and day care).

Similarly, Baumrind (1967, 1971) and White and Watts (1973) have extensively explored the relationship between parental child-rearing attitudes and behavior, and the instrumental and social competence of pre-school children. Their results emphasize the importance of "authoritative" child-rearing practices in maximizing competence.

A basic, but as yet untested assumption I make, is that adult attitudes and values regarding child-rearing, and their behavior with young children, are more amenable to education and change than are many other adult attitudes and behaviors (especially those involving other adult individuals). I believe that the knowledge and information we now have, and will likely continue to acquire, with regard to young children, can be given away to adults, can alter their lives with children, and can change the way of life of future generations.

### C. Effects on Children the Adults Encounter

Given training in child-rearing, we hope for significant changes

in adults. The impact of the behavior of adults on child development can also be open to study. We should expect that children, from infancy through pre-adolescence, who encounter "trained" adults would elicit fewer complaints from parents, peers, and teachers and exhibit fewer, and less intense, emotional and behavior problems, than children who are reared by and encounter "untrained" adults or "dropouts" from training. We should also hope for a reduction in the frequency and intensity of marital and family discord, and faulty family communication patterns.

Most important, we should see higher levels and more indications of "healthy" child development, positive adaptation to their environment, and increases in positive aspects of socialization. These should include increases in awareness, and acceptance of self, considerateness, creativity and imaginativeness, effectiveness, flexibility, interpersonal comprehension, self-confidence, self-control and self-sufficiency, sensitivity to others, sociability, spontaneity, stability, tolerance, etc.

In summary, we would expect children to have more frequent feelings of (and exhibit more behaviors indicative of) self-acceptance and self-esteem; a greater number of cognitive and emotional skills and capacities, including awareness, understanding, and acceptance of the feelings, needs, and wishes of others; a greater number of interpersonal skills; greater mastery of his and her bodily capacities and capabilities; and greater mastery of the environment and its objects. Biber (1961), Brody (1961), Murphy (1962), Bessell and Palomares (1972), and Thomas, Chess and Birch (1968) are among the many researchers and theoreticians who have attempted to specify the characteristics of "healthy" child adaptation and development. But we must always be aware, as Thomas,

Chess and Birch (1968) have clearly demonstrated, that an infant and child's temperament affects his or her reactions to stimulation and is a significant variable in determining the child's positive and negative adaptation to the environment.

#### A Current Program

I will end with a description of my own involvement in several of the above activities.

I have attempted to develop an integrated undergraduate-graduate course sequence involving child-care and rearing. A full description of the program and some of our research findings can be found in other papers (Stollak, 1973; Stollak, Green, Scholom, Schreiber, and Messe, 1973).

Table 1 consists of a course announcement to graduate students (posted on bulletin boards in various departments throughout the university) describing the year-long course.

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 Insert Table 1 about here  
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Table 2 consists of a course announcement to undergraduates. A somewhat revised announcement is sent to high schools in the community, to be distributed to students or read as a class announcement, and to local PTA organizations for distribution to their members.

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 Insert Table 2 about here  
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Table 3 contains a list of readings, a list of discussion topics, and assignments for all participants.

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 Insert Table 3 about here  
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Table 4 is another reading list distributed to course participants. Material from the books and articles referred to is discussed in class.

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Insert Table 4 about here  
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I would like to emphasize that the video-tapes made of the play encounters provide the major source of material for the small-group discussions (the graduate students with me, each graduate student with his or her group). I believe that lectures, discussions, session reports and even role-playing, will not contribute to as much understanding, and possible change, as will observation of one's own behavior on video-tape, and individual and small group supervision of the adult-child interaction observed on the video-tapes.

Let me more adequately summarize the graduate course sequence:

1. Each student is engaged in weekly play encounters with at least one "normal" child and I provide individual and group supervision of these encounters (and, hopefully, a useful model for their supervisory activities). I feel that engaging in at least 25-30 play sessions over the school year enables almost all students to become comfortable and intimate with, and trusted by, the child, and is a sufficient number for them to be able to observe stability and change in child behavior.

2. Each student provides individual and group supervision of similar play encounters, of the adults in their group and "normal" children. Ideally, each group contains several high school students, several undergraduates, and several parents of young children. I also try to have equal numbers of males and females in each group; often husbands and wives in the same group. As you might expect, the variety of ages

and experiences of group members provide for lively discussions. These small groups (8-12 members) also meet for approximately 25-30 times over the school year. As you might also expect, this long-term commitment and effort by the graduate student to be helpful, is a trying and difficult experience for them. I also provide supervision of their activities with their groups.

3. Each student comprehensively assesses one-three cases, alone or as part of a team, involving referrals of 4-8 year old children to our Psychological Clinic.

4. After assessment, and when appropriate, each student decides on, and implements a treatment plan to help the child and family. These activities could include individual, peer group, and filial therapies, teacher consultation, individual and marital guidance, or any other technique or program worked out between the student and myself.

5. Each student develops and presents to the class a research proposal in this area.

This course sequence has been offered three times since 1970 and approximately 40 graduate students from graduate programs in clinical and developmental psychology, social work, education, counseling, and family and child science have been participants. Many of these students have also worked with Professors Lucy R. Ferguson, Hiram Fitzgerald, John P. McKinney and others in our psychology department and throughout our university who are experts in various areas of early childhood development and child-care.

With regard to the future; I will continue to offer the program described above. I also plan to conduct an investigation of the post-

graduate job activities and performance of graduate students who have, and will participate in the course sequence. I am also planning a follow-up on the job choices, job performance, and parental behavior (and the behavior of their children) of the so far over 300, and future, young adult participants.

Although I am aware of some of them, I assume that there are many, many other faculty in many colleges and universities conducting undergraduate and graduate programs similar to mine, as well as high school teachers and counselors providing experiences in child-rearing and care for the students in their schools. I think we are all part of a "movement" that must grow.

Footnotes

<sup>1</sup>Preparation of this paper and the development of the program described was made possible in part, by Grant MH 16444 from the National Institute of Mental Health, United States Public Health Service.

<sup>2</sup>Requests for copies of this paper should be sent to Gary E. Stollak, Department of Psychology, Michigan State University, East Lansing, Michigan 48823.

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TABLE 1

CHILD PSYCHOPATHOLOGY: ASSESSMENT, TREATMENT AND PREVENTION

A three-quarter sequence of courses focusing on the pre-adolescent (4-8 year old) child will be offered beginning this Fall which will include the following experiences:

Fall

During the Fall quarter the following topics will be discussed:

1. The social and personality development of the 'normal' or 'typical' child from birth-8.
2. The manifest and latent content content of children's fantasy and play.
3. Principles of sensitive and effective communication with children.
4. Assessment of child psychopathology including:
  - a. assessment of family interaction in the home.
  - b. assessment of family interaction in the clinic.
  - c. assessment of child behavior in the school.
  - d. assessment of child behavior in the clinic.
  - e. assessment of parent interview behavior and parent perception of child behavior.

Each participant will also engage in the following activities:

1. Giving supervision to a small group of high school, and college students, and prospective and existing parents all engaged in weekly play encounters with young (4-8 year old) 'normal' children. Groups will meet 1-1 1/2 hours weekly throughout the school year.
2. Own play encounters with a 'normal' child 1/2 hour weekly.
3. Assessing psychopathology in clinic-referred children and their families.

Winter

During the Winter quarter the following topic will be covered:

1. Theory and research in child psychopathology and psychotherapy including (a) psychoanalytic (A. Freud, M. Klein), (b) client-centered (V. Axline, C. Moustakas) (c) behavior modification (G. Patterson, W. Becker) and (d) filial (B. Guerney) approaches

Each participant will also engage in the following activities:

1. Continuation of small group supervision.
2. Continuation of play with normal child.
3. Continuation of assessment of clinic-referred children.
4. When assessment is completed, the planning and implementation of an intervention program to aid the clinic-referred cases.

### Spring

During the Spring term the following topics will be discussed:

1. Nonprofessionals as therapeutic agents including undergraduates, parents, and teachers.
2. The clinical psychologist as educator.
3. Theory and research in primary and secondary prevention of child psychopathology.

The student will also engage in the following activities:

1. Continuation of small group supervision.
2. Continuation of play with normal child.
3. Continuation of intervention in one or more clinic-referred families.
4. Acting as small group leader in an Evening College course.
5. Presenting a research paper to the class in this area.

TABLE 2

Psychology 246, 247, 248 - Sensitivity to Children

(Prerequisites: Sophomore standing or 3 credits in Psychology.  
Psychology 246, 247, 248 are offered in the Fall,  
Winter, and Spring, respectively)

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Required references will include:

1. Between Parent and Child, Ginott.
2. Play Therapy, Axline.
3. Parents Ask, Ilg and Ames.
4. Psychotherapy with Children, Moustakas.
5. Sensitivity to Young Children, Reif and Stollak.
6. What Happened Today, Stollak.
7. Parent Effectiveness Training, Gordon.
8. How to Parent, Dodson.

The following topics will be covered in the three courses:

- |  |           |
|--|-----------|
| 1. Principles of sensitivity to children and their relationship to the social and emotional development of children. | (10) hrs. |
| 2. Tantrums - anger - hostility.   | (3) hrs.  |
| 3. Problems with adults other than parents.  | (3) hrs.  |
| 4. Lying, stealing, and cheating.  | (3) hrs.  |
| 5. Autonomy and independence.  | (3) hrs.  |
| 6. Peer rivalry and group problems   | (3) hrs.  |
| 7. Involvement in dangerous activities.  | (3) hrs.  |
| 8. Entertainment problems (T.V., toys, etc.)   | (3) hrs.  |
| 9. Childhood fears and worries.  | (3) hrs.  |
| 10. Childhood sexual behavior  | (3) hrs.  |
| 11. Negativity toward social standards.  | (3) hrs.  |
| 12. Habit formation.   | (3) hrs.  |
| 13. Responsibilities in the home.  | (3) hrs.  |
| 14. Punishment and discipline  | (3) hrs.  |
| 15. Child and family psychopathology.  | (5) hrs.  |
| 16. Child and family psychotherapy.  | (5) hrs.  |

Total approximately 59 hrs.

Description

This three-term sequence of courses is intended to be a "practical" one dealing with the problems and dilemmas future child therapists, child care workers, teachers, and parents can expect to continually face. There will be readings and discussions centering around principles and techniques which could be helpful in handling problems in such areas as adult-child communication, peer rivalry, childhood fears, discipline and behavior control, creativity, and self-actualization. The emphasis will be on supervised weekly play with a child throughout the three terms with extensive use being made of video-tape facilities to provide material for discussion and feedback.

Note: Student must make commitment to three terms. Grades in 246 and 247 will be deferred until completion of 248.

TABLE 3

SENSITIVITY TO CHILDREN  
Readings, Discussion Topics, and Assignment

Gary E. Stollak

1. Principles of Sensitivity to Children  
 Thomas Reif and Gary E. Stollak, Sensitivity to Children: Training and its Effects, Michigan State University Press, 1972  
 Virginia Axline, Play Therapy, Ballantine (pb), 1969, Part 3  
 Haim Ginott, Between Parent and Child, Macmillan (pb), 1967, Chapters 1 and 2.  
 Clark Moustakas, Psychotherapy with Children, Harper and Row, (pb) 1959, Chapters 1-3, 5, 8  
 Thomas Gordon, Parent Effectiveness Training, Wydan, 1970  
 Fitzhugh Dodson, How to Parent, Signet (pb), 1970, Chapters 1-7, 14
  
2. Discussion Topics and Additional Readings
  1. Tantrums-anger-hostility:  
 Ginott: Chapters 3,5,7  
 Frances L. Ilg. and Louise Bates Ames. The Gesell Institute's: Parents Ask, Dell (pb), 1970, Chapters 1-7, 14  
 Dodson: Chapter 10
  
  2. Problems with other adults: (neighbors, grandparents, store clerks, etc.) Ilg and Ames: Chapter 3
  
  3. Lying, Stealing, and Cheating:  
 Ginott: Chapter 3
  
  4. Problems around autonomy and independence:  
 Ginott: Chapter 4
  
  5. Sibling rivalry:  
 Ginott: Chapter 8  
 Ilg and Ames: Chapter 6
  
  6. Getting involved in dangerous activities:  
 Ginott: Chapter 8  
 Ilg and Ames: Chapter 6
  
  7. T.V. and other "entertainment" problems including toys:  
 Ginott: Chapter 6  
 Ilg and Ames: Chapter 12  
 Dodson: Chapter 13
  
  8. Problems with friends and peers:  
 Ginott: Chapter 7  
 Ilg and Ames: Chapter 12
  
  9. Childhood fears and worries:  
 Ginott: Chapter 8  
 Ilg and Ames: Chapter 6

10. Childhood sexual behavior:  
Ginott: Chapters 9 and 10  
Ilg and Ames: Chapter 5
11. Negative attitudes toward social standards—school, clothes, hair, language, etc.:  
Ginott: Chapter 4  
Ilg and Ames: Chapter 1, 10, and 12
12. Personal habits - nailbiting, bedwetting, thumbsucking, cleanliness, etc.:  
Ginott: Chapter 4  
Ilg and Ames: Chapter 1 and 10
13. Responsibilities in the home:  
Ginott: Chapter 4  
Ilg and Ames: Chapters 1 and 10
14. Problems of punishment and discipline:  
Ginott: Chapters 3 and 5  
Ilg and Ames: Chapter 4  
Gordon: Chapters 9-15  
Dodson: Chapters 8 and 9

3. Assignment:

For each of the above Discussion Topics, you are to write a "one scene drama" which will provide material for classroom discussion, according to the following outline:

A ONE-SCENE "DRAMA"

1. Describe the setting (time of day, location, etc.) and situation leading up to an incident relating to the Discussion Topic.
2. Describe what the child said and/or did, then
  - a. What you said and/or did, then
  - b. What he said and/or did,
  - c. And, finally, what you said and/or did to his reply.
3. Describe what you should not say and/or do (could be as described in 2). Also describe why such actions are undesirable including the child's likely reaction (his feelings, thoughts, and actions) to your behavior.
4. Describe what you should say and/or do (could be as described in 2). Also describe why such actions are desirable, again including the child's likely reactions to your behavior.
5. As often as possible please quote extensively from the readings regarding the issues involved in determining why, or explaining why certain adult behaviors are desirable or undesirable.

Sensitivity to Children: Theory, Research and Practice

Gary E. Stollak

- I. The Psychological and Social Development of Children
  1. Longstreth, I.E. Psychological Development of the Child. New York: Ronald Press, 1968, Chapters 7-13.
  2. Mussen, P.H., Conger, J.J., and Kagan, J. Child Development and Personality. Third Edition. New York: Harper and Row, 1969. Parts III and IV; Chapters 8-13.
  3. Report of the Joint Commission on Mental Health of Children. Crisis in Child Mental Health: Challenge for the 1970's. New York: Harper and Row, 1969. Chapters 2, 3 and 7.
- II. The Manifest and Latent Content of Play
  1. Ames, L.B. Children's stories, Genetic Psychology Monographs, 1966, 73, 337-396.
  2. Erikson, E.H. Studies in the interpretation of play: I. Clinical observation of play disruption in young children. Genetic Psychology Monographs, 1940, 22, 557-671.
  3. Erikson, E.H. Childhood and Society, New York: Norton, 1963, Chapter 6, pages 209-246.
  4. Gould, R. Child Studies Through Fantasy, New York: Quadrangle, 1972.
  5. Haworth, M.R. Child Psychotherapy. New York: Basic Books, 1964 Part Four; pages 305-411.
  6. Herron, R.E., and Sutton-Smith, B. Child's Play, New York: Wiley, 1971.
  7. Klinger, E. Structure and Functions of Fantasy. New York: John Wiley, 1972.
  8. Klinger, E. Development of imaginative behavior: Implications of play for a theory of fantasy. Psychological Bulletin, 1969, 72, 277-298.
  9. Lowenfeld, M. Play in Childhood. New York: John Wiley, 1967.
  10. Millar, S. The Psychology of Play. London: Penguin, 1968.
  11. Murphy, L.B. Personality in Young Children. New York: Basic Books, 1956. Volume 1, Chapter 1-4, 11-13.
  12. Piaget, J. Play, Dreams and Imitation in Childhood, New York: Norton, 1962, Part 2: Chapters 4-7.
  13. Pitcher, E.G., and Prelinger, E. Children Tell Stories: An Analysis of Fantasy. New York: International Universities Press, 1963.

14. Rabin, A.I., and Haworth, M.R. Projective Techniques with Children. New York: Grune and Stratton, 1960. Chapters 1 and 16.
15. Singer, J.L. The Child's World of Make-Believe. New York: Academic Press, 1973.
16. Smilansky, S. The Effects of Sociodramatic Play on Disadvantaged Pre-school Children. New York: John Wiley, Chapters 2-4.

### III. Principles of Effective and Sensitive Communication with Children

1. Axline, V. Play Therapy. New York: Ballantine, 1969, Part III: pages 73-135.
2. Baumrind, D. Effects of authoritative parental control on child behavior. Child Development, 1966, 37, 887-907.
3. Baumrind, D. Child care practices anteceding three patterns of pre-school behavior. Genetic Psychology Monographs, 1967, 75, 43-88.
4. Baumrind, D. Authoritarian versus authoritative parental control. Adolescence, 1968, 3, 255-272.
5. Baumrind, D. Socialization and instrumental competence in young children. Young Children, 1970, 26.
6. Baumrind, D. Current patterns of parental authority, Developmental Psychology Monographs, 1971, 4, 1.
7. Baumrind, D., and Black, A.E. Socialization practices associated with dimensions of competence in pre-school boys and girls. Child Development, 1967, 38, 291-327.
8. Bessell, H., and Palomares, U. Methods in Human Development: Theory Manual. San Diego: Human Development Training Institute, 1970.
9. Bierman, R. Dimensions of interpersonal facilitation in psychotherapy and child development. Psychological Bulletin, 1969, 72, 338-352.
10. Coopersmith, S. The Antecedents of Self-Esteem, W.H. Freeman, 1967. Chapters 1-3, 13.
11. Dodson, F. How to Parent, New American Library, 1971.
12. Dreikurs, R. The Challenge of Parenthood, New York: Meredith Press, 1958. Chapters 1-4.
13. Dreikurs, R., and Soltz, V. Children: The Challenge, New York: Meredith Press, 1964.
14. Ginott, H. Between Parent and Child, New York: MacMillan, 1967.
15. Ginott, H. Between Teacher and Child, New York: MacMillan, 1971.
16. Gordon, T. Parent Effectiveness Training. New York: Wyden, 1970.
17. Jones, R.M. Fantasy and Feeling in Education, New York: Harper, 1968.

18. Moustakas, C. Psychotherapy with Children: The Living Relationship. New York: Harper and Row, 1959, Chapters 1-3, 5.
19. Moustakas, C. The Authentic Teacher. Cambridge: Hadoyle, 1966.
20. Reif, T., and Stollak, G.E. Sensitivity to Young Children: Training and its Effects. East Lansing: Michigan State University, 1972.
21. Stollak, G.E. What Happened Today: Stories for Parents and Children, Dubuque, Iowa: Kendall-Hunt, 1973.