

# Inclusive In-Classroom Psychoeducational Intervention for Special Needs Preschool Children

## Reflective Network Therapy



### A Summary of Benefits and Advantages

#### Gilbert Kliman, MD



Distinguished Life Fellow of the American Psychiatric Association and Board of Psychiatry and Neurology, Life Fellow and Diplomate of the American Academy of Child and Adolescent Psychiatry, Certified Psychoanalyst for Children, Adolescents and Adults, Diplomate, American Psychoanalytic Association, Diplomate, American College of Forensic Examiners, Fellow, American College of Psychoanalysts

#### **Kliman Diagnostic and Therapeutic Preschool Service**

A division of The Children's Psychological Health Center, a nonprofit agency

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## Reflective Network Therapy

### For Special Needs Preschool Children

At an inclusive preschool:

The Kiwi Preschool

573 Summerfield Avenue, Santa Rosa, CA

Treatment conducted by Gilbert Kliman, MD

Kliman Diagnostic and Therapeutic Preschool Services

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## About Reflective Network Therapy and Its Prime Mover

Geoffrey Fletcher is the Chairperson of our nonprofit agency's Board of Directors. He shares some information from his long standing, hands-on dedication to special needs children in this capacity for The Children's Psychological Health Center. He also indicates an instance of the ever growing interest in replicating Reflective Network Therapy (RNT) since the publication of Dr. Kliman's book comprehensive book about the method: Reflective Network Therapy in the Preschool Classroom, Kliman, G. (2011) University of America Press, Lanham, MD.

### **Geoffrey Fletcher discusses Reflective Network Therapy and Gilbert Kliman, MD:**

Gilbert Kliman, MD has applied and trained others to use Reflective Network Therapy (RNT) as an interdisciplinary application of educational and psychoanalytic information and collaboration. He has proven that psychodynamically trained therapists and teachers can help children with psychiatric disorders much more effectively as a team in the classroom than they can by working separately. A strong indication of agreement among his professional colleagues is the fact that, as of this writing, the Michigan Institute of Psychoanalysis has begun training at least more six therapists in Reflective Network Therapy in their own Walnut Lake Preschool, our nonprofit agency's most recently affiliated service site, which is currently still under Dr. Kliman's supervision for replication of RNT. This preschool is already reporting IQ gains and global mental health improvements.

Since his days as an Interdisciplinary Fellow in Science and Psychiatry at the Albert Einstein College of Medicine, Dr. Kliman has favored hard psychometric outcome data. Already reported, in Dr. Kliman's book about the method (Kliman, G. 2011) is the fact that children's Full Scale IQs commonly increase one or two standard deviations after only a year of Reflective Network Therapy. Research results now show that 95% of RNT-treated preschool children who are testable typically make significant CGAS gains, and this has included severely autistic children who were also severely retarded. When a window of time opens up, he plans to publish a second edition, as a significant amount of new outcome data has accrued from new and ongoing affiliated service sites.

Earlier in 2014, a multi-site study carried out over 40 years was completed. One objective was to see how well the children who were treated with RNT sustained their IQ rises by retesting them. The comparison and control children (treated by other methods) were also retested. The results are truly extraordinary. In the "Research Results and Outcome Data" section of this presentation, Dr. Kliman provides background and discusses the meaning of this study in detail. (You can also read more on our website: [www.childrenspsychological.org](http://www.childrenspsychological.org))

Gilbert Kliman, MD is an innovative, pioneering, collaborative, fruitful and, apparently tireless contributor to cognitive and mental health research, public health and public education. He created this life changing and literally real life space application of the potent method called Reflective Network Therapy. Our Board of Directors believes that combined results of interdisciplinary teamwork inherent to the method demonstrate clinical and cognitive results with a systematic quality unmatched by other therapeutic methods for treating special needs children, while providing a cost-effective option and other advantages, as graphed here; in comparison charts in Dr. Kliman's book, (Kliman G., 2011) and on our agency's website.

**—GEOFFREY FLETCHER, Chairperson, CPHC Board of Directors**

## **Looking Back and Looking Forward: Armed With a Powerful Method**

Reflective Network Therapy was originally known as The Cornerstone Therapeutic Preschool Method when Dr. Gilbert Kliman first designed and deployed it to help stressed and traumatized children. It was first carried out in 1965 at The Center for Preventive Psychiatry in White Plains, New York, (one of several nonprofit entities founded by Dr. Kliman over the years). The treatment was quickly found to be remarkably helpful for children with autism spectrum disorders as well as for traumatized children and those preschoolers newly arriving in foster family homes. Since 1965, Reflective Network Therapy has helped more than 1,700 developmentally and emotionally disordered children.

Reflective Network Therapy (RNT) has since been significantly developed by Dr. Kliman since 1965 and used by more than 20 teacher-therapist teams in a variety of preschool settings from New York to San Francisco, Seattle, Detroit, Boston, San Mateo, Oakland, and Buenos Aires.

Readily individualized, the method has been adapted for children with attention deficit disorders, oppositional defiant disorders, post traumatic stress disorders, anxiety disorders, reactive attachment disorders, and conduct disorders, as well as for traumatized children and children with autism spectrum disorders. Reflective Network Therapy is a particularly powerful method for developmentally challenged young children on the autism spectrum, helping them to develop empathy, relate to family and peers, and grow intellectually. Almost all initially IQ testable and later retested preschool patients had statistically significant IQ rises. Regardless of diagnosis, children treated with RNT achieve clinical gains: mental health improvements and cognitive improvements. The IQ rise is very orderly in its relation to the number of in-classroom treatment sessions.

In May of 2014, Dr. Gilbert Kliman presented Reflective Network Therapy and the findings of a 49-year long multi-site study to the Association Internationale Interactions de la Psychanalyse in Paris. The work included treatment of 1700 of disturbed preschoolers. Among them were 680 preschoolers on the autism spectrum. All were treated right in their own classrooms with this well-tested therapy.

Videotapes of treatments studied for a school year show observable clinical progress among most of the children. Third-party researchers in eight programs administered IQ tests to 79 of the children, including 31 who were on the autism spectrum, at the beginning of treatment and again a year later. All but one of the 79 twice-tested children showed IQ gains, with an average gain of 15 points. Some of the highest gains were among the 31 autism spectrum patients.

The data have been subjected to comparisons with other methods, as well as to controlled studies. The outcomes were of high statistical significance. Dr. Kliman further reported:

“Several projects related to Reflective Network Therapy’s activation of mirror neuron systems are now in active motion. These include replication and variations of Reflective Network Therapy at other sites, particularly at the Michigan Psychoanalytic Institute by Nancy Blieden PhD, in Cambridge Massachusetts by Professor Alexandra Harrison, MD, and by Linda Hirshfeld at the Ann Martin Center in Piedmont, CA. Another application is an extension of age range for using Reflective Network Therapy with middle school and high school patients who have learning disorders. This application is being carried out by Sandy Ansari, an Education Specialist. A new research effort underway is a close study

of over 300 hours of treatment video archives and recent videography of psychotherapy sessions. We are slicing videos into 30 second segments and judging them using more than 100 observable behavioral criteria, looking for short term correlates with long term outcomes.”

Commenting on benefits and financial consequences, Dr. Kliman remarked “This treatment gives powerful help to these children, their families, and the budgets of their schools.”

*[Dr. Kliman’s reference to cost savings for schools is supported in a report on a six-year application of Reflective Network Therapy in public school special education by Jay Parnes, Ed.D. which is included in this material. See: Efficacy of the Method: RNT Evaluated by Professionals, page 31.]*

Dr. Kliman was awarded a prize for lifetime professional leadership in treatment of autistic and other preschoolers by the Parisian Psychoanalytic Society and the American College of Psychoanalysts (May, 2014). Increasingly concerned about the spiraling incidence of autism and related disorders, Dr. Kliman also presented the results of his multi-site treatment outcome study to the American Psychoanalytic Association meeting in Chicago (June, 2014). Professor Alexandra Harrison, MD presented the findings at the 14<sup>th</sup> World Association for Infant Mental Health (WAMI) in Edinburgh (June, 2014). Medical Press, an online resource, ran a news item “Breakthrough using unique therapy for children with autism spectrum disorders” (July 2014) which begins “Researchers have reported a surprising finding about a unique treatment of autism spectrum disorder: a large and reliable IQ rise.”

Dr. Kliman commented: “We were not as surprised as others, but were happy to have additional hard data confirming and amplifying the extent of what we have been seeing for so many years in the child patients while following them for sustained IQ rises. They show continued rises in IQ after treatment; they get better, they get smarter, and they are ready after Reflective Network Therapy to grow and continue to thrive in a world of loving and learning.”



## **AN OVERVIEW OF REFLECTIVE NETWORK THERAPY**

### **BY GILBERT KLIMAN, MD**

I am delighted to have already begun using Reflective Network Therapy with special needs children at the Kiwi Preschool and Child Care Center in Santa Rosa and am already in the process of preparing to train new teacher-therapist teams for additional applications in Sonoma County.

Concurrently, our nonprofit agency has established affiliated service sites around the country, where educator-therapist teams (fully trained by senior staff of the Children's Psychological Health Center) continue helping traumatized children, children with autism spectrum disorders, serious emotional disorders, and a host of other conditions which make it difficult for a child to focus, concentrate, communicate and learn, or which make children unable to interact with peers, parents and other adults in healthy ways and resistant to learning.

For children with serious emotional, developmental and cognitive disturbances, effective treatment early in life is essential to fully support two precious human functions: loving and learning. Reflective Network Therapy accomplishes both, combining psychotherapy and educational activity with the intersubjective and interactive power of a small social network: the child patient, the child's peers in the classroom, the teacher, the therapist and the parents.

Everything happens in the classroom, including psychotherapy sessions. That simple fact is so essential to the inclusive nature of the method that, in this document you will find iterations and variations on the statement that therapy and learning take place in the same space: in the midst of all the play, social interaction and educational activity of the real life space of the classroom.

Learning becomes based in part on intensive exercising of positive self-perceptions experienced through in-classroom and team-guided family relationships. The term "network" also takes into account respect for the value of an interdisciplinary and multi-generational team. Reflective Network Therapy is deliberately designed as a network of children, parents, teachers and therapists, with mental and emotional mirroring and reflections among all of them, right in the children's real life classroom space. Rather than focusing on whether the child's behavior is socially acceptable or on task, this method quickly generates internal rewards, motivation for social and cognitive tasks and develops skills which are emotionally positively charged by interpersonal transactions.

The child's interpersonal relational problems with parents and other children that come up in the moment are seen in the real life space of the classroom. Here and now problems can be addressed therapeutically in the immediacy of the classroom moment, before the child forgets or denies his emotions – not a week later in an office.

Because the ability to mentalize and the capacity for empathy are needed for cognitive development and mental health, Reflective Network Therapy techniques are uniquely structured into routines in the classroom, providing many opportunities for modeling naturally arising empathy and exercising mentalizing on a daily basis. Also uniquely, this method provides each child pupil-patient a short psychotherapy session multiple times each week, optimally: every school day, as we are now doing in Santa Rosa where we treat challenged children in the midst of normal children.

At the heart of this work, is a uniquely literal working together of psychoanalysts and educators. Instead of simply supervising, the child's therapist is an active in-classroom partner of the teacher; he or she is working in the midst of the educational process.



Because the psychotherapy treatment can be done in 15 to 20 minutes right in the classroom, and is done for each child-pupil multiple times per school week; and, because each individual therapy session is bracketed by briefing sessions in which the child patient, the teacher, and the therapist all actively participate, there are a few thousand structured opportunities for the two disciplines to learn from each other over the course of a single school year. Rich activation of the mirror neuron systems by Reflective Network Therapy can be seen in videography of actual treatment sessions. In one tape, one can see the child literally mirroring the analyst's postures and head movement rhythms. A long term, multi-site study has shown a strong correlation between the number of sessions and clinical outcomes. We think that the large number of therapy sessions over the course of a year has a lot to do with how rapidly RNT patients achieve strong clinical gains: improvements in mental health, and cognitive improvements, including rises in full scale IQ. Reflective Network Therapy creates a powerful synergy between in-classroom psychological treatment and inclusive preschool education.

As you go through this document, you will notice that parental insight, input and involvement is regarded as one of the pivotal components of RNT. It is important to us that parents feel supported and heard. Not only because parents of challenged children deserve that. Parents are also the first and deeply valued expert on the subject of their own child in that you know things and you notice things on a daily basis, which only you can readily reveal.

Only parents may know the answer to some important unasked questions. The treatment team relies on parents to let us know what happens when the child is not in school: significant changes in emotional states, problems or changes at home, or a surprising departure from a child's usual positive or negative behavior and preoccupations. Intensive parent guidance and support is an essential part of the program. We how difficult it can be for parents to attend to the many demands of caring for a child with special needs. Together we help the child become an equal partner in her or his own treatment as the heart and focus of our reflective network. Be assured of this, parents: your child too can be helped to advance in loving and learning.

In my book about the method, I explain that the two sets of professionals appear to function better together than separately, and, teachers and therapists appear to deepen their knowledge of their individual patient-pupils because of the many hundreds of hours per year of observational inputs from their in-classroom colleagues.

I have had the privilege of working with amazing teachers in all sorts of preschool settings, including a transient classroom for homeless children in a Salvation Army service in San Francisco and the Morningsong Shelter in Seattle. Teachers in those difficult life spaces have amazed me with their enthusiasm, commitment, and psychological insights. Once they experienced the value and the remarkably positive impacts of our interdisciplinary work with the children, including that RNT softened children's resistances to learning, and redirected them emotionally and cognitively towards learning, and that they became receptive to learning—there was no stopping the in-classroom growth.

Together, educators and therapists, team by team, took the method's deceptively simple techniques, principles and practices and started something big. All over the country, service site by service site, we saw the strong clinical and cognitive gains replicated many times over.

This document is an introduction to the method, including citing our outcome data with some discussion of the fact that the method has been scientifically studied and proven: by outcome data collected for 49 plus years; by successful independent replication by others; by passing scientific thresholds; by demonstrating that RNT is more effective than



other methods and that the results are dose-related; and, that the method produces results more rapidly, and does so with tremendous cost savings, which we have studied and show the results here in charts. See: “Benefits of Reflective Network Therapy and Method and Comparison Studies” and “Research Results and Outcome Data.”

Better communication, better impulse control, empathic responsiveness and an astoundingly high incidence of full scale IQ increases are a few of the benefits of Reflective Network Therapy which enrich the lives of children *and* their families. You will read about and recognize numerous additional RNT benefits as having great significance for long term mental health. Such wonders as leaps in IQ do not occur overnight, but certainly they materialize much more rapidly and reliably than with other well-studied methods. Significant mental health and cognitive gains regularly occur by the end of one school year of treatment, often sooner. Many severely disordered children have continued to benefit greatly from a second year of treatment.

In a meaningful sense, Reflective Network Therapy treats the whole child by connecting the pieces of his here and now life into the psychodynamics of a reflective social network within the preschool classroom. No child among the 1700 children treated with RNT over the years has ever needed a one-on-one behavioral aide in the classroom after the first few days; and previously administered psychotropic medications are almost always discontinued after the first few weeks.

— GILBERT KLIMAN, MD

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## WHAT IT IS—HOW IT WORKS—HOW WE WORK IT

Reflective Network Therapy is a deliberately synergistic combination of preschool education with in-classroom psychological treatment for emotionally and developmentally disordered children who are two to seven years old. The method is carried out by a network that includes a psychodynamically-trained therapist, teachers, children's peers and family members. Intensive psychotherapy takes place exclusively within the learning and play activities of the classroom focusing on one child at a time. Children with mild to moderate autism as well as children with other or multiple diagnoses routinely achieve mental health gains, develop cognitively and routinely become able to transition successfully into regular public school classrooms after treatment. Children are never pulled out of class for individual therapy; it takes place right in the classroom. The child's here-and-now feelings, behavior, symbolic expressions and responses to other children and classroom events are all opportunities for therapeutic action and become the subjects of therapy sessions. —Gilbert Kliman, MD

This section describes some unique aspects of Reflective Network Therapy, and shows how interpersonal exercises can occur hundreds of times in a school year. We have found that these exercises are well suited to influence the brain and mind of an autism spectrum disordered child as well as the brain and mind of children with serious emotional disorders. Rich activation of the mirror neuron systems in the child patients treated by this method may account for their measurable IQ rises and mental health gains.

Reflective Network Therapy is an evidence-based psychological treatment method. It harnesses small social networks to help individual children within real life spaces, such

as preschools. It works for traumatized young children, as well as those with mild to moderate psychiatric disorders and autism spectrum disorders. Young children we have helped have most commonly presented with: autism spectrum disorders, attention deficit disorders, reactive attachment disorder, oppositional defiant disorder, post traumatic stress disorder, anxiety disorders and depressive disorders.

The small social network therapeutically activated by RNT is comprised of a classroom team of parents, normal children in the classroom, child pupils who are patients, their classroom teachers and a classroom therapist. This interactive network is dynamically engaged with each child, one at a time in the classroom, every day the class meets. The network's intersubjective reflections organize and semantically encode each participant's theory of the child's own mind and to some extent of the minds of all the others in the classroom.

The child's classroom peers are a vibrant part of this network. Everything happens in the real life space of the classroom, and takes advantage of what comes up between and among the children both as educational and therapeutic opportunities for growth.

RNT techniques include: individualized psychotherapy sessions for each child right in the classroom; teacher to therapist briefings before each therapy session and therapist to teacher debriefings after each therapy session. Each briefing and debriefing enlists the child patient's participation. Parent involvement is supported by weekly parent guidance. The child is not pulled out for psychotherapy. In no other method does the child's treatment take place exclusively within the learning and play activities of their classroom groups.

The RNT preschool classroom is a uniquely psychoanalytically informative instrument for the psychotherapeutic processes. Unlike pull out therapy in which a child is removed from real life space for individual therapy, RNT is deeply integrated into the child's learning space as an interactive social setting. Everything takes place within the learning and play activities of the classroom an early childhood educational process and classroom group.

Every day, the treatment team takes advantage of many opportunities to consider immediate evidence of the child patient's emotional and cognitive deficits, strengths and symptomology. Indicators of distress, acting-out, impending crisis, conflict, resistance and transference are psychotherapeutically addressed when they occur. During frequent psychotherapy sessions conducted within the preschool classroom, the child patient's on the spot expressions, behaviors, interactions with others, her or his interest in and use of objects during play, responses to stimuli, and current emotional states are responded to in the moment.

The method has regularly produced rapid mental health gains for seriously disturbed, developmentally delayed and traumatized young children. Gains include positive behavioral changes, improved relational skills, and substantially expanded learning capacity. These are reflected in the "CGAS" or Child's Global Assessment Score. Even more objective are resulting rises in IQ. Regardless of diagnosis, statistically significant IQ rises occur routinely.

Each child pupil who is also a diagnosed patient is treated with parental permission and with the cooperation of his public or private school or day care center.

Each child has a psychotherapy session every day of school, usually at least three times a week, right in the classroom, for 15-20 minutes. These short but frequent sessions go on within the classroom in the midst of classroom educational activities of all kinds. The sessions are witnessed, shared and inwardly or outwardly reflected on by everyone in

the classroom, right in the real life space of the classroom, using the themes, symbolic expressions and behaviors which arise naturally in this setting.

The child's psychotherapist intensely focuses on and attunes to each child in turn, for about a quarter an hour at a time. Empathic attunement by the therapist is responded to by the patient's identification with that process. During that attunement, the therapist offers interpretations. Interpretations are the therapist's tactful verbalization of her or his own reflections about the child's feelings, and behavior, especially the therapist's thoughts about what the child is doing and thinking in the here and now of the classroom, and what has caused those actions and thoughts. Children's resistances to education, refusal of affection, and inhibited or inappropriate socialization are interpreted on the spot, to the full extent the psychotherapist finds useful.

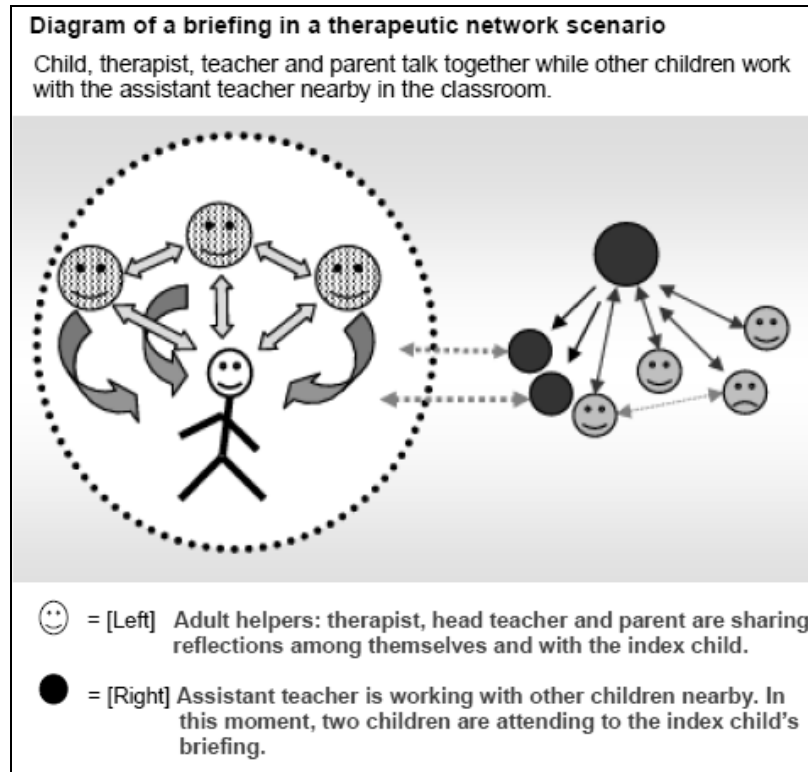
The content of the therapy sessions varies as greatly as the individual children vary. Content may include a full range of psychoanalytically useful material such as talk, play, fantasies, dreams, interpersonal dramas, art work, responses and the therapist's verbalized explanation of the meaning of a the child patient's remarks, dreams, memories, experiences, and behavior (interpretations). If other children show interest, they can participate in all aspects of an index child's session, provided they allow that child to lead the play and talk. Parents are often in the classroom and are welcome for the periods the parent's presence allows and promotes the child's use of the process.

At least two times each day, each child hears directly from the network of helping adults what they think and understand about what is happening in the child's behavior and play. Adult conversations about a child patient in the classroom are done in the child's presence. The network reflects about the child in predictable and specific ways, including joint adult-child briefings and debriefings before and after each therapy session and at other spontaneously arising times throughout the classroom day. These conversations are structured around the natural events of the classroom. From these conversations, the child patient learns something about how others think about her or him and what she/he expresses or does. This creates multiple daily opportunities for the child to exercise and develop the capacity to independently reflect on her or his own thoughts, feelings and actions.

Reflective Network Therapy briefings are a structured sequence of interactive reflective and empathy-developing communications given during conversations. The child patient is encouraged to be an active participant in every briefing:

- When a child is brought to school each day, parents take a moment to brief the teacher. This briefing informs the treatment team about what might preoccupy the child before engaging in schoolwork and psychotherapy on that day. They might mention new events in the child's life, any current behavior or something the child recently expressed.
- Before a child's therapy session, the teacher and child brief the therapist about what the child and family have been doing. Parents also participate in this briefing when they are present. The adults might comment on an interaction just observed between the child and other children in the class. The constant daily briefings before in-classroom individual therapy sessions immediately augment the therapist's access to important themes and behaviors based on the teachers' observations.
- After the 15-20 minutes of individual therapy, the child and therapist close with a debriefing. Together they tell the teacher together about the contents of the psychotherapy session.

Teachers expand the psychotherapist's horizons. The teachers and therapists meet as a team for 90 minutes each week, often viewing a recent videotape of their work, and always sharing the teachers' many hours of classroom behavioral observation. The teachers are expected to greatly amplify the knowledge the therapist gains in the daily therapy sessions. '



Parents are essential to the treatment. They are encouraged to be in the classroom, especially, but not only, during the early weeks of a child's treatment. Parents regularly receive a 45 minute guidance session in private with the head or assistant teacher each week except that once a month their parent conference is with their child's RNT therapist. This guidance conference includes the opportunity to give and get feedback about the child's current behaviors, preoccupations and progress.

One-on-one behavioral aides are not used. However, a child's existing aide is welcome to come at the beginning of a child's treatment. Behavioral aides are rarely required after a few days. In preschool classrooms where all the pupils are patients, six to twelve children work best, with one therapist and usually two teachers for six or eight special needs children. The adults in the classroom include one therapist and one head teacher with one teacher's aide.

## BENEFITS OF REFLECTIVE NETWORK THERAPY: A SUMMARY

Reflective Network Therapy helps children achieve:

- ❖ Greater receptivity to giving and receiving affection
- ❖ Increased vocabulary and improved communication skills
- ❖ Access to their capacity for empathy and empathic expression
- ❖ Ability to think about their own feelings, wishes, beliefs, behavior, and expressions, as well as those of others
- ❖ Greater understanding of self and others
- ❖ Improved sociability
- ❖ Increases of appropriate engagement in interactive activities
- ❖ Greater capacity for impulse control
- ❖ Transformation of behavioral symptoms into dialogue and play
- ❖ Positive behavioral changes
- ❖ Reduction of resistance to learning
- ❖ Readiness to learn and ability to develop and sustain focused attention on the educational work of the classroom
- ❖ Statistically significant rises in IQ.
- ❖ 95% of IQ testable children have sustained IQ rises

Beneficial practices and techniques imbedded in the architecture of the method which reliably produce these positive outcomes include:

- ❖ Intensive psychotherapy takes place exclusively within the learning and play activities with a psychotherapist working in the classroom, making it possible for the child patient to get therapy multiple times per week.
- ❖ Intensive interactive collaboration between the teacher and therapist team in the classroom on each child's behalf informs and enhances the work in each professional's domain.
- ❖ Rather than isolating the child for psychotherapy, RNT actively includes the child's peers in the classroom, providing at least a few thousand opportunities for the therapist to witness and address sociability and communication issues over the course of one year of treatment.
- ❖ Rather than needing to rely upon anecdotal reports or previous testing and psychological evaluations, the teacher has not only the current diagnostic psychological, mental health and cognitive test results, but also the benefit of the psychotherapist's input in the classroom, plus regular 90 minute conferences with the psychotherapist to discuss the child patients' current status, needs and problems.
- ❖ The RNT method uses follow-up testing for an objective gauge of mental health changes and cognitive development at regular intervals.
- ❖ The high frequency of psychotherapy sessions with Reflective Network Therapy, the high frequency of the child's exposure to psychoanalytic interpretations and participation in specialized reflective network techniques results in significant improvements more rapidly than with other methods.

- ❖ The child experiences the interactive teamwork of the adults in the reflective network as a small world of more people who care about and focus on her or him more of the time, powerfully promoting feelings of being important and being supported in interesting ways. This is especially true when the child witnesses and participates in structured briefings multiple times each school day.
- ❖ Short 15-20 minute psychotherapy sessions are bracketed by briefings which are therapeutic, and their power is cumulatively amplified by the high frequency of both the briefings and the therapy sessions.
- ❖ Briefings, debriefings and the sharing of real experiences probably exercise mirror neurons, modeling, stimulating, and exercising empathy, thinking, and verbal as well as nonverbal meaningful communication.
- ❖ During psychodynamic briefings *and* in daily 15-20 minute psychotherapy sessions, *on the spot* interpretations of the child's expressions and behaviors by the therapist are possible in the child's real life space of the classroom *precisely because* the method is truly interdisciplinary, conducted exclusively in the midst of the learning, play, social interaction and behavior of a preschool classroom, with teacher-therapist-parent collaboration.
- ❖ During psychotherapy, the therapist in the classroom verbalizes for the child what the child patient is doing and his own reflections about what the child may be thinking or demonstrating with verbal or nonverbal expressions, raising the child's awareness and promoting the child's own mentalizing. The therapist also verbalizes her/his own reflections about the child's feelings and behavior.

*All these interpretations are made in the child's here and now of the classroom. Children's resistances to education, refusal of affection, and inhibited or inappropriate socialization or behaviors are interpreted for the child immediately, making the work more impactful for and more meaningful to the child.*

- ❖ Reflective Network Therapy is a fully inclusive method, such that all the peers in the classroom contribute to the reflective network, and their positive and negative contributions become the material for therapeutic work with each child patient. Peers quickly accept that the child patient who is the index child of a therapy session has the say about who gets to participate; they know they will have their turn soon and that they will be gently asked to attend to another activity if they can't accept an index child's refusal of their participation.
- ❖ A mixture of developmental abilities and behavioral characteristics can be accommodated, including some children who are treated for preventive purposes, such as in response to bereavement or other presumably major traumas.

#### General strengths and advantages of Reflective Network Therapy:

- ❖ Siblings of severely disturbed children have been also been helped by



Reflective Network Therapy. Emotionally healthy foster children and children of staff have also been welcomed into RNT classrooms.

- ❖ Parents get significant support and share insights, including during weekly guidance conferences with the teacher and monthly conferences with the child's psychotherapist.
- ❖ RNT reduces children's ongoing psychological damages in situations of domestic stress and helps prevent post-traumatic stress disorder.
- ❖ It is a proven method for seriously emotionally disturbed and/or pervasively developmentally disordered young children.
- ❖ RNT is more cost-effective than methods commonly used; approximately one sixth of the usual costs for treatment of autism are needed when using RNT.
- ❖ RNT helps children during and after catastrophic events. The method can be focused as psychological first aid using a derivative of Reflective Network Therapy based on the RNT manualized Personal Life History Books. The PLHB method employs psychoanalytically informed guided activity workbooks to help trauma-impacted children of any age.

## **MENTAL HEALTH GAINS AND COGNITIVE GAINS: WHEN, WHERE AND HOW LONG?**

### **What is the optimal time to start Reflective Network Therapy?**

Reflective Network Therapy is intended to be initiated during preschool and kindergarten, before the children start first grade, and before they may have been chronically ill for several years.

### **How long does the program last?**

The process can be continued for as long as it helps, but is typically continued for one or two school years. Groups of RNT parents and children have continued to find the method positive and productive in after-school groups well beyond preschool. Typically, children with serious emotional disorders treated with RNT have significant mental health gains within a year. Mental health *and* cognitive gains are produced faster by the RNT method. This factor reduces the treatment timeline and therefore reduces the extension of all costs.

## REFLECTIVE NETWORK THERAPY COMPARISONS WITH OTHER METHODS

Does the method regularly produce major IQ gains?

Intervention	<b>Criterion: IQ GAINS</b> Does the Method Regularly Produce Major IQ Gains?
<b>Reflective Network Therapy (RNT)</b>	<p>12-28 points IQ rise over 8 months in over 95% of IQ testable children treated, whether autistic or any other diagnostic category.</p> <p>A meta-analysis of a long term multi-site study of twice-tested children with outcome data from 8 service projects (completed in 2014) documents these results:</p> <p>In 8 projects, all but one of the 79 twice-tested children had IQ gains, with an average IQ gain of 15 points <u>per treated child</u>.</p> <p>Some of the highest gains were among the 31 autism spectrum patients.</p> <p>Among the 8 sources reporting twice-tested children's outcomes for rises in IQ, the average gain <u>per service project</u> was 24 points.</p>
<b>Pull-Out Psychotherapy in a school setting</b>	Not well studied <u>for IQ</u> except by Heinicke for reading ability in older children (post preschool age).
<b>Applied Behavioral Analysis (ABA)</b>	Claims 12-28 points over 36 months, but <u>most</u> developmental measures used at baseline and IQ tests at follow-up were not validly comparable. <u>The treatment is not considered educational, not a psychotherapy.</u>
<b>TEACCH</b>	<u>IQ not generally reported upon</u> , 28 points among several severely retarded autistic children – Duration of treatment not stated.
<b>DIR /Floortime</b>	20% of IQ testable autistic preschoolers have IQ gains

Reflective Network Therapy regularly produces statistically significant IQ gains. Children's IQs rise 12–28 points, whether ~~or not~~ they are autistic or in another diagnostic category, and these IQ gains usually occur after 8 months of treatment.

<b>Intervention</b>	<b><i>Criterion: WHAT IS NEEDED TO RAISE IQ</i></b> Number of sessions, time and years needed to produce statistically significant IQ gains with treatment of autistic and non autistic children
<b>Reflective Network Therapy (RNT)</b>	90 fifteen-minute sessions produced significant IQ rises. (15-minute sessions twice a week for 45 weeks).  180 fifteen-minute sessions almost double the IQ gains. (15-minute sessions four times a week for 45 weeks).
<b>Pull-Out Psychotherapy in A school setting</b>	50 to 200 one hour sessions a year, usually for two or more years. No IQ effects known.
<b>ABA (Applied Behavioral Analysis)</b>	Eikeseth (2007) used 2,520 hours a year for two years. Percentage of treatable and percentage of IQ testable children is not clear. Comparability of first and second testing is flawed. Non-autistic children <u>we</u> are not treated.
<b>TEACCH</b>	Not determined.
<b>DIR /Floortime</b>	20% of 200 autistic children had significant IQ rises with DIR treatment from two to five hours a day, for two to eight years. No data on non-autistic children was reported.

**Is the method versatile across diagnostic categories?**

INTERVENTION		<b>Criterion: CLINICAL VERSATILITY</b> <b>Versatility Across Diagnostic Categories</b>
<b>RNT</b> Reflective Network Therapy	<b>Yes</b>	Customizable and effective for SED and PDD. Helps autistic children in the entire spectrum from severe to mild. SED includes anxiety disorders, obsessive compulsive disorder, hyperactivity, attention deficit, posttraumatic stress disorders, conduct disturbances and depressive disorders. IQ and CGAS gain effects are regularly found among IQ testable RNT treated children in all diagnostic categories.
<b>PULL-OUT</b> Psychotherapy in a school setting	<b>No</b>	Not useful for most autistic children. Useful with seriously emotionally disturbed children having anxiety disorders. IQ changes amongst pull-out treated children are not currently reported.
<b>ABA</b> (Applied Behavioral Analysis)	<b>Limited</b>	Best with moderate to mildly retarded autistic children. No studies reported with seriously emotionally disturbed children. If used for three years, marked IQ gains are regular with autistic children but baseline measures are flawed.
<b>TEACCH</b>	<b>No</b>	Best with severely mentally retarded autistic children, where a few cases are reported of marked IQ gain.
<b>DIR /Floortime</b>	<b>Not established but thought to be likely</b>	A technique for putting a parent (mostly a mother) in tune with her autistic child, and bringing the child into richer affective contact with her. Very good clinical and cognitive effects on 20% of autistic preschool children. Diagnostic versatility is not established but Kliman thinks it is likely.

#### Is the method feasible in a variety of settings?

INTERVENTION	<b>Criterion: FEASIBILITY</b> Feasibility as indicated by use in a variety of settings
<b>RNT</b> Reflective Network Therapy	Public school special education classes, private therapeutic preschools, mental health centers, day care centers, shelter classrooms for homeless children, Head Starts, private regular preschools.
<b>PULL-OUT</b> Psychotherapy in a school setting	Public school special education classes, private therapeutic preschools, mental health centers, day care centers, private preschools.
<b>ABA</b> (Applied Behavioral Analysis)	Public school special education classes, private therapeutic preschools, mental health centers, day care centers, homes.
<b>TEACCH</b>	Public school special education classes, private therapeutic preschools.
<b>DIR /Floortime</b>	Similar venue versatility to ABA

Reflective Network Therapy has been used effectively in many settings: in a full time dedicated reflective network therapy preschool; in a part-day and full-day preschool or daycare setting where young children with ASD and SED are included; as a separate classroom service such as a public school special education setting; in preschool classrooms for homeless and recently homeless children; and, as an enrichment to ongoing special education or therapeutic preschool classrooms.

RNT is manualized with video illustrations keyed to the manual.

INTERVENTION	<i>Criterion:</i> <b>MANUALIZED METHOD</b> Replication Manual	<i>Criterion:</i> <b>VIDEO ILLUSTRATIONS</b> Keyed to the Manual
<b>RNT</b> Reflective Network Therapy	Yes	Yes
<b>PULL-OUT</b> Psychotherapy in a school setting	No	No
<b>ABA</b> (Applied Behavioral Analysis)	Yes	No
<b>TEACCH</b>	No	No
<b>DIR /Floortime</b>	No	No



### Is the method deliberately inclusive?

INTERVENTION		<b>Criterion: INCLUSIVENESS</b> Deliberate inclusion of peers, teachers and parents. Real-life classroom interpersonal relations are a focus.
<b>RNT</b> Reflective Network Therapy	<b>Yes</b>	Inclusion of peers is a vital part of reflective network treatment, and the development of peer to peer empathy is often a powerful component. Parents and teachers are an integral part of the treatment technique, have frequent modeling by the psycho-therapist, and rapidly learn about important communications the child makes during treatment sessions. The psychotherapist has immediacy of observation, and can discuss interpersonal events with a patient and his teacher right as they happen. A treatment session in the classroom has the advantage of real life emotional charge –for example of jealousy, anger, curiosity, love– and allows a no-waiting intervention with the child's defenses and adaptation to the interpersonal processes.
<b>PULL-OUT</b> Psychotherapy in a school setting	<b>No</b>	Privacy from peers is a hallmark of treatment. Parents and teachers are usually isolated from the treatment, in the name of privacy, have little modeling by the psychotherapist, and learn about the child's important themes without immediacy. The psychotherapist in turn does not have simultaneous observation of the child in classroom and is often dealing with peer-relationship events which the child can no longer readily remember or feel are important.
<b>ABA</b> (Applied Behavioral Analysis)	<b>No</b>	A one on one aide tends to make an adult-child dyad, to the exclusion of full peer interaction. High frequency of formal inclusion of teachers, peers and parents in the behavioral modification process is difficult.
<b>TEACCH</b>	<b>Yes</b>	Normal classroom activities are enhanced. Empathy among peers and parent-child dyads is a goal, as is teacher empathy for the child.
<b>DIR /Floortime</b>	<b>No</b>	This therapy of parent and child usually but not necessarily excludes peers and teachers.

### RNT is advantageous in all categories:

ADVANTAGEOUS FACTOR	RNT	ABA	DIR	TEACCH	Pull Out
Manualized for independent replication	Y	Y	N	N	N
Instructional videos keyed to Manual	Y	N	N	N	N
Peers regularly included	Y	N	N	Y	N
Teachers regularly included	Y	N	N	Y	N
Some long term follow ups	Y	Y	Y	?	N
Clinical versatility demonstrated for non-autistic children with serious emotional disturbances (SED)	Y	N	?	Y	Y



## SCIENTIFIC STUDY THRESHOLDS PASSED

Reflective Network Therapy has passed important and scientific study thresholds. These include service feasibility, anterospective, prospective, consecutive, and, controlled and comparison treatment studies. Replicability readiness is another factor necessary in scientifically based therapies which Reflective Network Therapy has met, tested and proven.

**FEASIBILITY** Reflective Network Therapy can be carried out in settings as varied as day care centers, private therapeutic preschools, mental health clinics, Head Start projects, homeless shelter classrooms and in public school special education classes.

**PROSPECTIVE** Reflective Network Therapy has been studied by forward-looking studies of outcomes, as well as and in contrast to backward-looking studies of archives.

**ANTEROSPECTIVE** Our data following of child patients with regard to IQ rises has included a 30-year follow-up study of a formerly autistic child patient. See: Research and Results, especially a statistical meta-analysis OF Full Scale IQ changes in 79 treated versus 63 comparison and control children ("Multi-Site Study of Reflective Network Therapy Results: Twice-Tested Children").

**CONSECUTIVE** A study of outcome included a series of children with no omissions.

**CONTROLLED** A study included reasonably well matched untreated same age, race and gender children with the same diagnoses in the same school system.

**COMPARISON TREATMENT** Results with RNT-treated children were compared with results with children given other treatments, such as supportive-expressive group therapy, and individual psychotherapy.

**REPLICABILITY** A study showing that the method can be carried out by others, who then independently also achieve the same essential results.

Our comprehensive manual, Reflective Network Therapy Manual: How-To-Do-It for Therapists, Teachers and Parents, (Kliman, G. 2011) is a vital instrument for further replication. Also essential for replication are our videos of psychotherapy sessions which are used, with signed Confidentiality Agreements for training credentialed teachers and licensed therapists, supervision and consultation; professional licensed mental health practitioners, researchers and qualified academic professionals who wish to study the method; for our own clinical research and that of independent researchers.

Feasibility of the method has been shown at The Center for Preventive Psychiatry (White Plains, NY), the Union Day Care Center (Greenburgh, NY), in a public school special education setting in San Mateo, California (County of San Mateo Dept. of Education); the D'Avila School in the San Francisco Unified School District, the Golden Gate Regional Shelter for the Homeless Families; a private preschool in San Francisco; Cornerstone Argentina, a private therapeutic preschool in Buenos Aires, Cornerstone Argentina; The Cambridge-Ellis Preschool in Cambridge, MA, the Walnut Lake Preschool of the Michigan Psychoanalytic Institute in Illinois, the Ann Martin Center in Piedmont, CA, Morningsong Preschool at Wellspring Family Services in Seattle, WA.

<b>TIME AND COSTS TO ACHIEVE IQ AND GLOBAL MENTAL HEALTH GAINS</b>				
<b>INTERVENTION</b>	<b>RNT</b> Reflective Network Therapy	<b>ABA</b> Applied Behavioral Analysis(1)	<b>DIR</b> /Floortime	<b>Intensive Psychoanalytic Pull-Out Psychotherapy**</b>
Number of children systematically studied in best examples of research on the method	69	25	200	763
Number of twice-tested autistic children	33	25	200	Unknown
Number of children twice tested with fully comparable IQ tests used at first and second testing	69	Unknown	Unknown	Unknown
IQ rises significantly among IQ testable autistic children	Yes	Yes	Unknown	Not Tested
Percent of studied IQ testable children with IQ rises	90%	Unknown	20%	N/A
CGAS or equivalent rises regularly with SED or autistic children	Yes	Unknown	Yes for CGAS equivalent. (CGAS not used)	Yes for children with anxiety disorders
Years needed for significant IQ rise among IQ testable autistic children and other IQ testable SED children	1 school year	2 to 4 years with at least 2,520 hours alone in an office with ABA therapist	2 to 8 years	Unknown re IQ gains
Cost for IQ or CGAS effects per child in dollars as a supplement to public special education	6,000 to 12,000	Est. 40,000 to 100,000	Est. 80,000	Est. 80,000 to 160,000
<b>** (1) Eikeseth 2007 included unstated number of Bayley infant intelligence tests to compare with later WISC-R. (2) Target and Fonagy (1996) studied child analyses by retrospective CGAS scoring.</b>				

## **INTENSIVE SUPPORT FOR PARENTS: GUIDANCE AND CONSULTATION**

### **Weekly Guidance Conferences with the Teacher Monthly Guidance Conferences with the Psychotherapist**

- ❖ Sharing information, observations, and recommendations
- ❖ Learning about your child's engagement with the curriculum
- ❖ Receiving support and guidance for your ongoing efforts
- ❖ Opportunities to share insights and ask questions

All of the briefings that take place in the classroom every day not only help the child learn and help teacher and therapist know what is going on for your child; they also build a body of shared knowledge about the child that advances treatment and educational processes discussed during parent guidance conferences. Your child's therapist will be in the classroom working with your child on a daily basis and may be available to participate when you brief the teacher about your child and with your child. When you and your child arrive at the school each day, we ask that you mention anything seems important including significant family events or incidents, recent behavior, anything about what was going for your child that morning, recent behaviors or expressions. This sharing of information takes only a few minutes, if that. Sometimes, it's "Mary had a hard time last night. She cried and screamed a lot after the dog chewed up her pink bunny. The next day it might just be: "Mary was especially quiet this morning. I think she may be tired."

**CONFERENCES WITH THE THERAPIST:** Your monthly conference with your child's psychotherapist is very important for both you and the therapist. We will do our best to schedule these at times which are most convenient for you.

### **CONFERENCES WITH THE TEACHER**

The teacher and the therapist share briefings in the classroom with your child and about your child multiple times every school day, including talking with the child before and after psychotherapy sessions in the classroom. The teacher will have rich material to discuss with you in weekly parent conferences from her or his own observations including while working with your child on the educational curriculum. During these weekly meetings the teacher will update you about what your child has been working with in the classroom; offer guidance about how you can support or reinforce what is taught in the classroom; request your input and hear your concerns.

## **WHEN YOU ENROLL YOUR CHILD**

**Application Forms** –Typically, a parent might be given these forms:

- Child Patient Registration
- Developmental History Questionnaire
- Permission for release of Medical, Mental Health and School Records
- Emergency release for treatment
- Health history by parent
- Permission–Release for Videotaping

Additional or different forms may be selected for you, depending on your child's condition, or concerns you may have expressed about your child, or what diagnoses are in your child's history. Some forms may be given to you to complete when you bring your child in for diagnostic testing and/or psychiatric evaluation.

### **Permission–Release for Videotaping**

- Videotaping interviews is an important tool for the subsequent psychiatric evaluation of your child. The psychiatrist will often review such videotapes and may have them transcribed to augment impressions and notes taken during evaluative interviews.
- Video of individual psychotherapy sessions within the play and teaching context of the preschool classroom are often very revealing. These may be studied by the psychotherapist as he or she identifies and works with your child's treatment themes.
- The videos may be shared with the child's teacher for discussion of concerns that may impact learning, and for illustrating information about the child's growth and progress in psychotherapy which furthers the teacher's deepening understanding of your child's special needs and may suggest teaching approaches that may work well with your child.
- The optional Permission–Release for Videotaping form specifies that such videography is limited to purposes of education, training and research. Such uses require Confidentiality Agreements from the professional permitted to view these videos. The child's name is changed on any videos used for training and/or research purposes. No child's name and no other personal information which could identify your child is ever used.

**Insurance forms and fee schedule** Fees for treatment are on a sliding scale based on income. We will help you complete insurance or Medi-Cal forms.

### **Diagnostic testing and psychological assessment**

- ❖ Psychological testing, cognitive assessment, mental health assessment and a psychiatric evaluation will help determine your child's current mental and emotional health, and her or his current cognitive ability and development.

A clinical psychologist, who is very experienced in working with special needs children, will help your child work through a battery of psychological assessment instruments targeted to the needs of your child and assemble and discuss the results in a psychological assessment summary for review by the doctor who will perform the psychiatric evaluation. Two particular psychometric instruments are used to assess your child's current overall mental health and cognitive ability and development. Follow-up testing using these same measures will quantify the cognitive and mental health outcomes of treatment at the time of the second and later follow-ups:

**WPPSI-IV:** If your child is testable, we will administer the Wechsler Preschool and Primary Scale of Intelligence - Fourth Edition (WPPSI-IV) (designed for children from age two years, six months to seven years, seven months). This test will provide a baseline measure of your child's current cognitive development.

**CGAS:** The Children's Global Assessment Scale (CGAS) enables us to assess your child's current mental health as it is expressed in degrees of functionality in behaviors and interactions in different life contexts. This test gives a reliable snapshot of your child's mental health at the time of testing. This assessment is considered a valid measure of overall mental health and the overall severity of mental disturbance.

## Psychiatric evaluation and diagnosis

Using your signed multipurpose Permission for release of Medical, Mental Health and School Records, we will have submitted individual requests for copies of records from your child's medical and mental health providers, and from any daycare, preschool or kindergarten your child previously attended. We may or may not have received your child's mental health records by the date scheduled for your child's psychiatric evaluation. Whether or not your child already has received a mental health diagnosis or multiple diagnoses, on the autism spectrum, attention deficit hyperactivity disorder, reactive attachment disorder, or any other serious emotional disorder or impediment to learning, we will want to conduct an independent psychiatric evaluation. Prior to the psychiatric evaluation, the doctor will have reviewed the results of diagnostic testing and summary report provided by the clinical psychologist. In addition to verifying whether or not prior diagnoses continue to be evident, and sufficient, the psychiatric interview with your child will help identify initial therapeutic themes for further exploration as well as initiate the therapeutic relationship.

A parent or guardian will need to accompany the child to this evaluation and often is interviewed with the child before the child is interviewed alone. The parent is also interviewed separately (without the child being in the room) usually on the same day.

**Acknowledgment:** You will be provided a copy of our "Notice of Privacy Practices for Protected Health Information" with an associated acknowledgment form for your signature.





**EFFICACY OF THE METHOD**  
**RNT EVALUATED BY PROFESSIONALS**  
**WHO HAVE EXAMINED RNT WORK AND OUTCOME DATA**

Jonathan Cohen is the cofounder and president of the National School Climate Center (formerly the Center for Social and Emotional Education). He is adjunct professor in psychology and education at Columbia University, adjunct professor in education at City University of New York and a practicing clinical psychologist and psychoanalyst. Cohen has worked in and with K–12 schools for over 30 years in a variety of roles: as a teacher, program developer, school psychologist, consultant, psycho-educational diagnostician and mental health provider. Cohen authored the first chapter of *Psychodynamic Perspectives on Working with Children, Families, and Schools*, (M. O'Loughlin, 2013) in which he notes that that The Cornerstone Project in San Francisco (established and directed by Gilbert Kliman, MD to deliver Reflective Network Therapy services to cognitively and emotionally disordered preschoolers) was a founding member of the Alliance of Psychoanalytic Schools. In this publication, Dr. Cohen discusses Reflective Network Therapy. Note that CPHC officially changed the name of our method from The Cornerstone Therapeutic Preschool Method (also known as The Cornerstone Method) to the more descriptive name, Reflective Network Therapy in 2007.

**Promoting Children's Healthy Development and Ability to Learn**  
**Past and Current Partnerships between Educators and Psychoanalytically**  
**Informed Mental Health Practitioners**

**BY JONATHAN COHEN, PHD**

Kliman and his colleagues were the first group of analysts to operationally manualize, and make both retrospective and prospective psychoeducational studies of their efforts. Statistically significant findings include educationally and clinically impressive results of the interdisciplinary treatment (Hope, 1999; Zelman, 1985 & 1996; Kliman, 2006). IQ gains average one to two standard deviations among fifty-two twice-studied children, while sixty comparison and control children show no such gains. Among foster children an additional measure has been used for Cornerstone patients: transfer rates among homes. In a study of thirty foster children in the program transfer rates were reduced to zero over the course of a year, compared to 25 percent a year in comparison populations (Kliman, 2006; Kliman & Schaeffer, 1984). Replication and training for others to carry out the method is now occurring in two sites (Cornerstone Buenos Aires and The Ann Martin Center, Piedmont, CA). A manual and illustrative videos are available without charge from Kliman.

The Cornerstone method provides interdisciplinary education and treatment for emotionally disturbed or developmentally disordered children ages three to six years. Within a therapeutic or special education classroom group setting (Kliman, 1975; Lopez and Kliman, 1979), a therapist works six or more hours per week. During that time the therapist provides psychotherapy individually to each of the five to eight children in the group, each child for fifteen to twenty minutes a day. During each child's in-classroom psychotherapy session a full range of play therapy and analytic techniques are often used, including interpretations of transference, dynamic and genetic interpretations. The interpersonal and educational setting allows a "here and now" focus on resistance to successful socializing and learning. Since sessions occur almost daily and occur in a real



life space, there is little need to delay talking to a child whose attention span might not allow discussion of an event even a few days later.

Two early childhood educators are in charge of the classroom educational activities, which proceed with all the other children throughout any one child's in-classroom psychotherapy session. Teachers and therapist brief each other with the child's help before and after each child's classroom psychotherapy session. The team meets weekly to share communications from parents, as well as to view videotapes and hear the material gathered during treatment that may not have been overheard in the class session.

Parents are interviewed and guided by the teacher each week and by the therapist once a month. Most of the children have existing emotional disturbances, but are also accepted for preventive reasons such as the death of a parent, or placement in foster care. Kliman's, Zelman's and Hope's data (summarized in Kliman, 2006) show considerable rapid emotional growth measured by Children's Global Assessment Scale (DSM IV, Axis V) scores and intellectual growth measured by Wechsler Preschool Scale of Intelligence (revised version) "IQ" scores.

—Excerpted from: Cohen, J. (2013) Chapter 1, In: *Psychodynamic Perspectives on Working with Children, Families, and Schools*, O'Loughlin, M., Ed. (2013), Jason Aronson, Lanham, MD

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**Alexandra Harrison, MD** is an Assistant Clinical Professor of Psychiatry, Harvard Medical School; a Training and Supervising Analyst, Certified Psychoanalyst for Children, Adolescents and Adults, Supervisor, Child Analysis Program, Boston Psychoanalytic Society and Institute. Dr. Harrison has a private practice in Cambridge, Massachusetts and directs the application of Reflective Network Therapy in the Cambridge-Ellis School (Cambridge, Massachusetts). The following essay was written by Dr. Alexandra Harrison for the purpose of introducing Dr. Gilbert Kliman's book: *Reflective Network Therapy in the Preschool Classroom* (Kliman G. 2011).

### **Reflective Network Therapy In The Preschool Classroom: Introduction**

**BY ALEXANDRA HARRISON, MD**

As a child mental health clinician with more than forty years of experience, I welcome this book on Reflective Network Therapy as an inspiring opportunity to bring cost-effective, theoretically sound, and scientifically tested treatment to a population of children in great need. It makes important contributions to vital fields for parents, teachers, child therapists and finally taxpayers: current new knowledge about brain development and the need for early interventions for children at risk. Kliman vividly and compellingly describes a type of therapy—Reflective Network Therapy—carried out in the classroom by a collaboration of individual therapist, preschool teacher, peers and parents, with seriously disturbed children. The facts that the therapy occurs in multiple short (15-20 minute) sessions a week, and that these sessions are optimally designed to help the children make sense of their otherwise chaotic and frightening worlds “on the spot,” makes it an essentially practical therapeutic modality. Finally, Kliman has done something very unusual in the field of child mental health: he has conducted scientific studies to test the efficacy of the method. In addition to the anecdotal evidence that child mental health practitioners usually put forth to support their methodologies, Kliman has real data to demonstrate its effectiveness, including striking improvement in IQ scores.

Thus the method is shown to be a remarkably “cost-effective” treatment for young children with severe mental health disorders – autistic spectrum disorders, pervasive developmental disorders, trauma, behavior disorders and serious emotional disorders. Kliman does not mention this specifically, but I would add disorganized attachment disorders to the list, in keeping with his in-classroom work with a series of thirty foster children and his series of studies of guided activity workbooks for foster children.

Kliman provides a very practical and helpful introduction to the reader interested in learning more about therapeutic interventions in early childhood – mental health clinician, teacher, or parent. It is comprehensive, including a manual as a guide to practitioners, numerous case examples, and scientific data, in one place. It is also helpful that the book compares the method to other current methods in use today in terms of theoretical foundation, technique, and available scientific data, in a thoughtful and respectful manner.

I have already started using an adaptation of reflective network therapy in treatments of preschool children; two of these children are autistic and one has a disruptive behavior disorder. The method has proved extremely effective. The first child I treated lost her autism diagnosis after less than two years of four times a week therapy. The second two, now in therapy for about nine months, are much improved. All the children were treated by a team including parents, O.T., speech therapist, and teachers. The RNT approach was central to their improvement.

In my treatments, I begin with a videotaped parent consultation evaluation and a recommendation for Reflective Network Therapy. I discuss the method and the conceptual background with both the parents and the teachers. In the classroom, I start each session with a “briefing” by the teacher to me about the child’s day, in the child’s presence. Then I spend approximately 20 minutes playing with my child patient in the classroom or on the playground. We finish with another briefing, this time with me briefing the teacher about the session. I add frequent – sometimes daily – communications with the parents.

My RNT treatments aim to help the child make sense of his or her world through a particular use of play and language. The play is based on psychoanalytic play therapy and attempts to develop the capacity for pretend play and the capacity to make meaning through elaborating potential symbolic themes. The language makes links between inner motivations – cognitive and affective - and behavior, and uses repetition to keep the elements of meaning in awareness long enough to allow the child to attend to them and begin to reflect on them. In this aspect of the method, the presence of others in the child’s environment is critical. The collaboration of peers, teachers, and parents, is a crucial piece of the work.

In my work with these children, I as the therapist make use of the group of peers and the teachers to elaborate a simple narrative linking behavior to inner affective experience. The chance for multiple iterations of the communication, displaced slightly to other listeners than the target child, allows the child the safety to consider the message without having to shut down his emerging reflective capacity. Often, the peers contribute variations of meaning in their own words as part of the growing meaning. Through these experiences in the classroom, OT and speech studies, and play with parents, the child patient is given an enriched developmental opportunity, with the potential for great therapeutic benefit.

Although Kliman (1970), Lopez and Kliman (1975), and Lopez et al. (1996) report some profound child analytic work during the eight month span of a school year in Reflective Network Therapy, it is not a substitute for years of a full scale child analysis. The short duration of the sessions does not easily allow long evolution and elaboration of symbolic themes. Instead, the analyst prepares a child to think symbolically and teachers

can report back on much response to interpretation after the analyst has left the classroom (Kliman 1970 and the Manual chapter of this book). More traditional methods of play therapy or analysis may become appropriate for the same children at later times in their development. Child psychoanalysis (unlike Reflective Network Therapy) though enormously effective and gratifying to provide, can be available to only a few children because of the high cost of four times a week sessions in the analyst's office plus the additional need of parent meetings. As with varying doses of RNT, the most intensive psychoanalytic treatment has been demonstrated to be more effective than less intensive treatments of severely mentally ill children (Fonagy et al. 1999).

Reflective Network Therapy offers the great advantage of high frequency of sessions in combination with an intense involvement in the fabric of the child's relational and educational life, at a fraction of the cost, and without extracting the child from his or her daily routine. I have succeeded in using it in a normal nursery school, where I bring my patients. Especially in terms of the lesser cost and avoiding the requirement that parents bring the child to and from the therapeutic sessions, RNT takes some of the burden off the shoulders of the parents of these children. The design of the treatment is ideal, in my opinion, for scaffolding a young child's development of competencies such as "mentalization," requirements for healthy functioning. In all these ways and for these reasons, Reflective Network Therapy is a significant contribution to the future practice of child psychotherapy and psychoanalysis

**—ALEXANDRA HARRISON, MD**

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**JAY S. PARNES, Ed.D.** —Dr. Parnes worked closely with Gilbert Kliman as a Senior Administrator for Special Education in the application of Reflective Network Therapy for six years in the San Mateo Unified School District Department of Special Education. Parnes authored the following report as a recommendation of Reflective Network Therapy (then called "Cornerstone") for replication in other special education public school settings.

**Report on the Application of Reflective Network Therapy  
Within a Public School Special Education Department**

**BY JAY S. PARNES**

This is to report that the San Mateo County Office of Education, Special Education programs, has benefited from the services of The Children's Psychological Health Center, specifically its Cornerstone Therapeutic School Project. We have worked together for the past six years. Under the leadership of Gilbert Kliman, M.D., the Center has trained members of our teaching and school psychology staff to carry out a mental health service on our premises. We now have a collaborative project in its sixth year for our special education preschool children with Pervasive Developmental Disorders (PDD) and for those with Serious Emotional Disorders (SED) which interfere with their education. As an alternative to sending children to a private nonpublic special education school for extremely intensive mental health services at significant cost, this project has created and provides just such intensive service within a public preschool special class program at 65 Tower Road, San Mateo.

To my knowledge, among the 30 children served so far under the collaborative project, we are seeing cognitive, social and human gains which have decreased the gap between these children and their typically developing peers. Several families and children are thriving with less intensive special education service or returned to regular education

class. Not only has the family and child suffering been reduced, the burden to taxpayers is also reduced. The children have been able to remain in the community, and some who were functioning as severely autistic and retarded now appear to be developing within a somewhat normal range. We are pleased with the quality of special education services our County provides for preschoolers with PDD or SED. We are also gratified with the research results provided by The Children's Psychological Health Center.

We recommend the Cornerstone project to other school systems, so that they consider it an important opportunity should they be able to collaborate similarly with The Children's Psychological Health Center. At California's common cost of \$15,000 to \$40,000 or more a year, for a special education child who needs full time special education services and auxiliary intensive help, the savings for even one child's 12-year career of intensive services in special education can be substantial. The savings from one of the successes we have seen may equal the costs of the entire Cornerstone project with the 30 children helped so far.

We have not yet seen any failures. The agency is showing measurable cognitive gains for our collaborative work which, according to their research, averages 20 to 28 points in independent WPPSI testing of the children in the Cornerstone program. The techniques are far more economical to use than we have found with the Lovaas method, which we also implement for some students. We have also seen the techniques transmitted to special education teachers as well as inexperienced therapists.

**—JAY S PARNES, Ed.D.**

Senior Administrator, Special Education  
December 3, 2001

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**Alicia Asman Mallo, MD**, child psychiatrist and psychoanalyst, served as the Director of Cornerstone Argentina from 2005 to 2010. As she reports below, her fruitful application of Reflective Network Therapy with severely and pervasively cognitively impaired preschoolers was widely reported by her in lectures given to in many scientific societies and hospitals, supplemented by videography, in order to encourage others to replicate this effective method. Positive mental health gains achieved and documented by Dr. Mallo and her team included a rare IQ rise for a very severely retarded autistic child. [See Research Results and Outcome Data] She also conducted a two-year follow-up with a patient who then appeared to be almost completely recovered from autism; she reported on this and discussed how RNT works at a major Psychoanalytic Conference in Santiago, Chile in 2008.

She writes: "Thanks to the application of psychoanalysis and Reflective Network Therapy, we have consistently been able to obtain a positive outcome."

### **An Application of Psychoanalysis in Preschool Education in Argentina**

**BY ALICIA MALLO-ASMAN, MD**

**Psychoanalyst, Infant and Adolescent Psychiatrist, Full Member of the IPA**

Since April 2004 I have been managing the Cornerstone Argentina interdisciplinary program along lines designed in the United States by Gilbert Kliman, MD, using the method of Reflective Network Therapy. This experience takes place inside a regular school building in Buenos Aires, Argentina. The Cornerstone Argentina project in Buenos Aires is a model application of psychoanalysis responding to a community need: the

treatment of severely disturbed preschoolers by an analytically orchestrated network. The treatment includes a synergistic combination of in-classroom analytic psychotherapy, classroom education, and analytically informed parent guidance and family psychotherapy. Highly disturbed or developmentally delayed preschoolers are generally not adequately treated by education or therapy alone, especially in public educational settings. This project aims to help preschoolers from 2 to 6 years old suffering from severe psychopathologies.

The interventions are based on appropriate psychoanalytically informed knowledge of every child, the group and their families. Our objective is to help the children recognize themselves as individuals within a group and to integrate them into the regular education system. The children from this program join children from other classrooms and share activities such as: cooking, music, self-expression through movement, outdoor play and artistic activities.

The interdisciplinary project requires the intervention of a team that consists of: a head teacher, an assistant teacher, a psychoanalyst, a family psychotherapist and the participations of consultants such as a pediatrician, child neurologist, an educational psychologist, a social worker, a speech therapist and other related specialists. Video-documentation is a regular occurrence. I have been training more than ten Argentine therapists in the method. Argentine newspapers and magazines such as Elle are following the project, which has also received television attention. This type of intervention consists of:

- 1) Psychotherapeutic, educational, and interdisciplinary intervention in a special classroom of a regular nursery school. The intervention is based on the application of the knowledge of psychoanalysis and educational psychology. Individual sessions are held four times a week.
- 2) Gradual child integration within the remaining classrooms, both individually and as a group with an assistant teacher.
- 3) Weekly parent guidance, monthly parent conferences, and family therapy
- 4) Weekly supervision of the team with videotaped material of the children, and interdisciplinary network.
- 5) Consultation with the Medical Director Gilbert Kliman of the Children's Psychological Health centre in San Francisco, USA.
- 6) Making of a life history book for individual children.
- 7) Multi-axial Assessment Scale (CGAS) and educational-psychological follow up with WPPSI and C.A.R.S testing.

**Why at school?** A human being becomes human together with another human being. The natural course is that a child grows up surrounded by other children. Providing a healthy environment and the exchange with other children turns out to be therapeutic and tend to the integration of the child with himself and with the others. Regarding this issue Freud said, "Spending a good deal of time with other children clearly forms part of a child's normal development" in Analysis of a Phobia in a Five-year-old Boy. S. Freud. (1909).

Parents play a leading role in this project, participating in parent guidance sessions and family sessions. The whole early intervention method is tailored to the individuality of each child and his family. Most of the children referred have received the diagnosis of Pervasive Developmental Disorders, autistic spectrum disorder, or PDD NOS. These

psychiatric categories are described in the Diagnostic and Statistical Manual of Mental Disorders DSM-IV. The diagnoses are characterized by severe and pervasive impairment in several areas of development: reciprocal social interaction skills, communication skills, or the presence of stereotyped behavior, interests and activities.

Ten professionals receiving varying degrees of training in Reflective Network Therapy and two teachers were trained.

I have been delivering lectures about Reflective Network Therapy at several scientific institutions, like the Buenos Aires Psychoanalytical Association, the Argentine Pediatrician Society, the Buenos Aires University (Psychology Department), the Argentine Psychiatric Association and several public Hospitals. I also lectured at international scientific events including the International Psychoanalytic Congress in Rio de Janeiro and the Mar del Plata International Psychiatric Congress, both in 2005. I made a film showing follow ups of our patients. With the Reflective Network Therapy team we wrote papers about the development of this method in the culture of Buenos Aires, Argentina. About 450 pages of English publications on Reflective Network Therapy are also being translated into Spanish.

Clinical progress is being documented by CGAS scores and digital video tape recording. Samples of children before and after periods of treatment are available. Several reports have already been made, using such videos and written information to Gilbert Kliman, M.D. The task has been very difficult because the children's disorders are extremely severe. Thanks to the application of psychoanalysis and Reflective Network Therapy, we have consistently been able to obtain a positive outcome. In order to carry out this method properly we found it was very important to work closely and thoughtfully parents as well as with an interdisciplinary team. We supervise the professionals in their classroom and parent guidance work, and confer as a team every week with a deep level of theoretical and clinical discussion.

**—ALICIA MALLO-ASMAN, MD**

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The following remarks by other professionals who have examined the method of Reflective Network Therapy, reviewed the outcome data, and studied videography of individual child patients' psychotherapy sessions conducted in the midst of classroom learning and play activity.

**The method is tested by clinical and psychometric studies:**

"When I first heard Gil Kliman's presentation on this topic at the joint session of the American College Of Psychoanalysts and the Academy of Psychoanalysis meeting in May 2008 in Washington, D.C., I got goose-bumps. Dr. Kliman has creatively taken the application of classical child analysis a giant leap forward. This method helps developmentally challenged young children develop empathy, relate to family and peers, and grow intellectually. This method is time tested by clinical, comparative, and controlled clinical and psychometric studies."

*—David Dean Brockman, MD University of Illinois at Chicago, College of Medicine, Medicine Psychiatry, Emeritus; Editor of the American College of Psychoanalysis Newsletter*

**Daily individualized treatment economically supports cognitive development and emotional health:**



"In a small classroom setting, children have the opportunity for testing out much needed socialization skills, which frees them to grow intellectually, while their emotional needs are so richly tended to via their intensive therapy. This, coupled with the support of sensitive teachers and parents who are daily gaining more insight and receiving the support to nurture their children, makes the method an integrated part of each child's life. It is, indeed, an economical method because children are able to receive daily individualized treatment."

—*Elissa Burien, MA*

**IQ gains are seen in follow-ups, and behavioral impulsiveness is transformed into words and contemplation:**

"I find that Reflective Network Therapy would be applicable in both the public and private preschool settings. It is very helpful that you have very nice follow up on some of the now adults who were preschoolers at the time that you intervened in their lives. The IQ rise that follows upon good treatment of these children by your method is very convincing. It is heartening to see the thoughtful and insightful states of mind developing in children as they feel the impact of the interpretations. I also appreciate the videotaped evidence of this school-based treatment, and how it transforms behavioral impulsiveness into verbalized contemplation. ... I appreciate the meticulous observations that you have recorded and also find it useful that you use a multi-disciplinary team approach, thereby spreading the impact in various disciplines, particularly influencing teachers. It is helpful that you were able to involve the parents intensively and for them to actually be aware of the work as it goes on."

—*Harry Z. Coren, MD, Child and Adolescent Psychiatrist*

**Children are rapidly engaged. Parents see results and gain understanding:**

"I am impressed with how rapidly the children are engaged with the work and how well they respond. The parents are able to see results and better understand both the meaning of the children's behavior and see the interventions that are used. ... Dr. Kliman has developed a very humanistic approach that these children and their families deserve."

—*Nathan Szajnberg, MD, Clinical Professor of Psychiatry, UCSF, San Francisco Psychoanalytic Institute*

**The treatment gave profound help to a child with impulsive aggressive behaviors:**

"Over the past year I have been privileged to see video tapes of this treatment method used to treat a very disturbed four year old boy. When the treatment started, the child was impulsive, aggressive, disorganized and very difficult to handle. As Dr. Kliman worked with him over the months, his play became less disorganized, and he became able to think more clearly and to verbalize his mental state. This change in the child's capacities enabled Dr. Kliman to put even more into words for the child, which helped him with the fears and anxieties that drove his aggressive impulsivity. The help to this child and his family was profound."

—*Janis Baeuerlen, MD Assistant Clinical Professor, Adult and Child Psychoanalysis, University of California, Berkeley; Supervisor, Ann Martin Children's Center; Practice: Child and Adult Psychotherapy and Psychoanalysis*

**Studying the evidence of actual changes in children:**

"After studying parent permitted videotape of Reflective Network Therapy sessions...I wept when I saw videos of actual changes in children, and understood how much good this method was doing."

*–Paul Jay Fink, MD Child and Adolescent Psychiatrist, Clinical Professor of Psychiatry at Temple University School of Medicine; Chair of the American Psychiatric Association’s Task Force on Psychiatric Aspects of Violence, Founder of the Einstein Center for the Study of Violence, et al.*

**The method has a long history of effective treatment service:**

“The Cornerstone Therapeutic Preschool Method [Reflective Network Therapy] has a long history of thoughtful, systematic applications of best knowledge about child development and dynamic theory in establishing a model for early childhood intervention that has primary and secondary preventive effects. It brings together, in a most sensible way, childhood educational and therapeutic synergistic service to preschoolers and individualized assessment and treatment as indicated. For many years it has been an outstanding example of how best knowledge can transcend racial, ethnic, and financial challenges. Therefore, it is a most useful in both public and private preschool settings. I am delighted to recommend The Cornerstone Method Therapeutic Preschool Method [Reflective Network Therapy] enthusiastically.

*–Albert J. Solnit, MD Sterling Professor Emeritus and Senior Research Scientist at the Child Study Center at Yale University School of Medicine (1952-1990), Professor of Child Psychiatry, Pediatrics and Psychiatry; Managing Editor of The Psychoanalytic Study of the Child for 20 years; Elected to the Institute of Medicine of the National Academy of Sciences (1980); Commissioner of the Connecticut State Department of Mental Health and Addiction Services from 1991-2000.*

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## **TRAINING AND CERTIFICATION IN REFLECTIVE NETWORK THERAPY**

Basic Information for Psychotherapists, Educators,  
School Administrators and Graduate Students

**Presentations about Reflective Network Therapy:** Dr. Kliman frequently makes presentations at mental health, educational and scientific meetings, conferences, seminars and workshops; contact Gilbert Kliman, MD to schedule a presentation: 415 292-7119. Public and private schools serving special needs preschool children, which are ready to assemble staff and decision makers to explore replicating the method with the children they serve, will be given priority in Dr. Kliman’s schedule.

**Fast track for Senior Therapist Certification:**

Contact us for information about expediting establishing RNT service in a site where your current pupil-patient population is waiting to be served. Our agency maintains a high quality video conferencing facility. Skype can be used for training. If you have high quality videoconference capability at your end, we can share actual treatment sessions and discuss treatment techniques by interactive video in real time.

**Distance Learning:** Training in Reflective Network Therapy using high quality video conferencing is available for university courses and seminars, mental health agencies and private practitioners. Training in preschool therapy techniques for autistic children, traumatized children, homeless or recently homeless children is available. Consultation

and training in psychological first aid for children and families stricken by disasters is also available.

### **On-site Training for Private and Public Special Needs Preschools**

CPHC provides onsite training, guidance and supervision for mental health professionals; including psychiatrists, psychotherapists, psychologists, social workers, MFTs and teachers; to obtain Certification. Training for certification in the method includes on-site training, distance learning, seminars, presentations, and training DVDs as well as the use of other materials for study. Graduate students can find thesis opportunities with CPHC.

Teacher Training is conducted by CPHC certified senior staff. The training uses The Reflective Network Therapy Manual; selected readings; and videotapes of briefings, debriefings, and full therapy sessions with individual children in the classroom, which illustrate dynamic techniques, children's immediate responses, therapeutic turning points, and long term changes. Additional training is provided by video conferencing. Therapists learn: to attune and focus on a child's interpersonal relationships and communication of here and now play, behavioral and emotional process, and to help the child mentalize that process; to provide clinical leadership of the classroom team; basic concepts, processes and procedures of Reflective Network Therapy.

Senior therapists certified by The Children's Psychological Health Center lead a start-up weekend of training. On the third day, demonstrations are given with actual children in the real-life setting of the new site. A site's teacher is chosen to help do briefings and debriefings, and one of the training therapists does a demonstration with several children for a morning. Discussion is held in the afternoon, based on videotapes of the morning's work. The therapist supports and guides teachers to develop or deepen skills, achieve performance expectations and learn method techniques both explicitly and through modeling. Briefings and debriefings and working in tandem in the classroom provide opportunities for teacher training as do the weekly staff meetings.

Ten videotaped sessions of the senior clinician's own Reflective Network Therapy work is reviewed by an RNT-trained therapist as part of personal supervision. That supervisor certifies whether the work is inclusive of and demonstrates reliable use of the basic techniques of Reflective Network Therapy, including successful use of interpretations and collaborative inclusion of material from teacher briefings. Some supervisory sessions may be facilitated by videoconferencing. Teachers aiming at certification will provide videotapes of their work to their CPHC trainer for review, discussion and guidance. In-classroom video documentation is made at least weekly.

### **Teacher Certification in Reflective Network Therapy:**

Head teachers must be licensed in their state or supervised by a state licensed teacher, and must have training appropriate to the age levels of their pupils. Special Education Certification is desirable for the head teacher. Teachers will study actual treatments by viewing RNT training DVDs and participate in discussion facilitated by the CPHC certified trainer or supervisor. These DVDs demonstrate many aspects of technique essential for carrying out the method. A Teacher must complete at least one semester of supervised practice in an RNT classroom with at least five children, two reaching a planned termination, at least one of the children being female, and at least one child with an autism spectrum disorder or a serious social communication disorder.

Mid-Level or Junior Psychotherapists: Psychotherapists who lack certification in psychoanalysis but have had sufficient relevant experience are often very effective in Reflective Network Therapy. Depending on prior levels of training, the junior and mid-level therapists will require more initial supervision than senior therapists such as

analysts and Board Certified Child psychiatrists. Ideally they will receive at least 20 rather than ten supervised hours.

**Certified Therapists** will regularly provide their RNT supervisors with standardized reports which capture data on child patients.

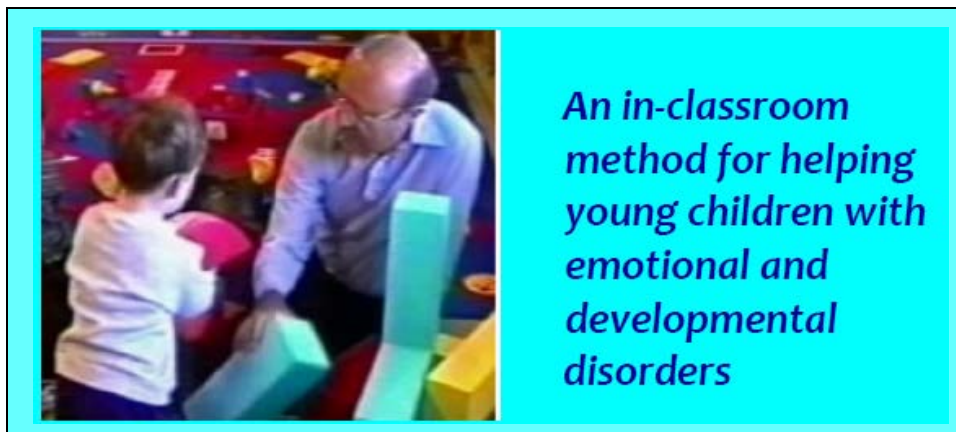
#### **Opportunities for Graduate Students:**

Candidates for voluntary research study include trainees in child psychiatry and psychology and preschool education services. Contact us about our current research projects, thesis opportunities and internship possibilities.

#### **DVDs for Education and Training:**

Our instructional DVDs are videotapes of our work during actual in-classroom Reflective Network Therapy sessions. The DVDs are also permitted for scientific research. This valuable archive of briefings, debriefings, and full therapy sessions with individual children in the classroom illustrates uses of a spectrum of dynamic techniques, children's immediate responses, therapeutic turning points, and long term changes. Hundreds of cross-sectional and longitudinal studies (studies that follow the same child, over time) of emotionally and cognitively-growing RNT-treated children comprise an archive that scholars, teachers, and therapists have parental permission to study. DVDs are selectively made available only to credentialed mental health professionals, qualified educators, supervised interns and qualified advanced students in the mental health field. There is no charge for these DVDs; they are not for sale. They must not be copied or viewed by other persons. A CPHC Confidentiality Agreement to protect the identity of child patients is required.

**Read more about Training and Certification on our website.** Confidentiality Agreements are available for download: [www.childrenspsychological.org](http://www.childrenspsychological.org)



## RESEARCH RESULTS AND OUTCOME DATA

Note that in 2007 we changed the name of our method to Reflective Network Therapy. Previously it was called The Cornerstone Therapeutic Preschool Method or “The Cornerstone Method.” Our accumulated research throughout the method’s long history includes Cornerstone references. Consider the earlier terms to mean Reflective Network Therapy whenever it occurs in our data.

### GRAPHS AND CHARTS CONCERNING OUR RESULTS: IQ RISES INCLUDING IQ RISES IN CHILDREN WITH AUTISM

#### Background and Discussion:

Psychologists have recognized the importance of significant gains among RNT-treated children’s IQ scores, as these measures usually change very little over time. After decades of studying Reflective Network Therapy and its feasibility in various settings, we are convinced that extraordinary IQ gains will continue to be produced by RNT and that and this measure will remain robust in other settings as Reflective Network Therapy is more widely used.

Reflective Network Therapy has passed many scientific evaluation thresholds: manualization, replicability, feasibility in multiple settings (day care, therapeutic nursery, public special education, and homeless shelters), used by many teams other than the original team, use by many therapists other than the original therapist, effectiveness in another language in another culture, blind study, controlled and comparison study. RNT has been delivered very effectively to preschool children with pervasive developmental disorders, as well as to children with other diagnostic categories of serious emotional disturbances. It works in public school special education preschool classes and mental health agencies.

Participants in applying this method and providing IQ and other outcome data include: Arthur Zelman of the Center for Preventive Psychiatry, in White Plains, NY; Miquela Diaz-Hope, PhD in San Mateo, CA; Sandy Ansari, Educational Therapist of the San Diego Psychological Center; Linda Hirshfeld, MA of the Ann Martin Center in Piedmont, CA; Alicia Mallo, MD in Cornerstone Argentina, Buenos Aires; Catherine Henderson PhD and staff at Wellspring Family Services of Seattle; Alexandra Harrison, MD, of Harvard Medical School, Department of Psychiatry and director of an application of RNT services in Cambridge, MA; and, Nancy Blieden, PhD of the Michigan Psychoanalytic Institute.

The first research results presented here are data from a recently completed (2014) Meta-Analysis of a Multi-Site Study of IQ gain in twice-tested children, evaluating data collected over a 40 year span from 8 sources: 79 followed children were treated with Reflective Network Therapy; 63 children were comparison and control patients.

The easily and objectively measured increase in the standardized intelligence quotients of so many RNT-treated children is compelling in its statistical proof of one of the good effects of Reflective Network Therapy. Usually an individual’s IQ test varies by only a few points when it is repeated after a patient is treated by other methods (Siegel 1986). Thus, our results showing IQ growth resulting from treating children with Reflective Network Therapy are generally surprising. But they are even more surprising sources for therapeutic optimism about children with severe developmental disorders on the autism

spectrum. One study discussed in Reflective Network Therapy in the Preschool Classroom (Kliman, G., © 2011) deals with 10 out of 10 such children (an uninterrupted series) all of whom benefited. Our latest multi-site follow-up group of 79 children, including those ten, could simply not be predicted to grow this much in their intelligence. Especially remarkable are the dose-related IQ outcome data, showing the highest amounts of in-classroom treatment sessions are associated with the highest amounts of IQ gain.

The meta-analysis [statistical assembly of an accumulation of comparable studies] of data collected over a forty year span now leads us to state that Reflective Network Therapy is an evidence-based method. Thanks are due to Michael Acree, PhD of San Francisco for this meta-analytic statistical analysis. It shows the results are extremely unlikely to be due to chance. The statistical significance is better than a  $P = .001$  level.

These are highly significant results:

Statistical Meta-Analysis of Full Scale IQ changes in 79 treated versus 63 comparison and control children:  $P < .001$

**–Gilbert Kliman, MD 8/11/2014**



## MULTI-SITE STUDY OF REFLECTIVE NETWORK THERAPY RESULTS: TWICE-TESTED CHILDREN

A) EIGHT RNT PRESCHOOL PROJECTS: SUMMARY AND META-ANALYSIS OF IQ CHANGES			
Project	Description	N of Children Treated	Average WPPSI FSIQ Change
1) Center for Preventive Psychiatry, NY (Cases of Kliman, Stein, Lester, Feinberg and Rosenfield) 1978 report. Most children with pervasive developmental disorders.	Prospective Study 2-5 sessions/wk Preschool RNT	11	11
2) CPP NY (Zelman 1985, 1996, multiple practitioners) Forty percent of children reported to have pervasive developmental disorders	Archival Study Preschool RNT 2-5 sessions/wk	42	12
3) Public School Special Ed Special Day Class, San Mateo. All with pervasive developmental disorders	Diaz Hope prospective Preschool study 1-2 sessions RNT/wk (Teaford MFT intern)	6	15
4) Public School Special Education Special Day Class, San Mateo, all with pervasive developmental disorders	Diaz Hope prospective Preschool study 4 sessions RNT/wk (Kliman)	4	29
5) Oklahoma RNT 2008. Autism spectrum disorder	Fran Morris Preschool Report	1	80
6) SF Bay Area and Cornerstone Argentina 2008. Most with autism spectrum disorders.	Prospective RNT Preschool Report 2-5 sessions/wk	5	15
7) Wellspring Family Service, Seattle 2010. Traumatized children. Half year only	Prospective, Homeless Preschoolers	5	6
8) Walnut Lake Preschool, Michigan, 2013, anxiety disorders and one child on autism spectrum.	Prospective Preschool Report Several Psych interns as therapists 4 sessions/wk	5	13
AVERAGE FSIQ GAIN PER PROJECT			24
AVERAGE FSIQ GAIN for all RNT treated children combined at all eight projects		79 RNT treated children	15

B.) CONTROL AND COMPARISON TREATED AND IQ FOLLOWED CHILDREN			
		N	FSIQ Change
Diaz-Hope Study San Mateo, California, Children on autism spectrum or had PDD	1998 CONTROLS: San Mateo Special Ed PDD, CA. No treatment other than special education in a class of no more than 8 children	6	-2
Diaz-Hope Study San Mateo, California, PTSD	1997 San Francisco Supportive-Expressive CA Shelter Daycare 40 in-classroom sessions. Therapist uses no interpretations.	3	-2
NIMH Supported Project New York Most children with Adjustment Disorder or PTSD	1980 Individual Supportive-Expressive Foster Ch Ages 3-13 received 15 unstructured individual psychotherapy sessions	30	-4

B.) CONTROL AND COMPARISON TREATED AND IQ FOLLOWED CHILDREN			
		N	FSIQ Change
NIMH Supported Project New York, Most children with Adjustment Disorder or PTSD	1980 Individual Supportive-Expressive Foster Ch Ages 3-13 received 40 unstructured individual psychotherapy sessions	15	2
Zelman Archival Report Center for Preventive Psychiatry, New York. Most with pervasive developmental disorders	1970-85 NY Comparison Preschoolers received individual educational psychotherapy	9	4
All Control and Comparison Children from all sites	Pooled Control and Comparison	63	-1

IQ Findings	Source	N	FSIQ Change
All Twice-tested RNT Treated	From all eight IQ reporting projects	79	15
All Control and Comparison Children from all sites	Pooled Control and Comparison	63	-1

Statistical Meta-Analysis of Full Scale IQ changes in 79 treated versus 63 comparison and control children:  $P < .001$

<b>Intervention</b>	<b><i>Criterion: IQ GAINS</i> Does the Method Regularly Produce Major IQ Gains?</b>
<b>Reflective Network Therapy (RNT)</b>	<p>12-28 points IQ rise over 8 months in over 95% of IQ testable children treated, whether autistic or any other diagnostic category.</p> <p>A meta-analysis of a long term multi-site study of twice-tested children with outcome data from 8 service projects (completed in 2014) documents these results:</p> <p>In 8 projects, all but one of the 79 twice-tested children had IQ gains, with an average IQ gain of 15 points.</p> <p>Some of the highest gains were among the 31 autism spectrum patients.</p> <p>Among the 8 sources reporting twice-tested children's outcomes for rises in IQ, the average gain <i>per service project</i> was 24 points.</p>
<b>Pull-Out Psychotherapy in a school setting</b>	Not well studied except by Heinicke for reading ability in older children (post preschool age).
<b>Applied Behavioral Analysis (ABA)</b>	Claims 12-28 points over 36 months, but developmental measures used at baseline and IQ tests at follow-up were not validly comparable.
<b>TEACCH</b>	28 points among several severely retarded autistic children – Duration of treatment not stated.
<b>DIR /Floortime</b>	20% of IQ testable autistic preschoolers have IQ gains

Reflective Network Therapy regularly produces statistically significant IQ gains. Children's IQs rise 12–28 points, whether or not they are autistic in another diagnostic category, and these IQ gains usually occur after 8 months of treatment.

**RNT is manualized with video illustrations keyed to the manual.**

<b>INTERVENTION</b>	<b><i>Criterion: MANUALIZED METHOD</i> Replication Manual</b>	<b><i>Criterion: VIDEO ILLUSTRATIONS</i> Keyed to the Manual</b>
<b>RNT</b> Reflective Network Therapy	<b>Yes</b>	<b>Yes</b>
<b>PULL-OUT</b> Psychotherapy in a school setting	<b>No</b>	<b>No</b>
<b>ABA</b> (Applied Behavioral Analysis)	<b>Yes</b>	<b>No</b>
<b>TEACCH</b>	<b>No</b>	<b>No</b>
<b>DIR /Floortime</b>	<b>No</b>	<b>No</b>

**Children treated with Reflective Network Therapy  
Achieve IQ rises sooner than they do with other methods**

<b>Intervention</b>	<b>Criterion: WHAT IS NEEDED TO RAISE IQ</b> Number of sessions, time and years needed to produce statistically significant IQ gains with treatment of autistic and non autistic children
<b>Reflective Network Therapy (RNT)</b>	90 fifteen-minute sessions produced significant IQ rises. (15-minute sessions twice a week for 45 weeks).  180 fifteen-minute sessions almost double the IQ gains. (15-minute sessions four times a week for 45 weeks).
<b>Pull-Out Psychotherapy in A school setting</b>	50 to 200 one hour sessions a year, usually for two or more years. No IQ effects known.
<b>ABA (Applied Behavioral Analysis)</b>	Eikeseth (2007) used 2,520 hours a year for two years. Percentage of treatable and percentage of IQ testable children is not clear. Comparability of first and second testing is flawed. Non-autistic children are not treated.
<b>TEACCH</b>	Not determined.
<b>DIR /Floortime</b>	20% of 200 autistic children had significant IQ rises with DIR treatment from two to five hours a day, for two to eight years. No data on non-autistic children was reported.

Reflective Network Therapy's IQ gains have been sustained over decades as shown in anecdotal follow-ups. See Dorian Tenore-Bartilucci's video discussion of her personal account of recovery from autism with Gilbert Kliman, MD on the CPHC website: [www.children'spsychological.org](http://www.children'spsychological.org) Learn more by reading her written account for an example of this phenomenon which was documented by periodic testing and follow up over thirty years, in: Reflective Network Therapy in the Preschool Classroom, Chapter 4, Kliman, G., (2011).

<b>History of IQ Changes: Dorian Tenore-Bartilucci</b>			
<b>Test Type</b>	<b>Age</b>	<b>Notes</b>	<b>Full Scale IQ</b>
Untestable	2.75	Severe Autism, with apparent retardation at beginning of treatment.	Untestable
WISC	6		80
WISC	10		100
WISC	12	No symptoms of Autism, Superior IQ	149

Other children treated with RNT have rapid leaps in cognitive development. RNT's averages 14 to 28 points (full scale IQ scores) upon retesting. Dorian's rise from presumed retardation and multiple symptoms of very severe Autism to a full scale IQ score of 149 following early intervention with RNT treatment was an astounding development.

### SUMMARY OF AN AUTISTIC CHILD'S IQ CHANGES: OKLAHOMA CASE

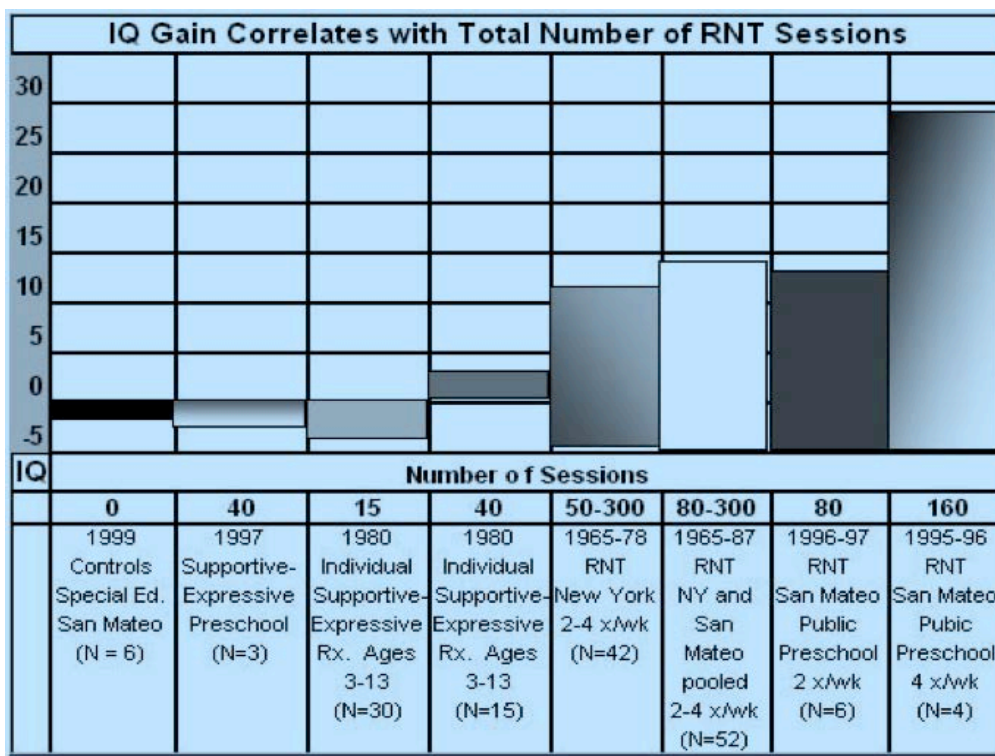
#### Oklahoma Case—Morris and Toussieng's Therapeutic Preschool Service

Test Type	Age	Year	Notes	Full Scale IQ
DOB Jan 14, 1974	0	1974		
WISC-R	4	1981	Severe autistic regression. Referred for treatment	47
WISC-R	5	1982	Marked IQ rise	72
WISC-R	6	1983	Continued IQ rise	91
WAIS-III	24	2001	Continued IQ rise	125

Independent uses of techniques equivalent to Reflective Network Therapy included the remarkable case of a child who started treatment with an IQ of 47 and emerged with an IQ of 125.

### IQ Rises in Children with Autism Spectrum Disorders

The IQ rise benefits of Reflective Network Therapy are particularly significant in light of a large literature showing the stability of IQ. It is not generally found in psychological studies of intelligence that children's IQs change much over time. A recent study of 41 preschool children with cognitive problems, including childhood autism, shows that when treated with "eclectic" means such as medication, behavioral management, and speech therapy, their IQ is stable, and developmental quotient also does not rise (Jonsdottir et al 2006). This contrasts with Reflective Network Therapy outcomes and provides a robust comparison group. IQ gains over time from twice-tested children show the correlation between the number of RNT sessions and rises in IQ, a significant advantage using Reflective Network Therapy with its high frequency of short psychotherapy sessions for each child every school day:



## Prospective Study of Reflective Network Therapy in a Public School

Objective raters (defined as professionals who were not involved in any of the children's treatment) found an average IQ increase of one to two standard deviations. That translates to an increase of 14 to 28 points on full-scale IQ scores. This IQ rise occurred only among children treated with Reflective Network Therapy (RNT). No IQ rise occurred at all among the children with similar disorders treated with other methods and no IQ rise occurred among the untreated control children. All but one of the RNT-treated children (whose IQs were twice-tested) regardless of diagnosis, showed show an IQ rise upon retesting.

PROSPECTIVE STUDY OF REFLECTIVE NETWORK THERAPY IN A PUBLIC SCHOOL SPECIAL EDUCATION CLASS: CORNERSTONE RNT-TREATED, CONTROL AND COMPARISON CHILDREN											
C** = RNT/Cornerstone - Seen four or five times a week by therapist.											
C* = RNT/Cornerstone - Seen once or twice a week by therapist											
C-SA = RNT/Cornerstone Salvation Army Shelter - Non interpretive Therapy 3 to 4 times/week											
SEC = Special Education Control - Untreated											
Site	#	Initial CGAS	2nd CGAS	Initial CGAS score	2nd CGAS score	IQ test (1)	IQ test (2)	Initial IQ	2 <sup>nd</sup> IQ	CGAS Gain	IQ Gain
C**	160	Sep-95	Jun-96	33	58	Aug-95	Apr-99	72	106	25	34
C**	160	Oct-95	Jun-96	34	67	Nov-96	Aug-98	108	131	33	23
C**	100	Sep-95	May-96	54	58	Oct-95	Jul-99	78	117	4	39
C**	150	Sep-95	Jun-96	52	55	Nov-96	Apr-99	65	84	3	19
C*	80	Oct-97	Jun-98	48	71	Oct-97	Jul-98	98	108	23	10
C*	80	Apr-97	Jun-98	54	60	Oct-97	Jul-98	70	87	6	17
C*	80	Mar-97	Jun-98	60	70	Oct-97	Jul-98	69	91	10	22
C*	80	Feb-98	Jun-98	43	79	Aug-98	Feb-99	52	63	36	11
C*	80	Sep-97	Jun-98	50	74	Oct-97	Jul-98	66	79	24	13
C*	80	Jan-98	Jun-98	59	59	Aug-98	Mar-99	87	102	0	15
C-SA	50	Sep-97	Jun-98	81	81	Aug-98	Apr-99	117	102	0	-15
C-SA	50	Sep-97	Jun-98	69	70	Nov-97	Aug-98	115	123	1	8
C-SA	70	Sep-97	Aug-98	61	69	Jan-98	Aug-98	94	95	8	1
SEC	0	Feb-98	Jun-99	48	40	Oct-98	Apr-99	46	45	-8	-1
SEC	0	Oct-98	Jun-99	18	41	Oct-98	Apr-99	80	72	23	-8
SEC	0	May-98	Jun-99	48	46	Oct-98	Apr-99	61	63	-2	2
SEC	0	Oct-98	Jun-99	55	50	Oct-98	Apr-99	128	115	-5	-13
SEC	0	Mar-98	Jun-99	50	49	Oct-98	Apr-99	57	59	-1	2
SEC	0	Nov-98	Jun-99	44	40	Nov-98	Apr-99	54	64	-4	10

# = No. of Sessions    IQ = Full Scale IQ Score    CGAS = Standard measure of children's mental health

**Table 1.1** Prospective study of Reflective Network Therapy in public special education.



## CHARTS AND INFORMATION CONCERNING COST EFFECTIVENESS

### **Cost Effectiveness of Reflective Network Therapy As a Special Education Enhancement in Public Schools**

Reflective Network Therapy has been successfully tested in more highly varied educational and community based group settings than has the Lovaas method using one-on-one behavioral aides. RNT has been tested in public school special education classrooms and preschools, mental health clinics, in private therapeutic preschools, in homeless shelters, in mental health clinics, day care centers and Head Starts and has been successful in another culture.

The most widely used early childhood intervention for special needs children in public schools is the Lovaas method using one-on-one aides in special education classrooms.

Mental health and cognitive gains are produced faster using the RNT than with ABA. The RNT method reduces the treatment timeline and therefore the extension of all costs. Reflective Network Therapy is successful for children on the autism spectrum as well as for children having a full range of emotional and developmental disorders, while Lovaas is primarily viewed as a therapeutic response to ASD. Reflective Network Therapy eliminates the necessity for one-on-one aides in the classroom who have been previously assigned, and accordingly lowers the associated costs. The chart below was carefully researched in 2010 and although the figures used in the cost comparisons are pending an update, the chart still serves as an excellent indicator of the cost effectiveness of Reflective Network Therapy.

Additional Reduction of Expenses for Staff using RNT:

- (1) The RNT method eliminates the costs of pull-out therapy;
- (2) Reflective network therapy achieves results using only 15-20 minutes per classroom day of professional psychoanalytic therapist time with each child patient in the classroom;
- (3) The cost of individual psychoanalytic in-classroom therapy is also included in the calculated cost savings.

Reflective Network Therapy in the preschool classroom makes greater financial sense as a special education enhancement.

Start up costs, including training, for implementing Reflective Network Therapy service in public schools are included in the following charts:



**COMPARING COSTS OF TWO EARLY INTERVENTION METHODS:  
STAFF TIME AND SALARIES FOR SPECIAL EDUCATION ENHANCEMENTS**

Enhancement for eight (8) difficult to educate children (ages two to seven) who have Serious Emotional Disturbances or Pervasive Developmental Disorders including Autism and Asperger's disorder.	
<b>Method 1) ABA</b> Applied Behavioral Analysis  (Autistic and PDD children only)	<b>Method 2) RNT</b> Reflective Network Therapy  (Autistic children, children with other forms of PDD, children with SED)
Requires a full time Aide for each child, added to existing special education classroom costs	Requires one in-classroom therapist added to existing special education classroom costs.
8 full time ABA Aides at the additional cost of 40,000 per Aide  The children may be distributed among various special education classes or may all be in one larger class	50,000 for a half time RNT therapist  The children may be distributed among various special education classes or may all be in one larger class
Total annual additional costs for 8 children's ABA aides = 320,000	Total annual additional costs for 8 children's RNT treatment = 50,000
<b>TOTAL ANNUAL SAVINGS USING RNT RATHER THAN ABA</b>	
Treating 8 children with RNT vs. using ABA: Savings = 270,000	
Treating 80 children with RNT vs. using ABA: Savings = 2,700,000	

**Table 3.2** Comparing Costs of Two Special Education Enhancements

RNT: TYPICAL STAFF TIME PER WEEK AND RELATED COSTS FOR A 45 WEEK SCHOOL YEAR						
HOUR PER WEEK FOR 8 CHILDREN, FIVE DAYS/WEEK	HOURS CLASS TIME	HOURS PARENT CONFERENCES	TEAM MEETINGS	HRS MISC	RECORD KEEPING	HOURS PER WEEK
Head Teacher Already in place at most special education services	31	6	1.5	0.5	1.0	40
Asst. Teacher Already in place at most special education services	38	0	1.5	0	0.5	40
Therapist	13	2	1.5	0	1.5	18
<b>ANNUAL COST FOR RNT THERAPIST</b> After the second year an RNT team with a licensed therapist can be self-supervising.						
If a therapist on staff is deployed for training and use in the RNT classroom			NO ADDITIONAL SALARY EXPENSE			
If a therapist is added to staff			ESTIMATED ANNUAL COST: \$40,500			
<b>Basic Costs for first year, second year and subsequent years: Training and Supervision</b>						
<b>START UP COSTS FIRST YEAR</b> in a school or agency which already employs a suitable therapist who can be trained to perform RNT in the classroom			INITIAL INTENSIVE TRAINING, ONGOING TRAINING AND SUPERVISION IN RNT FOR THERAPIST AND TEACHERS			\$20,000
<b>SECOND YEAR</b>			WITH REDUCED SUPERVISION			\$10,000
<b>SUBSEQUENT YEARS</b>			SELF SUSTAINING: No Additional Costs			N/A
<b>START UP COST PER CHILD:</b>						
1) COST PER CHILD FIRST YEAR: IF A THERAPIST MUST BE HIRED						\$ 7,562
2) COST PER CHILD FIRST YEAR: IF AN EXISTING THERAPIST IS TRAINED						\$ 2,500

Table 3.1 Typical RNT Staff Time and Related Costs per 45 week full day full school year

**Table 3.1** Typical RNT Staff Time and Related Costs per 45 week full day full school year

## FURTHER COMPARISONS OF RNT WITH OTHER METHODS

### COMPARISON OF EARLY INTERVENTION METHODS: FEATURES AND BENEFITS

INTERVENTION		<b>Criterion: INCLUSIVENESS</b> Deliberate inclusion of peers, teachers and parents. Real-life classroom interpersonal relations are a focus.
<b>RNT</b> Reflective Network Therapy	<b>Yes</b>	Inclusion of peers is a vital part of reflective network treatment, and the development of peer to peer empathy is often a powerful component. Parents and teachers are an integral part of the treatment technique, have frequent modeling by the psycho-therapist, and rapidly learn about important communications the child makes during treatment sessions. The psychotherapist has immediacy of observation, and can discuss interpersonal events with a patient and his teacher right as they happen. A treatment session in the classroom has the advantage of real life emotional charge—for example of jealousy, anger, curiosity, love— and allows a no-waiting intervention with the child's defenses and adaptation to the interpersonal processes.
<b>PULL-OUT</b> Psychotherapy in a school setting	<b>No</b>	Privacy from peers is a hallmark of treatment. Parents and teachers are usually isolated from the treatment, in the name of privacy, have little modeling by the psychotherapist, and learn about the child's important themes without immediacy. The psychotherapist in turn does not have simultaneous observation of the child in classroom and is often dealing with peer-relationship events which the child can no longer readily remember or feel are important.
<b>ABA</b> (Applied Behavioral Analysis)	<b>No</b>	A one on one aide tends to make an adult-child dyad, to the exclusion of full peer interaction. High frequency of formal inclusion of teachers, peers and parents in the behavioral modification process is difficult.
<b>TEACCH</b>	<b>Yes</b>	Normal classroom activities are enhanced. Empathy among peers and parent-child dyads is a goal, as is teacher empathy for the child.
<b>DIR /Floortime</b>	<b>No</b>	This therapy of parent and child usually but not necessarily excludes peers and teachers.

INTERVENTION		<b>Criterion: CLINICAL VERSATILITY</b> <b>Versatility Across Diagnostic Categories</b>
<b>RNT</b> Reflective Network Therapy	<b>Yes</b>	Customizable and effective for SED and PDD. Helps autistic children in the entire spectrum from severe to mild. SED includes anxiety disorders, obsessive compulsive disorder, hyperactivity, attention deficit, posttraumatic stress disorders, conduct disturbances and depressive disorders. IQ and CGAS gain effects are regularly found among IQ testable RNT treated children in all diagnostic categories.
<b>PULL-OUT</b> Psychotherapy in a school setting	<b>No</b>	Not useful for most autistic children. Useful with seriously emotionally disturbed children having anxiety disorders. IQ changes amongst pull-out treated children are not currently reported.
<b>ABA</b> (Applied Behavioral Analysis)	<b>Limited</b>	Best with moderate to mildly retarded autistic children. No studies reported with seriously emotionally disturbed children. If used for three years, marked IQ gains are regular with autistic children but baseline measures are flawed.
<b>TEACCH</b>	<b>No</b>	Best with severely mentally retarded autistic children, where a few cases are reported of marked IQ gain.
<b>DIR /Floortime</b>	<b>Not established but thought to be likely</b>	A technique for putting a parent (mostly a mother) in tune with her autistic child, and bringing the child into richer affective contact with her. Very good clinical and cognitive effects on 20% of autistic preschool children. Diagnostic versatility is not established but Kliman thinks it is likely.

TIME AND COSTS TO ACHIEVE IQ AND GLOBAL MENTAL HEALTH GAINS				
INTERVENTION	RNT Reflective Network Therapy	ABA Applied Behavioral Analysis(1)	DIR /Floortime	Intensive Psychoanalytic Pull-Out Psychotherapy**
Number of children systematically studied in best examples of research on the method	69	25	200	763
Number of twice-tested autistic children	33	25	200	Unknown
Number of children twice tested with fully comparable IQ tests used at first and second testing	69	Unknown	Unknown	Unknown
IQ rises significantly among IQ testable autistic children	Yes	Yes	Unknown	Not Tested
Percent of studied IQ testable children with IQ rises	90%	Unknown	20%	N/A
CGAS or equivalent rises regularly with SED or autistic children	Yes	Unknown	Yes for CGAS equivalent. (CGAS not used)	Yes for children with anxiety disorders
Years needed for significant IQ rise among IQ testable autistic children and other IQ testable SED children	1 school year	2 to 4 years with at least 2,520 hours alone in an office with ABA therapist	2 to 8 years	Unknown re IQ gains
Cost for IQ or CGAS effects per child in dollars as a supplement to public special education	6,000 to 12,000	Est. 40,000 to 100,000	Est. 80,000	Est. 80,000 to 160,000
** (1) Eikeseth 2007 included unstated number of Bayley infant intelligence tests to compare with later WISC-R. (2) Target and Fonagy (1996) studied child analyses by retrospective CGAS scoring.				



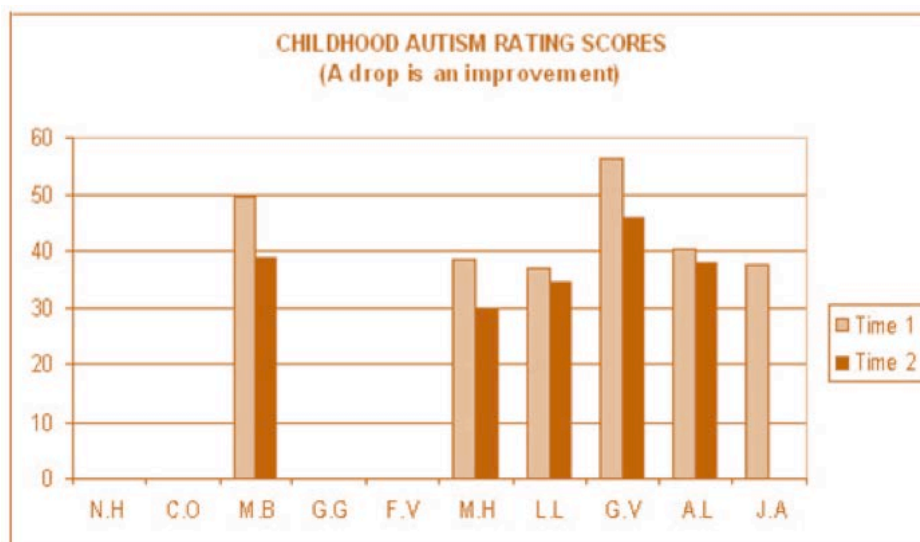
## CORNERSTONE ARGENTINA OUTCOME DATA

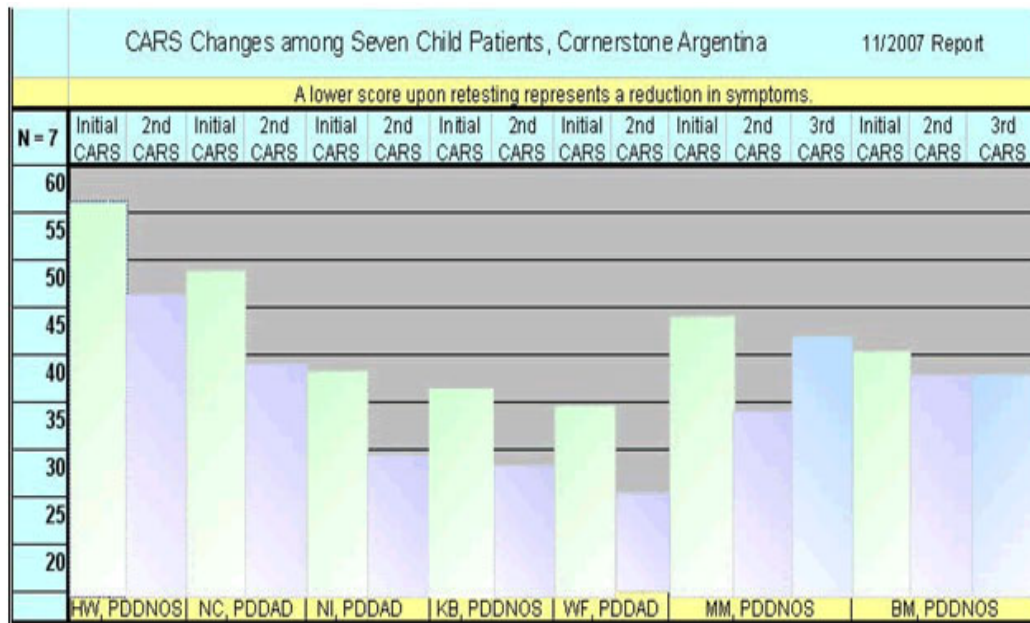


The Childhood Autism Rating Scale was used to test children 2+ years old. Cornerstone Argentina results indicate a consistent reduction of autistic symptoms for children treated using Reflective Network Therapy. Eleven out of twelve children treated at Cornerstone Argentina using Reflective Network Therapy showed significant improvement in emotional health upon retesting. The Childhood Autism Rating Scale was used to test children 2+ years old.

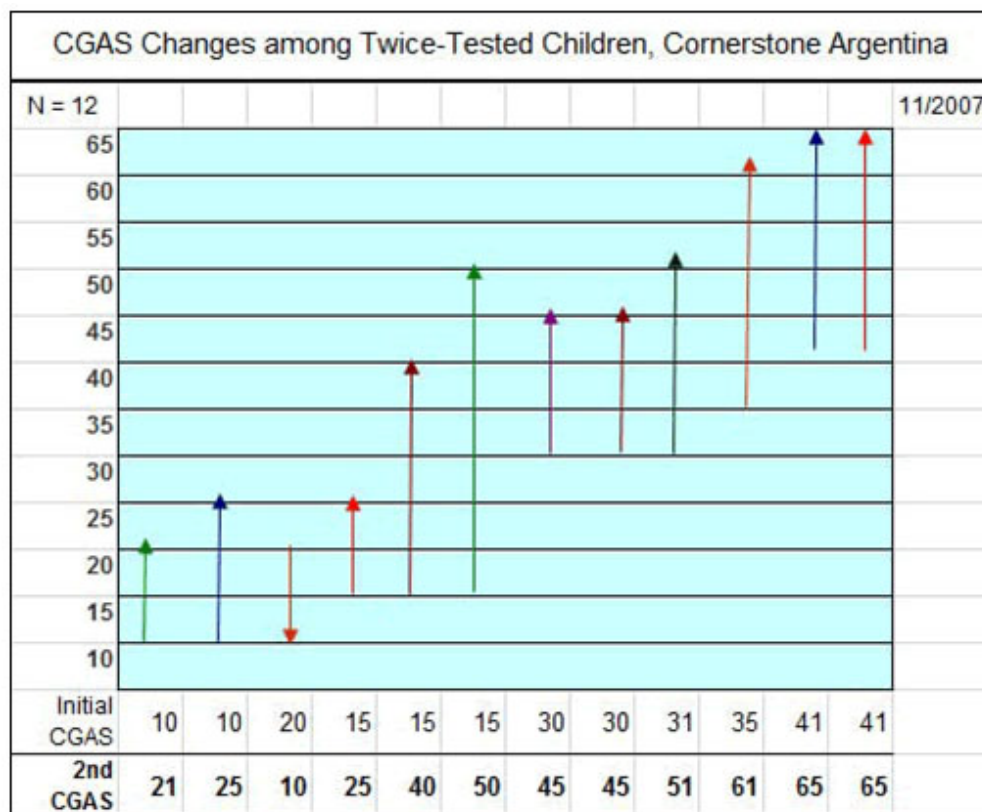
### RNT-Treated Patients, Argentina 2008 classroom group: preliminary data

As is the case with the following grouping, a high proportion of the children treated Alicia Asman-Mallo in Buenos Aires were very severely autistic.





**Cornerstone Argentina results indicate a consistent reduction of autistic symptoms for children treated using Reflective Network Therapy:**

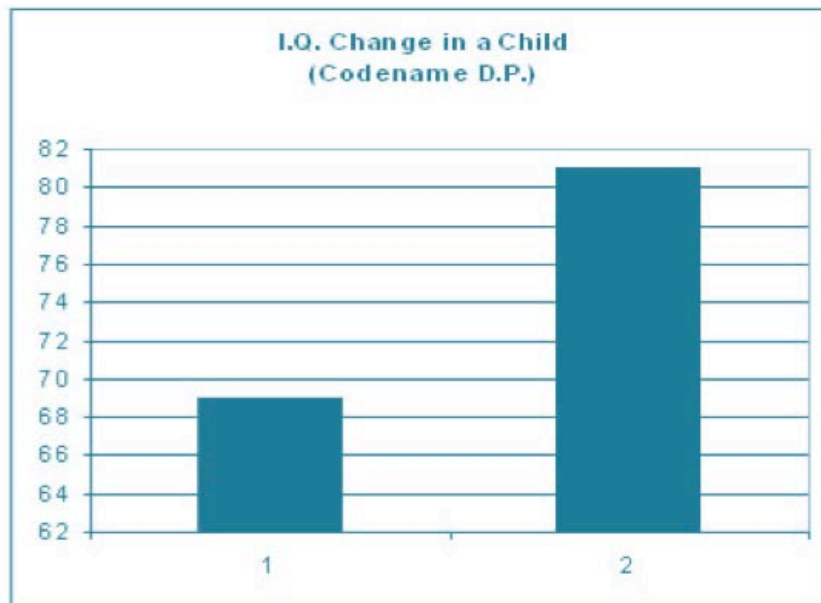


### Cornerstone Argentina Mental Health Improvements - Further Results:



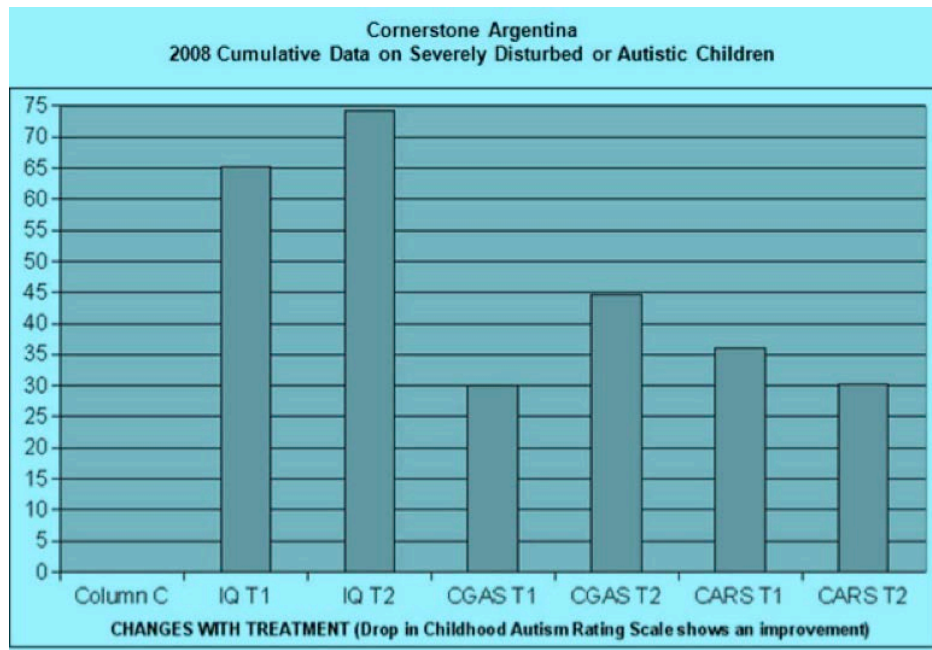
It is rare to see a child with a subnormal IQ climb into the normal range with any other treatment method we know of. This result is showing up in Cornerstone Argentina where most of the children are treated with RNT:

### Mental Health Gains Achieved In One Year (CGAS)





## Cumulative Data: IQ Rises, Mental Health Improvements With Decreases of Autism Symptoms



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### Guided Activity Workbooks for Coping, Learning and Healing

Download workbooks and make up to 100 copies free of charge.

- ❖ The Personal Life History Book for Foster Children
- ❖ Workbooks for children traumatized by Hurricanes, Tornadoes, Earthquakes, Fire or Flood
- ❖ A workbook for children traumatized by School Shootings
- ❖ A workbook for Homeless and Recently Homeless children
- ❖ Workbooks for children traumatized by terrorist attacks or by living in conditions of regional conflict or war.

[www.childrenspsychological.org](http://www.childrenspsychological.org)

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## **Kliman Diagnostic and Therapeutic Preschool Service**

### **Notice of Privacy Practices (NPP) For Protected Health Information**

This notice describes the privacy practices of Kliman Diagnostic and Therapeutic Preschool Service, including how we may properly use Protected Health Information. This notice also describes your rights as well as actions you may choose to take to help ensure your child's privacy.

How Kliman Diagnostic and Therapeutic Preschool Service may use and disclose your child's Protected Health Information we collect at the beginning treatment and discover during the course of treatment:

With permission from the parent or legal guardian, we obtain and study your child's medical records, mental health records and school records. That is protected information. When a child is registered for our services, the parent or guardian provides a great deal of personal and confidential information about the child and the family. That is protected information. It is our practice to use all we learn about the child for the child's benefit. In the natural course of treatment, some of the child's Protected Health Information is necessarily disclosed in accordance with federal and state regulations. Selective disclosures are made in order to advance treatment:

- **Disclosures are made to parents and to others with the parents' written permission.**
- **Disclosures are made to members of the treatment team.**
- **Disclosures necessary for the child's care may be made to those directly involved in the child's care.**
- **Disclosures may be made for follow-up testing, assessments or evaluations.**
- **Disclosures may be made during a consultation with a prior or current mental health professional.**
- **Service disclosures which include protected information are made to insurance companies, Medi-Cal and other parties financially responsible for payment.**

We may also use your child's treatment and outcome data without making any disclosures of any kind for purposes of treatment study, clinical research, education or training. No names and no Protected Information which could identify a child are ever included in work done for these purposes.

#### **SPECIAL SITUATIONS**

**How we may use and disclose Protected Information without your consent, authorization or opportunity to agree or object verbally:**

**As Required By Law:** We will disclose Protected Health Information about you when required to do so by international, federal, state, or local law.

**To Avert Serious Threat to Health or Safety:** We may use and disclose Protected Health Information when necessary to prevent a serious threat to your child's health and safety, the health and safety of another person, or the health and safety of the

public. In doing so, we would only disclose such information to parties able to help prevent the threat.

**To Accomplish Support Tasks:** We may use a company or support staff for billing, transcription, or consultation that would require access to Protected Health Information to perform services. Any such company or person or professional would be bound by a Confidentiality Agreement.

**Abuse, Neglect, and Domestic Violence:** We may disclose private Information to the appropriate authority if, based on our professional judgment, we believe a patient is the victim of abuse, neglect, or domestic violence. We will only make this disclosure when it is required by law or when a parent or guardian agrees to such disclosure.

**Data Breach Notifications:** We may disclose Protected Health Information to provide legally required notices of unauthorized access or disclosure of your Protected Health Information.

**For Lawsuits and Disputes:** We may disclose Protected Health Information in response to a court order, a subpoena, discovery request, or other legal process. Protected Health Information will only be released after efforts have been made to inform you of the request and an order protecting the information has been given. We are also permitted to disclose Protected Health Information to defend ourselves in the event of a lawsuit.

**Coroners, Medical Examiners, and Funeral Directors:** We may release Protected Health Information to coroners, medical examiners, and funeral directors so that they can carry out their duties.

**Other uses of Protected Health Information not covered in this notice or under laws that apply to us will be made only with your written authorization:** If you provide us with your written authorization to use or disclose Protected Health Information, you may revoke that authorization at any time in writing. If you revoke your authorization, we will no longer disclose Protected Health Information permitted by that authorization, but the revocation will not apply to disclosures previously made with your permission.

## **OUR RESPONSIBILITIES**

Kliman Therapeutic Preschool Service is required by law to: Maintain the privacy of Protected Health Information; provide you with this notice of our legal duties and privacy practices with respect to Protected Health Information; and abide by the terms in the notice currently in effect. We are also required provide you with written or other notification in accordance with federal and state law if we discover a breach of unsecured Protected Health Information. In almost five decades of treating more than 1700 children in this country and in other countries, using treatment teams trained and supervised by Kliman Diagnostic and Therapeutic Preschool Service director, Gilbert Kliman, MD, no such breach has ever occurred.

All Kliman Diagnostic and Therapeutic Preschool Service treatment team members are fully trained in our privacy practices, including using systems and taking measures to safeguard written and electronic records and communications containing Protected Health Information.

## **KNOW YOUR RIGHTS:**

**The Right to Request Restrictions:** You have the right to ask us not to disclose any part of your child's Protected Information with certain family members or friends. If you do not want any Protected Information shared with family members who are safely interacting with your child regularly, your request should state the reason for their exclusion. We may want to discuss this with you if your request includes family members who are an important part of your child's support system, as they may benefit from having some Protected Information.

We are not required to agree to a restriction you may request. For example, if your Health Care Provider believes it is in your child's best interest to permit use and disclosure of your Protected Health Information, your child's Protected Health Information will not be restricted. If Kliman Diagnostic and Therapeutic Preschool Service agrees to any restriction you request, we will not use or disclose your child's Protected Information unless that information is needed to provide emergency treatment.

**Right to Ask that Confidential Communications are made in The Way that Works for You:** You may ask Kliman Diagnostic and Therapeutic Preschool Service staff to contact and communicate with you only in certain ways to preserve your privacy. For example, you may prefer that we communicate with you only by phone or, if the matter can wait, by mail. You may not want us to call you at your workplace unless there is an emergency. We are happy to agree to any workable request to communicate with you in a certain way. You may request for us to communicate certain information with you via email messages.

**Right to Summary and Explanation:** At Kliman Diagnostic and Therapeutic Preschool Service, the treating professional will meet with you monthly to provide a timely progress summary and gather your valuable input and insights as we work together on your child's behalf. You have the right to request a written summary of your child's Protected Health Information from our records at reasonable intervals, which is likely to be more useful to you than a copy of the entire record.

**Right to Know about Disclosures of Protected Information:** Technically you may ask for an "accounting of disclosures" at no charge, but this right does not apply to the usual purposes for which Kliman Diagnostic and Therapeutic Preschool Service makes disclosures: disclosures for treatment or payment; disclosures made to you or made with your written permission; and, disclosures to those directly involved in your child's care and treatment.

**Right to Security Concerning Your Genetic Information:** You have the right to be assured that your child's personal Protected Health Information, as defined as Genetic Information in certain cases, not be used or disclosed to health plans for underwriting purposes.

**Right to Request Non-Disclosure of Out-of-Pocket Payments to Your Health Plan:** If you make a payment on time or before receiving services from Kliman Therapeutic Network Services, you have may ask that your Protected Health Information with respect to service is not disclosed to your Health Plan. We will honor your request as long as financial obligations are met.

**Right to an Electronic Copy of Electronic Medical Records:** If your child's Protected Health Information maintained by us is in electronic format, you have the right to request a copy of that information to be given to you or transmitted to another individual or agency in electronic form.

**Right to Request Amendments:** Kliman Diagnostic and Therapeutic Preschool Service cannot change records created by other providers. However, if you believe that there is something significant in your child's cumulative Protected Health Information is wrong, we would appreciate knowing about it. You may ask us to amend a record created by us, kept by us and for our records, which you believe contains an error. A request for amendment must be made in writing. If we agree, we will make the change; if we believe that there is error in our records, we will talk with you about it before we deny any such request.

**Right to Inspect and Copy:** You have the right of access to inspect and copy your child's Protected Health Information that may be used to make decisions regarding your treatment and plan of care. There may be a charge for the costs of copying and resources. In some instances, if we feel there is a good reason, we may not include psychotherapy notes. If that happens, you have the right to appeal the denial of that part of your child's records maintained by us and have our decision reviewed by a licensed healthcare professional not directly related to the denial.

#### **Right to Opt Out of Fundraising Communications**

**Right to Paper Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time, even if you received this notice electronically.

To exercise any of your rights described in this notice, please make a request in writing.

#### **PRIVACY COMPLAINTS**

If you believe your child's privacy or your privacy or any of your rights as described in this notice have been violated, you may file a complaint with Kliman Diagnostic and Therapeutic Preschool Service and/or with the U.S. Department of Health and Human Services Office for Civil Rights. To file a complaint with the U.S. Department of Health and Human Services, you may call 1-877-696-6775 or visit the website of the Office of Civil Rights at: [www.hhs.gov/ocr/privacy](http://www.hhs.gov/ocr/privacy).

#### **You will not be retaliated against for filing a complaint.**

Kliman Diagnostic and Therapeutic Preschool Service may not threaten, intimidate, coerce, harass, discriminate against, or take any other retaliatory action against you or any other person for filing a complaint.

## **GILBERT KLIMAN, MD**

Distinguished Life Fellow of the American Psychiatric Association and Board of Psychiatry and Neurology, Life Fellow and Diplomate of the American Academy of Child and Adolescent Psychiatry, Certified Psychoanalyst for Children, Adolescents and Adults, American Psychoanalytic Association, Diplomate, American College of Forensic Examiners, Fellow American College of Psychoanalysts

## **Curriculum Vitae**

### **EDUCATION AND TRAINING**

<b>1949</b>	B.A. University of Cincinnati, Cincinnati, OH, Phi Beta Kappa Honor Society
<b>1953</b>	M.D. Harvard Medical School, Boston, MA
<b>1953-1954</b>	Medical Internship, University of California Medical Center, San Francisco, CA
<b>1954-1955</b>	Resident in Psychiatry, Cornell Department of Psychiatry, Montrose Veterans Administration Hospital and Payne Whitney Clinic, New York, NY
<b>1955-1957</b>	Military Service, USN, Psychiatrist, Lieutenant, promoted to Lieutenant Commander, Chief of Psychiatry and US Naval Hospital, Bainbridge, MD
<b>1957-1958</b>	Resident in Psychiatry, Bronx Municipal Hospital, Bronx, New York, NY
<b>1958-1960</b>	Interdisciplinary Fellow in Science and Psychiatry and Fellow in Child Psychiatry, Albert Einstein College of Medicine, Bronx, New York, NY
<b>1962</b>	Diplomate in Psychiatry, Certified by American Board of Psychiatry and Neurology
<b>1967</b>	Graduate of Adult and Child Psychoanalysis Programs, New York Psychoanalytic Institute, New York, NY
<b>1968</b>	Diplomate in Child Psychiatry, Adult, Child and Adolescent Analysis Certification by American Psychoanalytic Association, New York, NY
<b>1987</b>	Diplomate, American College of Forensic Examiners

### **PRIMARY AREAS OF EXPERTISE AND CLINICAL RESEARCH**

- Child, Adolescent and Adult Psychiatry
- Neurology, Neuropsychology
- Psychological Trauma, Physical Trauma, Traumatic Brain Injury



- Post Traumatic Stress Disorder
- Childhood Development
- Autism, Atypical Autism, Asperger's Syndrome
- Reflective Network Therapy: A method of inclusive psychoeducational intervention for preschool treatment of ASD, SED, RAD, ADHD, et al.
- Foster Children
- Bereavement Pathology
- Forensic Child Psychiatry: Forensic Expert Witness, Psychiatric Evaluation, Life Care Plans, Psychological Autopsy

## **PROFESSIONAL POSITIONS AND ACTIVITIES**

**1963-1965: Founder, Principal Investigator, Albert Einstein College of Medicine Research Project to study Children's Reactions to Death of a Parent** –Published findings in peer reviewed publication, Ernst Kris Monograph on Trauma, and included a discussion of this work in Psychological Emergencies of Childhood, Kliman, G. (1968), Leo Bellak PhD, Editor. Grune and Stratton, NY

**1965-1978: Founder, The Center for Preventive Psychiatry, White Plains, NY**  
–Collaboratively developed and applied The Cornerstone Therapeutic Preschool Method, aka The Cornerstone Preschool Method and aka Reflective Network Therapy.

**1969-1970: Assistant Clinical Professor, Mount Sinai Medical School, Department of Psychiatry, New York, NY**

**1970: Founder and Director, Preventive Psychiatry Service, Elmhurst General Hospital, Queens, NY** –Supervised fellows and residents providing services to bereaved and other traumatized children.

**1973: Consultant, Children's Television Workshop, New York, NY**

**1979–1985: Principal Investigator, NIMH project funded by NIMH: Preventive Mental Health Services for Children Entering Foster Care —The Center for Preventive Psychiatry in White Plains, NY**

Hypothesis: without a specific methodology beyond supportive psychotherapy, there would be no clinical or IQ gain treating first placement foster children. Scope included 104 children, about half of them given no treatment and half a supportive psychotherapy. Outcome of this project: without a specific methodology for treatment, the control and treated children were not distinguishable. Number of transfers among foster homes was also unchanged by nonspecific psychotherapy. An NIMH monograph was produced from this project.

**1980-1990: Founder, Editor-in-Chief, the Journal of Preventive Psychiatry, a peer-reviewed journal**

**1983–1987: Founder of and Principal Investigator for the Foster Care Study Unit,**

**Columbia University College of Physicians and Surgeons:** Applied a derivative of the Cornerstone Therapeutic Method, developed and tested a manual for preventive psychiatry using that derivative. Designed and directed a controlled study of a method for prevention of the high incidence of “bouncing” in foster children placements, with support from the Daniel and Florence Guggenheim Foundation and the Klingenstein Foundation. Peer-reviewed publications of my work with foster children appear in Zelman, A: Interventions with High Risk Children, Jason Aronson 1997 (Chapter by Kliman on Controlled Assessment of The Personal Life History Book Method for Foster Children). Results are also reported extensively in that book, focusing on the IQ rise phenomenon.

**1985 to Present: Private Practice: Child, Adolescent and Adult Psychiatry and Psychoanalysis**

**1985–1987: Associate Clinical Professor, Columbia University, Department of Child Psychiatry, New York, NY**

**1987–1989: Director, Preventive Psychiatry Services, and Director, Unit for Study of Mass Violence and Genocide, St. Mary's Hospital, San Francisco, CA**

Responsibilities as Director of Preventive Psychiatry Services included creating a symposium on mass violence and genocide. See Pois and Kliman, Eds, 1989, Toward Prevention of Genocide. CPHC Press, San Francisco.

**1989 to Present: Medical Director, The Children's Psychological Trauma Center  
-A division of The Children's Psychological Health Center, San Francisco, CA**

Providing a full range of forensic services including forensic psychiatric evaluations, life care plans, and testimony in depositions and at trial; delegated cases and supervised forensic services provided by staff and associate experts, including reviewing opinions and supporting documents. Personally testified as the expert witness in more than 300 cases, including in more than 100 trials; Helped set legal precedents for the inclusion of psychiatric testimony in matters concerning wrongful death of a parent and loss of parental services, in both New York State and in California.

**1990–1991: Chief Psychiatric Consultant, Children's Garden, a Residential Foster Care Facility consisting of group care cottages and a school, San Rafael, CA**

**1992: Founded: The Children's Psychological Health Center –a California Public Benefit Corporation 501(c)3 Nonprofit Status**

**Mission statement:** The Children's Psychological Health Center (CPHC) is dedicated to healing the hearts and minds of children suffering from autism spectrum disorders, developmental disorders and serious emotional disturbances. We do this through a leading edge treatment called Reflective Network Therapy (RNT) a social network therapy that enlists those closest to the children, including family members, teachers, and therapists as allies in the treatment process. Children are treated in classroom environments and in communities stricken by natural disasters. Children treated by RNT achieve improved mental health, greater

empathic capacity, improved social skills and cognitive gains and are helped to fulfill their human potential.

**1993 to Present: Medical Director, The Children's Psychological Health Center—a California Public Benefit Corporation 501(c)3 Nonprofit Status, San Francisco, CA**

Responsible for standards of research, clinical treatment, clinical supervision, and implementing special projects; reporting directly to the Board of Directors and to the agency's Board of Advisors.

**A BRIEF SUMMARY OF ACTIONS TAKEN TO SUPPORT OUR AGENCY'S MISSION:**

**Research, Development and Applications of Reflective Network Therapy: Designed, conducted and supervised research projects evaluating and quantifying the effectiveness of Reflective Network Therapy (RNT).**

Updated and finalized the manualization of Reflective Network Therapy for therapist-educator teams and service site administrators. Published the data from scientific thresholds crossed with prospective, consecutive, controlled and comparison and replication readiness studies on our website. Participants in applying this method and providing IQ and other outcome data include: Arthur Zelman of the Center for Preventive Psychiatry, (New York), Nancy Blieden PhD of the Michigan Psychoanalytic Institute; Sandy Ansari, Educational Therapist of the San Diego Psychological Center; Catherine Henderson PhD and staff at Wellspring Family Services of Seattle; Linda Hirshfeld, MA of the Ann Martin Center in Piedmont, CA; Alicia Mallo MD of Buenos Aires, Argentina, and Alexandra Harrison, MD, of Harvard Medical School, Department of Psychiatry and director of an application of RNT services at Cambridge-Ellis School in Cambridge, MA.

**Augmented video archives of actual in-classroom psychotherapy sessions using RNT and established a library of training videos:**

Selected a variety of videotapes illustrating RNT techniques, and interaction among child patients, peers, parents, teachers and therapists; and created a DVD library of training videos, parent-permitted with confidentiality agreements for this purpose.

**Established new alliances to support prospective affiliation with therapeutic preschools deemed promising for replication of Reflective Network Therapy.** Tasks have included: formalization of an official training program and training program materials, outreach, presentations and demonstrations, contracting for services, initial and follow-up training and supervision of affiliated site staff, collaboration with peers, psychiatric consultancy, setting standards for outcome data collection, and documenting results.

**CPHC affiliated service sites applying Reflective Network Therapy have included:** The Ann Martin Center, Piedmont, CA; Cornerstone Argentina, Buenos Aires, Argentina; Wellspring Family Services, Seattle, WA; Cambridge-Ellis Preschool, Cambridge, MA; Walnut Lake Preschool, West Bloomfield, MI; and Kiwi Preschool, Santa Rosa, CA.

**CPHC was independently responsible for past delivery of RNT services at the following sites:** Salvation Army Homeless Shelter for Families and Children, San Francisco, San Mateo Office of Education, San Mateo USD, San Mateo, CA, and the Cornerstone Therapeutic School, San Francisco, CA.

**Secured numerous grants; fulfilled objectives for research grants, grants supporting service sites, and grants for public health activities including:** Multiple deployments of a disaster response method and material for treating children traumatized by natural disasters or by living under attack or threat in conditions of war or regional conflict. See also: Public Health Activities

**In 2007, CPHC formally retired the name of “Cornerstone Therapeutic Preschool Method” for our treatment modality, which is known as Reflective Network Therapy.**

**In 2011, Published: Reflective Network Therapy in the Preschool Classroom, Kliman, G. (2011), University Press of America, Lanham, MD.** A comprehensive book about Reflective Network Therapy, including its updated manualization, Reflective Network Therapy: How-To-Do-It for Parents, Teachers and Therapists.

**1996–2002: Trained and supervised therapists applying RNT in a public school in the San Mateo Unified School District, serving seriously disturbed preschoolers in the San Mateo Office of Education.** Supervised clinical treatment, implementation of research standards, and outcome data collection and personally provided in-classroom individual psychotherapy to preschoolers in this milieu four to five days a week for one year.

**1999–2003: Founded and directed The Cornerstone Therapeutic Preschool, San Francisco, CA.** Conducted and supervised evaluations, treatment, research, and documentation of outcome data, 1987 and 1988.

**2004: Cornerstone Argentina, CPHC affiliated service site:**

Together with the International Psychoanalytic Association, helped organize, establish and supervise a therapeutic preschool project in Buenos Aires, “Cornerstone Argentina” treating severely disturbed and impoverished preschoolers. From 2005 to 2010, Alicia Asman Mallo, MD served as the Director of Cornerstone Argentina. Many of the children served at Cornerstone Argentina were severely autistic and as a consequence presented with mental retardation. Her work using Reflective Network Therapy produced significant positive test results, including a rare IQ rise for a very severely retarded child.

**2005: Ann Martin Center, CPHC affiliated service site:**

Helped organize, establish and supervise a therapeutic project in Piedmont California, at the nonprofit Ann Martin Center in Piedmont, California for school based psychotherapy using RNT in Ann Martin Center’s “Cornerstone Therapeutic Playgroup.” Linda Hirshfeld, PhD, an experienced and highly skilled RNT practitioner, continues to document consistently strong results for both cognitive and clinical improvements, including IQ rises, among the children she treats at this prestigious school.

**2007: Wellspring Family Services, CPHC affiliated service site:**

Helped establish a Reflective Network Therapy service for recently homeless, disturbed preschoolers at Wellspring Family Services, (formerly King County Family Services), in Seattle, WA. Conducted a four-day training intensive in that method for staff and created an organizational link between Wellspring and CPHC in order to continue training, supervision, and follow the children served for outcome data. Activated Reflective Network Therapy services for preschoolers at Wellspring in 2008; provided training, supervision and consultation services in person, using video conferencing, and by phone. Created a program enrichment tool by adapting CPHC'S manualized PLHB method to a new guided activity workbook designed for therapeutic use with homeless and recently homeless children.

**2008: Cambridge-Ellis School, CPHC affiliated service site:**

Alexandra Harrison, MD, assistant professor of psychiatry at Harvard Medical School began using Reflective Network Therapy in an innovative project at the Cambridge-Ellis Preschool in Cambridge, MA. Dr. Harrison has since published RNT case examples and presented RNT work at professional meetings in New York and Edinburgh, and authored the introduction to my book about the method, (Kliman, G. 2011)

**2012: Walnut Lake School, CPHC affiliated service site:**

Collaborated with Michigan Psychoanalytic Institute's therapeutic Walnut Lake Preschool in West Bloomfield, Michigan to establish a Reflective Network Therapy service, and collaborated with Dr. Alexandra Harrison to do the same in the Cambridge-Ellis Preschool. Nancy Bleiden, PhD, a clinical psychologist is leading the replication of RNT at the Walnut Lake School. Alexandra Harrison, MD continues to lead the replication at Cambridge-Ellis Preschool. Both sites serve autistic as well as traumatized preschoolers.

**2014: Walnut Lake Preschool, CPHC affiliated service site progress:**

Strong IQ gains and global mental health improvements are being reported. At least half a dozen psychology interns are being trained in RNT. Under Nancy Blieden PhD's leadership, up to eight children are being treated using RNT for children with serious emotional disorders. The educational director, Cathy Rozenberg has become expert in the educational synergy at the heart of RNT. Training publications and training videos are being developed. A presentation was given to the American Psychoanalytic Association, June 6, 2014.

**2014: CPHC established a new affiliated service site for delivery of RNT in a private Kiwi Preschool in Santa Rosa under my leadership, contracting to serve special needs children. (September, 2014)**

This service site is in planning and negotiations for its eventual evolution into the Kliman Reflective Network Therapy Preschool (upon the retirement of the current director of Kiwi Preschool). The service site will then better serve both the children and professionals as a demonstration laboratory to assist with training new teams in the methodology for further replication applications in Sonoma County.

**Presentation to the Sonoma County Board of Education, Special Education Division staff (September, 2014)** Described the feasibility of using this private model as a community-based public health delivery system for special needs children in public

school special education classrooms, noting the successful six year project in San Mateo USD where we had applied and proven that concept.

## **PUBLIC HEALTH ACTIVITIES**

**1993 Public Health Response to Firestorms in California:** In response to the mental health needs of children and families following recent massive firestorms, enlisted help from United Way to print and distribute 10,000 copies of *My Fire Story -- a Guided Activity Workbook for Children, Families and Teachers*.

**1998 Therapeutic Pilot Project at the Salvation Army Shelter for Homeless Families, San Francisco, CA with Wright Institute Agreement for Clinical Research Assistants:**

Established a Cornerstone Therapeutic Nursery, serving seven homeless families with preschool children in the Salvation Army Shelter (January, 1998). Wright Institute provided a psychology intern to conduct the treatment under training and supervision. The California School of Professional Psychology assigned a doctoral thesis candidate to study the I.Q. rise phenomenon previously documented in our therapies. Provided weekly supervision of the intern and the doctoral candidate; unedited videotapes of this project are available to scientists and educators with a confidentiality agreement.

**2001-2002 Responded to the September 11, 2001 attack on America with a variety of public health/public education activities:**

- Seminar for Parents on Crisis Management following 9/11: Convent of Sacred Heart Elementary School Seminar for Teachers on Crisis Management following 9/11: Stuart Hall and Convent of Sacred Heart Elementary Schools.
- Federal Emergency Management Agency: website linkage for CPHC's advice to parents and teachers.
- American Psychoanalytic Association: Website linkage for free copies of psychoanalytically informed guided activity workbooks for children, parents and teachers.
- Gave three television interviews on primary prevention of the effects of psychological trauma and terror, ( San Francisco Channel 11).
- Gave three television interviews on secondary prevention via early life psychiatric treatment of children, San Francisco Channel 11.
- The State of Iowa purchased rights to reproduce 10,000 copies of *My Book about The Attack on America - a Guided Activity Workbook for Children, Families and Teachers*", published in 2001.

**2005 Therapeutic Disaster Response Services:** Collaborated with Mercy Corps and the Children's Psychological Health Center to produce a mental health resource following the hurricane disasters of 2005. Mercy Corps is distributed about 20,000 copies of our guided activity workbook: *My Katrina and Rita Story*.

**2008 Therapeutic Disaster Response Services following the Sichuan earthquake disaster of (May 12, 2008):** Immediately established links among The Children's Psychological Health Center, Inc., Mercy Corps and The China America Psychoanalytic Alliance. Created mental health resources which were licensed for mass distribution in



China by Mercy Corps; provided video conference consultation to responders helping traumatized children in China; see Publications.

**2008: Disaster Response Services to Earthquake in Haiti:** Immediately mobilized to respond after the hurricane of September, 2008 devastated the land, infrastructure, and people of Haiti in every conceivable respect. Intensive collaboration with Mercy Corps and The Massachusetts School of Professional Psychology enabled CPHC to rapidly produce a culturally informed mental health resource for traumatized children in three languages: *My Personal Story about the Earthquake in Haiti* was published in Creole, French and English and distributed by Mercy Corps.

**2008: Assisted with founding a new non-profit organization called Teach with Africa.** Member of the Teach Africa Board of Directors.

**2011: Published Reflective Network Therapy work with 1700 preschool patients in book form, *Reflective Network Therapy in The Preschool Classroom*, Kliman G. (2011),** University Press of America. Since that publication, CPHC has filled requests to help establish and provide training and consultancy services for three additional affiliated service sites for delivery of Reflective Network Therapy to special needs preschool children.

**2012: Led a forensic team in Does vs. Bradley, Beebe Hospital and the Delaware Medical Society:** (In October and November of, 2012) on behalf of 900 plaintiff babies, toddlers and children, culminated in a \$123,000,000 settlement for the allegedly molested plaintiffs. The case was unique in that the horrific acts of a pediatrician (now jailed for several lifetime sentences) were recorded by the perpetrator with 100 of his baby and toddler victims. Extensive interviewing of the youngsters, and considerations of modern neuroscience literature on the dysregulating effects of infantile trauma helped make the case a precedent-setter.

**2012: Addressed the California Judiciary Committee:** Presented facts and opinion in support of the public health benefit of extending California's statute of limitation for sexual abuse victims. Video: "Gilbert Kliman, MD speaks in front of the California Judiciary Committee" April 24, 2012 [posted on You Tube]

**2012 and 2013: Forensic Project to assess the validity of claims about girls having been raped in Haitian displaced person camps:**

**October, 2012:** Interviewed several hundred parents in assembled groups in refugee camps in a mass meeting and individual parents from other camps; to assess the extent of child rape further, on October 21-22, G. Kliman met with assemblies of about 200 people each day in Camp Haiti-Block. At those meetings, 33 girls publicly described their rapes and suffering, and many identified their alleged assailants.

**October, 2012 and January, 2013:** Interviewed seven children from multiple camps (aged 2-18 years), some with their parents. These were detailed videotaped forensic interviews, using Raskin's (2000) criteria,[2] G. Kliman, a forensic child psychiatrist, concluded that the complaints were probably authentic.

## **PUBLIC HEALTH EDUCATION UTILIZING BROADCAST MEDIA**

Participated in more than 50 television appearances and radio broadcasts. Subjects discussed have included: the effects on the general population and children in response to stressful events: presidential assassination, psychological trauma, childhood sexual abuse; the Columbine school shootings, the Challenger space shuttle disaster; terrorism and the 9/11/2001 attack, and mass disasters. Also discussed were childhood development and family mental health.

Public media venues included: Barbara Walters, Straight Talk, The Today Show, 20/20, PBS, KRON-TV, KFAS, KQED, and Channel II, San Francisco (Fox News).

### **Details concerning a selected sampling of broadcast public media appearances:**

Following the October 17, 1989 Loma Prieta earthquake, Dr. Kliman and his Psychological Trauma Center associates appeared on KRON-TV, KFAS, KQED and public service radio network to offer advice and respond to call-in questions regarding earthquake stress and trauma. His *Earthquake Story* guided workbook (see above) was distributed as a public service by San Francisco Community Mental Health Services and the Oakland Bureau of Education to 11,000 teachers in Oakland and San Francisco.

Extensively interviewed by CBS Dallas TV regarding psychiatric testimony concerning eleven altar boys, testimony; the trial result was a record-making jury verdict against the Archdiocese of Dallas.

Interviewed by Channel Four anchorwoman, Linda Yee concerning our Salvation Army pilot project of delivering in-classroom psychoanalytic psychotherapy to homeless preschoolers and toddlers. A videotape of the Cornerstone project was shown on the Channel II, Five O'Clock News.

Interviewed by KGO TV, including: regarding my forensic testimony concerning a Stanford football player who had allegedly become a child molester.

Interviewed by Channel 12/20 following coverage of the Lewinsky-Clinton matter, concerning psychoanalytic views of leaders having exceptional sexual access to partners and the risk of a position of power overcoming the judgments of such leaders.

Interviewed by Channel II News in 2001 after the World Trade Building terrorism, and appeared on five occasions thereafter, through 2003, concerning the Afghanistan and Iraq wars.

Discussant with U.N. Secretary General Olaru Otonu, featured on Dhubai Business TV in May of 2003, concerning the plight of children in war.

## **PUBLIC EDUCATION, PRINT MEDIA**

Concerning public health aspects of psychological trauma: quoted and/or featured in cover stories and feature articles in *The New York Times Magazine Section*, *Family Health*, and *Parents Magazine*

Professional publications include books and peer-reviewed medical journal articles on mass disasters.

## **PUBLIC HEALTH EDUCATION CONCERNING PUBLIC HEALTH ISSUES AS A PRESENTER**

Frequent speaker at public health organizations concerning traumatic deaths, family stressors and foster care. See also: Presentations, Seminars and Workshops  
Clinical and Scientific Video Documentary

## **THESIS CHAIR ACTIVITIES**

- 1998** Chairperson, Thesis Committee, California School of Professional Psychology, for Thesis of E. Wayrynen, M.A. concerning "Oppositional Behavior Following Childhood Sexual Abuse."
- 1999** Chairperson, Thesis Committee, Wright Institute, for Thesis of Miquela Diaz Hope, Ph.D. on IQ and CGAS changes following in-classroom psychotherapy and control group.
- 2001** Chairperson, Thesis Committee, Pacific Graduate School of Psychology, for Tina Scovis-Weston, Ph.D., on Early Memory Changes among Twelve Boys Raped by Men.

## **PROFESSIONAL ASSOCIATION COMMITTEE WORK**

### **Committee on Psychoanalysis and the Law**

### **Committee on Education and Psychoanalysis Chairperson, Forensic Subcommittee of San Francisco Psychoanalytic Institute, (1993–1996)**

Established liaison with San Francisco Bar Association for a series of Continuing Legal Education Credit seminars presented by a panel of psychoanalysts. Topics presented by G. Kliman, 1993-1994: "Post Traumatic Stress Disorder," "Prevention of Stress in the Workplace," and "Prevention of Depressive Reactions during Legal Practice."

Place: San Francisco Bar Association

## **RECENT TEACHING**

**Faculty Member: San Francisco Psychoanalytic Institute:** Conducted eight 90-minute seminars on *Pathogenesis in Early Childhood, with Focus on Psychological Trauma*, a course for Candidates in the Child Analysis Program

**See also:** Grand Rounds, in Presentations, Seminars and Workshops.

**Faculty Member: St. Louis Psychoanalytic Institute:** Teaching a course on oedipal stage of child development.

## **AWARDS AND RECOGNITION**

**Parisian Psychoanalytic Society and the American College of Psychoanalysts  
Award for Lifetime Professional Leadership in Treatment of Autistic and Other  
Preschoolers (May, 2014)**

**David Dean Brockman Award (2009)** Awarded by the American College of Psychoanalysts for lifelong contributions and leadership in psychoanalysis.

**First Speaker Honor at the First Joint Scientific Meeting of the American College of Psychoanalysts and the American Academy of Psychoanalysis and Psychodynamic Psychiatry:** Presented a lecture on "A Unifying Theory of PTSD" and supplemented the presentation with video of Reflective Network Therapy sessions. (2008)

**International Society of Hypnosis Research Award:** for A Study of Psychological Defenses Used In Visual Perception in Hypnotic and Control States.

**Janusz Korczak International Literary Prize:** First place, International Literary Prize, including an award of one thousand dollars, for "World's Best Book Concerning the Well-Being of Children" – Awarded to Gilbert Kliman and Albert Rosenfeld, co-authors *Responsible Parenthood*, published in 1980 by Holt, Rinehart and Winston, New York.

## **PROFESSIONAL ASSOCIATIONS**

- ❖ American Academy of Child and Adolescent Psychiatry
- ❖ American Association for Child Psychoanalysis
- ❖ American Psychoanalytic Association
- ❖ American Psychiatric Association
- ❖ San Francisco Center for Psychoanalysis
- ❖ The New York Psychoanalytic Society & Institute
- ❖ The Psychoanalytic Institute of Northern California

## **GRANTS AWARDED**

**Thirty-two grants awarded by charitable foundations awarded to Gilbert Kliman as Principal Investigator for Research and Service in Preventive Psychiatry:**

The Aaron Norman Foundation, American Chai Trust, George Barrie Foundation, Bydale Foundation, Cheesborough Pond's Inc., Ciba-Giegy Corporation, Julius H. & Bessie R. Cohn Foundation, David and Ruth Kosh Foundation, James MacDonald Foundation, Estate of Florence Mascias, Birny Mason Foundation, The Charles and Emma Goldmann Foundation, The Haas Foundation, The Savin Corporation, The Harris Foundation, The Abelard Foundation, AMF Corporation, CNA Financial Corporation, D. & R. Gottesman Foundation, Stella & Charles Guttman Foundation, Longhill Charities, Virginia & Leonard Marx Foundation, The Klingenstein Foundation, The Lavanburg-Corner House

Foundation, Herman Muehlstein Foundation, Nestle Corporation, Louise Ottinger Charitable Trust, Pettus Crowe Foundation, Edward & Ellen Roche Relief

Additional Grant Support for development of nonmedical psychoeducational early childhood intervention; for serving children with ASD and SED in Public School Special Education service using Reflective Network Therapy; for support of replications of Reflective Network Therapy (previously The Cornerstone Therapeutic Preschool Method) for clinical research projects; and for applications of the Reflective Network Therapy derivative: the Personal Life History Book Method (PLHB) for providing immediate psychological help to children traumatized by major disasters:

Grants awarded by The Cleveland Foundation and The Van Ameringen Foundation to Gilbert Kliman as Principal Investigator for a project to develop nonmedical training in Early Childhood Psychotherapy

Grant awarded by The National Institute of Mental Health (NIMH grant # RO1 MH 27944), and The Harris Foundation to Gilbert Kliman as Principal Investigator for Research in Assessment of Preventive Clinical Interventions with Children Entering Foster Family Care

Seven foundation grants awarded to Gilbert Kliman, MD, as Principal Investigator of The Columbia University Foster Care Study Unit, for Development of Preventive Interventions with Foster Children: The Daniel and Florence Guggenheim Foundation, The Dreyfus Foundation, The Seth Sprague Foundation, The Gralnick Foundation, The Harris Foundation, U.S. Trust, and The Scheuer Family Foundation.

Grants awarded by The Boehm Foundation to Gilbert Kliman as Principal Investigator for Research in the Etiology of Early Childhood Psychosis; and by The Hecksher Foundation for equipment for Preschool Therapeutic Services

**1996–2002** Six foundation grants awarded to Gilbert Kliman, MD as Principal Investigator for the Cornerstone Therapeutic Nursery project, treating preschool children with ASD and SED using RNT in-classroom intervention in the San Mateo Office of Education: The Sophie Murvis Foundation, The Windholz Foundation, The Atkinson, Cadence Corporation, Irving Harris Foundation and The Stullsaft Foundations have awarded grants to Dr. Kliman as principal investigator for his Cornerstone Therapeutic Nursery project, serving seriously disturbed preschoolers in the San Mateo Office of Education.

**1996–2005** Support and recognition from The Office of Education, Division of Special Education, San Mateo County, California for therapeutic services for disturbed preschool aged children in public school special education.

**1996:** The Windholz Foundation, for video documentation of an experimental project concerning treatment of disturbed and traumatized preschool patients in a public education special education division.

**1999:** Morris Stulsaft Foundation, for establishing a video-recording facility to document treatment in The Cornerstone Therapeutic School (a preschool application of Reflective Network Therapy)

**1999-2001** The Cadence Corporation, for early childhood treatment services

**2002–2003:** The Five Bridges Foundation, for development of the Cornerstone Therapeutic Preschool in San Francisco, CA

**2000–2001:** The Harris Foundation, for Cornerstone Therapeutic School, San Francisco, CA

**2001:** Funding and Recognition by the State of California: In 2001, Department of Education, Division of Special Education certified our agency's Cornerstone Therapeutic School in San Francisco as a nonpublic special education school, allowing public entities to fund the school by contracts with Unified School Districts.

**2001:** The San Francisco Day Care Corporation, for Cornerstone Therapeutic School

**2001:** The Sophie Murvis Foundation: for Training of Teachers and Therapists in the Cornerstone Method, San Francisco, CA.

**2005:** Mercy Corps grant for creation of *My Personal Story about Hurricanes Katrina and Rita* for children traumatized by natural disaster.

**2005:** The Sophie Murvis Foundation grant for Training of Teachers and Therapists in the Cornerstone Method, now known as Reflective Network Therapy.

**2008:** Mercy Corps grant for creation of *My Sichuan Earthquake Story* for children traumatized by natural disaster and collaboration to produce a Mandarin edition.

**2013:** The Windholz Foundation as Principal Investigator from The Windholz Foundation for developing and pilot testing the coding of videotaped archives of RNT treatment. Tapes are electronically sliced in 30 second segments by 150 criteria ultimately to be correlated with cognitive outcomes. Ten coders are being developed.

## **PRESENTATIONS, SEMINARS AND WORKSHOPS**

01. "Specific Traumas: Selective Review of Literature," presented at the Ernst Kris Study Group, New York Psychoanalytic Institute, New York, 1965.
02. "Psychoanalysis of a Four-Year-Old in a Preschool Group," presented at the American Psychoanalytic Association, Atlantic City, New Jersey, May, 1966.
03. "Covert Suicidal Impulses in Maternally Deprived Children" (with Harriet Lubin, MSW), presented at the American Association of Psychiatric Services for Children, Boston, Massachusetts, November, 1969.
04. "Children's Reactions to National Events: The 1968 Federal Elections," presented at the American Orthopsychiatric Association, Washington, D.C., 1969.



05. "Facilitation of Mourning During Childhood," Chicago Psychoanalytic Institute, May 1973.
06. "Preventive Approaches to Preschool Psychiatric Disorders: Some Assessments," presented at the Academy of Child Psychiatry, Washington, D.C., October, 1973.
07. "Biological Drive Derivative Cycles in Preschool Patients," presented at the New York Psychoanalytic Institute Research Seminar, 1974.
08. "Children in National Disasters," presented at the International Association for Child Psychiatry, Philadelphia, Pennsylvania, 1974.
09. "Childhood Mourning: Some Social Aspects," presented at Yeshiva University, New York, October, 1974.
10. "The Center for Preventive Psychiatry's Interventions with Bereaved Children," presented at the second annual conference on "The Impact of Bereavement and Grief on the Family," Yeshiva University, October 15, 1975.
11. "Death: Implication for Psychoanalytic Theory and Practice," presented at The Association for Psychoanalytic Medicine, New York, 1977.
12. "A Psychoanalytic View of an Ancient Mass Disaster: The Mayan Exodus," The Center for Preventive Psychiatry, 1977.
13. "A Psychoanalytic View of Preventive Psychiatry," presented at Stockbridge, Mass., December, 1977.
14. "The Self-Concept and Healthy Narcissism: Relevance to Preventive Psychiatry," presented at the Westchester Psychoanalytic Society, White Plains, New York, 1978.
15. "Special Problems of the Single Parent Child," presented at Department of Child Psychiatry, Rutgers Medical School and published by Jason Aronson Psychotherapy Tape Library, New York, 1978.
16. "The Self-Concept: Its Significance in Prevention of Mental Illness," presented at The Alumni Association of the Chicago Psychoanalytic Institute, Child Psychotherapy Program, Chicago, 1978.
17. "Treatment of an Impoverished Intellectually Retarded Ghetto Child by the Cornerstone Method" (with Thomas Lopez, Ph.D.), presented at the American Psychoanalytic Association, New York, 1979.
18. "Preventive Approaches Among Foster Children Using Modern Theory of Narcissism," presented at The Department of Psychiatry, Mountainside Hospital, Symposium on Primary Prevention of the Mental and Behavioral Disorders, Mountainside, NJ, 1979.
19. "The Center for Preventive Psychiatry: Its Relationship to Infant Psychiatry," at the Symposium on Infant Psychiatry, The Center for Preventive Psychiatry, White Plains, New York, 1979.
20. "Mourning, Memory and Reconstruction," presented at The Westchester Psychoanalytic Association, White Plains, New York, 1980.
21. "Preliminary Report on Preventive Psychiatric Services for Foster Children," presented at American Association of Psychiatric Services for Children, 1980.
22. "Assessment of Primary Preventive Services: Children Entering Foster Family Care," presented at American Orthopsychiatric Association, May, 1981.
23. "Psychoanalytically-Based Approaches to the Problems of Foster Care: A Pilot Project," presented at the American Psychoanalytic Association Interdisciplinary Seminar on Psychoanalytic Observations of Foster Care, New York, December, 1978. See also: report of this Seminar by Lopez, T.: "Psychoanalytic Observations of

- Foster Care (An Interdisciplinary Seminar of the American Psychoanalytic Association)." *The Journal of Preventive Psychiatry*, Volume I:1, 1981.
24. "A Project to Deliver and Evaluate Preventive Psychiatric Services," Columbia College of Physicians & Surgeons, Division of Child Psychiatry Grand Rounds, May, 1982.
  25. "New Concepts in Litigation on Behalf of Children," presented at New York Medical College, October, 1982.
  26. "Cruel Experiments of Nature: General Remarks on Childhood Bereavement and Developmental Pathology." Vulnerable Child Workshop, American Psychoanalytic Association, April, 1983.
  27. "Facilitation of Mourning During Childhood: Role of The Clinician," presented at New York Hospital, Westchester Division, October, 1983.
  28. "A Questionnaire for Surveying the Practice of Preventive Psychiatry," presented at the American Academy of Child Psychiatry, Prevention Committee, October, 1983.
  29. "Experiences and Problems in Research Concerning Childhood Bereavement," The Department of Psychiatry, University of Ottawa. November, 1983
  30. "Prediction and Prevention with Foster Children" (co-authored with M. Harris Schaeffer, Ph.D.), presented at American Psychiatric Association, May, 1984.
  31. "Preventive Psychiatry as Applied to Foster Children," Grand Rounds, Langley Porter Psychiatric Institute, 1985.
  32. "The Childhood of Adolf Hitler," with Robert Pois, Ph.D., The American Psychoanalytic Association, Denver, May 1985.
  33. Seminar on "New Areas in Forensic Psychiatry," at the Robert Cartwright law firm, San Francisco, 1986. [Videotape Available]
  34. "Children's Reactions to the Challenger Shuttle Disaster," on 20/20 (Television Broadcast), 1986. [Videotape Available]
  35. "The Fathering of Adolf Hitler," Grand Rounds, McAuley Neuropsychiatric Institute, St. Mary's Hospital, San Francisco, 1986.
  36. "Child Sexual Abuse: Psychoanalytic and Forensic Approaches," Children's Hospital, San Francisco, 1986. [Videotape Available]
  37. "Preventive Psychiatry for Children," Training Seminar at McAuley Neuropsychiatric Institute, St. Mary's Hospital, San Francisco, 1987. [Videotape Available]
  38. "Multi-Victim Child Sexual Abuse," San Francisco Psychoanalytic Institute Extension Division, October 1987. Videotape Available
  39. "Children in Foster Families: Advances in Preventive Psychiatry," Continuing Education Program for Psychiatrists, U.C. Davis, 1988.
  40. "The Mothering of Adolf Hitler," Grand Rounds. McAuley Neuropsychiatric Institute, St. Mary's Hospital, San Francisco, December 1988.
  41. "Adolf Hitler's Mothering: A Child Psychoanalytic View," Westchester Psychoanalytic Society, New York Hospital, January 1989.
  42. "The Personal Life History Book: Preventive Psychotherapy for Children in Chaos." Department of Child Psychiatry, Harlem Hospital, New York, NY, January, 1989.
  43. Chairman: Symposium April 20-21, 1989. 'The Rise of Adolf Hitler and Other Genocidal Leaders' Interdisciplinary Unit for Study of Mass Violence and Genocide. St. Mary's Hospital Department of Psychiatry, San Francisco.
  44. "The Mothering of Adolf Hitler," Symposium above. [Videotape Available] "The Fathering of Adolf Hitler," Symposium above. [Videotape Available]

45. "Simultaneous child and couple therapy: emergence and interpretation of congruent unconscious themes." Marin Psychoanalytic Society, April 1990
46. University of California College of Medicine, Department of Psychiatry, Irvine. (June 1990) "Prevention of Psychopathology among Children: Systematic Projects with Foster Children."
47. "Interpersonal Schemas following an Abduction/Rape Trauma at ages Six and Eight: Two Sisters Four Years Later" Presented to the M. Horowitz Group 10/25/91, UCSF. San Francisco, CA October 25, 1991.
48. "Preventive Interventions with Traumatized Children," Grand Rounds California Pacific Hospital Department of Psychiatry, October 20, 1992. Videotape Available.
49. "Altered Interpersonal Schemas After Life Threatening Childhood Trauma," Center for Study of Consciousness, UCSF, October, 1992
50. "Alterations of Pre-Traumatic Memory and Post Traumatic Schemas," Child Analysis Colloquium, San Francisco Psychoanalytic Institute, November 1992.
51. "Toward A New Theory of Post Traumatic Stress Disorder," Control Mastery Group, San Francisco Psychoanalytic Institute, December 1992.
52. "Severe Psychological Trauma in Very Young Children," Grand Rounds at the Menninger-San Mateo County Hospital Psychiatric Residency Program, March 23, 1993.
53. "Psychological Crises among Preschoolers," Department of Health, City of San Francisco, April 1993.
54. "Child Analysis Colloquium," San Francisco Psychoanalytic Institute, May 1993.
55. "Loss of Parental Services—a Guide for Clinicians and Attorneys," Children's Psychological Trauma Center, September 16, 1993. (120 min. Videotape Available.)
56. 'Catastrophic Levels of Psychological Trauma—a Guide for Clinicians and Attorneys," Children's Psychological Trauma Center, September 27, 1993 (120 min. Videotape Available.)
57. "Systematic Preventive Interventions with Foster Children," Keynote Address, Western Pennsylvania Psychiatric Institute Conference on Adoption and Foster Care, Sept. 22, 1993.
58. "Cost Benefits of Preventive Interventions with Foster Children," American Behavioral Health Institute, San Francisco, Sept. 28, 1993. (60 minute Videotape Available)
59. "True and False Allegations of Child Molestation," Children's Psychological Trauma Center, October 1, 1993. (120 min. Videotape Available).
60. "Severe Psychological Trauma in Childhood—Some New Observations," Grand Rounds, Dept. of Child Psychiatry, Oakland Children's Hospital, Oct. 7, 1993. 60 minute Videotape available.
61. "Preventive Approaches in Severe Psychological Trauma," Bar Association of San Francisco, October 28, 1993. (90 minute Videotape Available.)
62. "New Theory of Post Traumatic Stress Disorder," Pediatric Grand Rounds California Pacific Hospital, Nov. 5, 1993.
63. "Preventing Depression in Yourself, Your Clients and Your Co-Workers," San Francisco Bar Association, San Francisco, CA, December 2, 1993.
64. "A New Theory of Post Traumatic Disorders," Center for Preventive Psychiatry, White Plains, NY, January 11, 1994.
65. KRON-TV, "Helping Children Deal with Earthquake Stress," San Francisco, CA, January 20, 1994.

66. Samuel Kahn Memorial Lecture, The Center for Preventive Psychiatry, White Plains, N.Y. Topic: "Catastrophic Traumas of Childhood—New Findings, New Theory, New Therapeutic Tasks," February 28, 1994.
67. "Preventing Job Stress: The Disease of the 20th Century," San Francisco Bar Association, San Francisco, CA, March 25, 1994.
68. "Controlled Assessment of Psychoanalytically Derived Psychotherapy with Foster Children," American Psychoanalytic Association, Philadelphia, PA, May 1994.
69. "A senior researcher's subjective experience of a new hypothesis," California School of Professional Social Work Studies. Commencement Address, May 1994.
70. "Oppositionalism Among Traumatized Children," International Association Child and Adolescent Psychiatry, San Francisco, CA, July 23, 1994.
71. "New Theory of Posttraumatic Stress Disorder," International Association Child and Adolescent Psychiatry, San Francisco, CA, July 25, 1994.
72. "Violence Against Young Children—Children in War," Co-sponsored by San Francisco Psychoanalytic Institute, San Francisco, CA, July 26, 1994.
73. "Method for Treatment of Preschool Psychiatric Patients in Groups," American Psychoanalytic Association, Philadelphia, PA, December 15, 1994.
74. "A New Theory of Posttraumatic Stress Disorder," Control-Mastery Research Group, San Francisco Psychoanalytic Institute, March 31, 1995.
75. "New Theory of Child Abuse Effects," T.A.S.K., Monterey, CA, April 1, 1995.
76. "Psychological Trauma, Day Care and Mental Health," San Francisco Psychoanalytic Institute Extension Division. April 26, 1995.
77. "Special Problems of Medical Ethics in Psychiatric Treatment: Child Abuse Concerns," San Francisco Psychoanalytic Institute Research Group, June 30, 1995.
78. "Operational Confirmation of a Psychoanalytic Hypothesis: Detecting and Interfering with The Repetition Compulsion," Cleveland Psychoanalytic Institute and Anni Katan Center for Child Development, October 28, 1995.
79. "The Personal Life History Book Method: Reducing Transfers Among Foster Family Homes," The Center for Preventive Psychiatry, White Plains, NY, October 30, 1995.
80. "A New Theory of Posttraumatic Stress Disorder," Grand Rounds, Baylor University School of Medicine, Houston, November 8, 1995.
81. "Raising IQ's in a Therapeutic Nursery: The Cornerstone Method. How it works as illustrated by video clips of the therapist and patients in the classroom," The Houston Psychoanalytic Institute and Stedman West Child Development Center, Houston, TX, November 8, 1995.
82. "The Difficult Client: Accredited Continuing Legal Education seminar for California Attorneys." The Psychological Trauma Center, The Psychological Trauma Center, 1996.
83. "Catastrophic injuries and psychological trauma: Accredited Continuing Legal Education seminar for California Attorneys." The Psychological Trauma Center, 1996.
84. "Why Small Clients Get Large Awards: Proving and Disproving Psychological Injuries in Childhood. Accredited Continuing Legal Education seminar for California Attorneys." 1996.
85. "A New Public Health Approach in Public Special Education: Presentation to The San Mateo Board of Education," San Mateo, CA. April 17, 1996.
86. "A new model for special education of preschoolers: The Cornerstone Method -- for synergy between early childhood education and psychotherapy." California

- State Dept. Education, Division of Special Education September 1996, Red Lion Hotel, Orange County Airport, CA.
87. "Synergy Between Special Education and Psychotherapy in the Classroom: Special Education Learning Program Administrators," San Mateo, CA. October 10, 1996.
  88. "The Role of Psychoanalyst as Forensic Expert in Catastrophic Psychological Trauma Cases," American Psychoanalytic Association, Winter Meeting, Waldorf Astoria, NY. December 1996
  89. "Controlled Assessment of a Psychoanalytically Derived Psychotherapy." American Psychoanalytic Association, Winter Meeting, Waldorf Astoria, NY December 1996.
  90. "Child Psychotherapy Course: Several preschool patients with different diagnosis, treated in a preschool therapeutic nursery, showing response to interpretations, with discussions of the role of teacher, parents and medications." San Francisco Psychoanalytic Institute, March 4, 11, 18, 1997
  91. "Synergy between Psychotherapy and early childhood special education" SELPA Administrators, April 17, 1997
  92. "Analyst in the Nursery: The Cornerstone Method," San Francisco Psychoanalytic Institute, May 21, 1997
  93. "Psychological Trauma Among Preschoolers," San Francisco Psychoanalytic Institute, May 15, 1997
  94. ACT for Mental Health, April 17, 1997
  95. "New Theory of Posttraumatic Stress Disorder," Fifth European Conference on Traumatic Stress, European Society for Traumatic Stress Studies, July 1, 1997.
  96. "The Cornerstone Method: Intensive Preschool Psychotherapy in Public School Special Education Classes." California State Federation/Council for Exceptional Children 48<sup>th</sup> Annual Conference & Special Education Fall Conference, San Francisco, CA, October 21-24, 1998.
  97. "Research and treatment with highly traumatized preschoolers." Wright Institute, Berkeley, Feb. 4, 2002.
  97. "Five year and thirty-three year follow ups of early childhood psychotherapy: Some startling findings among children treated by The Cornerstone Method" Grand Rounds, Dept. of Psychiatry, California Pacific Medical Center, San Francisco, February 1, 2000. (Videotape Available)
  98. "Post-Traumatic Stress Disorder and new methods of treatment." Department of Mental Health, State of Oklahoma, and Dept. of Psychiatry, Oklahoma State College of Medicine: two days of Workshops and Seminars to fellows, residents in psychiatry and child psychiatry, medical students, and mental health clinicians, October 22, 2000
  99. "A Psychoanalytic Treatment of Young Children: Surprisingly Measurable Positive Outcomes", San Francisco Psychoanalytic Institute - Extension Division Discussion for Clinicians, March 5, 2001
  100. Day Long Workshop on The Cornerstone Method. The Children's Psychological Health Center, February 4, 2001
  101. "Child Psychoanalysis," San Francisco Psychoanalytic Institute: Six seminars presented to child analysts and advanced students, using illustrations from parent-permitted videos of the author's recent treatment work with young children.
  102. "Theory and Intervention regarding Early Childhood Trauma." Extension Division, San Francisco Psychoanalytic Institute

103. Educating and treating disturbed young children. San Mateo Office of Education, Education, San Mateo: Ten conferences per year, 1995-2002
104. "The Cornerstone Method of educating and treating disturbed young children," Children's Psychological Health Center, San Francisco. Forty-five Conferences per year, 1999—continuing
105. "New methods for treatment of traumatized and/or developmentally disordered young children," Northern California Mental Health Association, a one day workshop, February 9, 2002, Eureka, CA.
106. Research and treatment with disturbed and traumatized young children. Wright Institute, Berkeley, February 4, 2002.
107. Presentations of video-taped child treatment sessions: The Child Analysis Study Group of the San Francisco Psychoanalytic Institute, six occasions 2001–2002.
108. "New Theory and New Treatments of Children." Northern California Society of Mental Health Professionals. Feb 8, 2002.
109. "Treatment of Children in their Real Life Spaces." Ann Martin Center, Berkeley, CA. February 2, 2002.
110. "Treatment of children in community school settings." Workshop on Community Child Psychiatry, American Academy of Child and Adolescent Psychiatry, October 2002.
111. "Treatment of preschoolers in real life space – The Cornerstone Method," A two day training workshop for the Los Angeles County Department of Mental Health, October 2002.
112. "The Cornerstone Method." The American Psychoanalytic Association, Workshop on Early Childhood, New York, January 2003.
113. "Treatment of Three Autistic Preschoolers." The American Psychoanalytic Association, June, 2003. Boston.
114. "The Personal Life History Book: A Preventive Therapy for Foster Children," a one-day workshop at Counseling4Kids, Los Angeles, CA, September 2003.
115. "A new method of treatment of autistic preschoolers." The Chinatown Child Development Center, San Francisco, December 4, 2003.
116. "Results of the Cornerstone Method: Pervasive Developmental Disorder with eight months to 37 year follow-ups." The M.I.N.D. Institute, U.C. Davis, December 19, 2003.
117. "Procedures for preventing and reducing psychopathology among foster Children," Joint Committee of AACAP and Child Welfare League, with Marilyn Benoit, MD November 2003.
118. "The Role of Child Psychiatrists in Prevention of Child Abuse: Forensic Child Psychiatry as a Societal Influence" - Mensa Society, January 2004
119. "Psychoanalysis Confronts Autism." The Los Angeles and Southern California Psychoanalytic Institutes, February 22, 2004.
120. "Child Psychiatric Testimony and the Leading Edge of Social Change," American College of Forensic Psychiatry, March 28, 2004
121. "The Cornerstone Method of Treating Autism." American Psychoanalytic Association, Boston, Mass., January 2005.
122. "An evidence based method for in-classroom treatment of disturbed Preschoolers," Child Welfare League of America, New Orleans, May 2005.
123. "Two evidence-based methods for treating foster children," International Psychoanalytic Association, Rio de Janeiro, Brazil, July, 2005



124. "A novel evidence-based method for treatment of Asperger's Disorder."  
Lorman Educational Seminars, Redding, CA. November 18, 2005
125. "Applications of the Cornerstone Method to Children with Autism Spectrum Disorders" American Psychoanalytic Association, New York, New York, January 18, 2006
126. "Applying The Cornerstone Method in Public Schools." Philadelphia Board of Education April 28, 2006 (DVD Format Available)
127. "Crises Intervention Techniques within Schools: What You Need to Know When Large or Small Scale Disasters Strike." Lorman Educational Seminar, Sacramento, CA October 6, 2006
128. "Saying Goodbye: Termination in Psychotherapy." 53<sup>rd</sup> Annual Meeting of The American Academy of Child and Adolescent Psychiatry, San Diego, CA, October 28, 2006
129. Lawrence LE, Viron M, Johnson JE, Hudkins A, Samples G, Kliman G, "A School based mental health recovery effort." Poster session presentation at The 58<sup>th</sup> Annual Meeting of the Institute on Psychiatric Services, New York, NY, October 5–8, 2006.
130. Lawrence, L, Viron M, Johnson JE, Hudkins A, Samples G., Kliman G., O'Neill, P., "A School-based Mental Health Recovery Effort" – Poster session presentation at ADMSEP Annual meeting. Park City, Utah, June, 2007
131. Mishkin, AD, Viron M, Lawrence LE, Johnson JE, Samples G, Kliman G. "Reducing Post-Traumatic Stress after Hurricane Katrina: A School-Based Intervention" - Poster presented at the 59th Institute on Psychiatric Services Annual Meeting, New Orleans, LA, October 11-14, 2007.
132. "Videotape evidence for a new theory of PTSD etiology and treatment." Combined meeting of American Academy of Psychoanalysts with Academy of Psychoanalysis and Psychodynamic Psychiatry, The Marriot, Washington, DC, May 3, 2008.
133. Friend, R, Keller, E, G. Kliman. "Beyond Trauma: [Almost] Everything You Need to Know About Theory and Intervention." San Francisco Center for Psychoanalysis, San Francisco, CA, November 7, 2009.
134. "An In-Classroom Breakthrough for Disturbed Preschoolers." Three hour symposium for 2010 NCGPS Asilomar Clinical Conference, Pacific Grove, CA, June 4–6. 2010.
135. "Helping Preschoolers on the Autism Spectrum or with Serious Emotional Disturbances." Three hour symposium for San Francisco Center for Psychoanalysis, San Francisco, CA, April 3, 2012
136. "School-based Psychiatry," Cambridge-Ellis Preschool, Cambridge, MA, June 2–3, 2012
137. Testimony to the Judiciary Committee to the California State Assembly regarding childhood sexual abuse. Jim Beall, Cahirperson. Sacramento, CA. April 24, 2012. [Videotape available on YouTube and at [www.childrenspsychological.org](http://www.childrenspsychological.org)]
138. A Presentation to Association Internationale Interactions de la Psychanalyse, CRPMS – Université Paris Diderot 7, France, American College of Psychoanalysts, USA, Paris, May 7, 2014. In Press
139. "RNT Treatment of a child with Asperger's Syndrome," American Psychoanalytic Association, Chicago, May 15, 2014
140. "Introduction to a therapeutic preschool method: RNT." CPHC, Santa Rosa, CA.

## **PUBLICATIONS**

### **BOOKS**

01. Annual of Endocrinology, Gordon, G. (1953), Chapter on Adrenal Medullar Function.
02. Psychological Emergencies of Childhood, Kliman, G. (1968), Grune and Stratton, New York, NY.
03. Children and the Death of a President, (Co-Editor and Contributor), Wofenstein, M. & Kliman, G. (1965), Doubleday & Company, New York, NY
04. The Open Family Series, (Consultant Editor) Stein, S. B., (1974), A series of five books entitled About Dying, Making Babies, That New Baby, A Hospital Story, and About Handicaps, Walker Publishing Co., New York, NY.
05. Responsible Parenthood: The Child's Psyche Through the Six-Year Pregnancy, Kliman, G. & Rosenfeld, A. (1980), Holt, Rinehart, and Winston, New York, NY.
06. Preventive Psychiatry: Early Intervention and Situational Crisis Management, Kliman, Klagsbrun, S. C., Clark, E. J. & Kutscher, W. (1989), The Charles Press, Philadelphia, PA
07. Reflective Network Therapy in the Preschool Classroom, Kliman, G. (2011) University Press of America, Lanham, MD

### **BOOKS IN PROGRESS**

01. A Unifying New Theory of Posttraumatic Stress Disorder (Available in draft)
02. Reflective Network Therapy in a Preschool Classroom, Second Edition

### **PAPERS IN PROGRESS** [Available in Draft]

01. "IQ Rise among Preschoolers with Pervasive Developmental Disorders"
02. "Child Psychoanalytic Contributions to Civil Justice System," submitted by invitation to the *Journal of Psychoanalytic Inquiry*

### **BOOKS FOR TREATING FOSTER CHILDREN USING THE PLHB MANUALIZED METHOD**

01. The Personal Life History Book Method: A Manual for Preventive Psychotherapy with Foster Children, Kliman G. (1996) The Children's Psychological Health Center, San Francisco, CA
02. My Personal Life History Book: A Guided Activity Workbook for Foster Children, Families, Therapists, Teachers and Case Workers, Teachers Kliman, G. & Oklan, A. (1996) The Children's Psychological Health Center, San Francisco, CA

### **BOOKS FOR TREATING TRAUMATIZED CHILDREN**

Psychoanalytically informed Guided Activity Workbooks for Children, Families, Teachers, Therapists, Case Workers, First Responders and Disaster Relief Agencies to promote coping learning and healing:

01. My Story about the School Shootings, Oklan, Ari, Kliman, G. and Oklan, A.K.,

- (2012) Children's Psychological Health Center, San Francisco, CA
02. **My Personal Story about Being Homeless**, Kliman, G., Oklan, E. and Wolfe, H. (2007), Children's Psychological Health Center, San Francisco, CA
  03. **My Tornado Story –Preschool Version**, Kliman, G., Illustrations: Oklan, A.K. (2012) Children's Psychological Health Center, San Francisco, CA
  04. **My Personal Story about the Tornadoes –Elementary through High School**, Kliman, G., Oklan, E, Wolfe, H., Kliman, J. and Tieman, J. (2012), The Children's Psychological Health Center, San Francisco, CA
  05. **My Tornado Story** Kliman, G., Wolfe, H. Oklan, A.et al. (1990), Children's Psychological Health Center, San Francisco, CA
  06. **My Story about the Hurricane –Generic**, Kliman, G., Oklan, E., Wolfe, H., Kliman, J. and Tieman, J. Illustrations: Oklan, A.K., Reanda, M. and Kliman, R. (2008), Children's Psychological Health Center, San Francisco, CA
  07. **My Personal Story about Hurricanes Katrina and Rita**, Kliman, G, Oklan, E. Wolfe, H. and Kliman, J., (2005), CPHC, Licensed and revised by Mercy Corps; Spanish; derivative editions by Mercy Corps, Portland, OR
  - \*\* Sichuan Earthquake Workbooks: two editions: By CPHC in collaboration with the China America Analytic Association and Mercy Corps. Kliman, G., Oklan, E., Wolfe, H. Mandarin translations: Hong, D., Jingyan, Z. Huang, J., Zhang, S. (2008) Mercy Corps, Portland, OR
  08. **My Sichuan Earthquake Story –English Edition**
  09. **My Sichuan Earthquake Story –Mandarin Edition**
  - \*\* Haiti Earthquake Workbooks, three editions. By CPHC in collaboration with Mercy Corps, Massachusetts School of Professional Psychology and École Acacia, Pétion-Ville. Kliman, G., Kliman, J., Oklan, E Wolfe, Hudicourt, C., H. Ferdinand, A., Ferdinand, D., Illustrations: Flint, E. and Oklan, A. K. (2010) Mercy Corps, Portland, OR
  10. **My Story about the Earthquake in Haiti–English Edition**
  11. **Istwa Pa M Sou Tranblemannt Ayiti a Le Tremblement De Terre En Haiti**, Bilingual Edition: Creole and Haitian French
  12. **My North American Story about the Earthquake in Haiti** for U.S. relatives and friends
  13. **My Earthquake Story**—specialized for children disturbed by the 1989 Loma Prieta earthquake. Kliman, G, Wolfe, H. & Oklan, E., (1989) Psychological Trauma Center Press, San Francisco, CA
  14. **My Fire Story**, Oklan, E. and Kliman, G., Illustrations: Oklan, A.K., (1993) Children's Psychological Health Center, San Francisco, CA
  15. **My Flood Story**, Oklan, E. and Kliman, G., Illustrations: Oklan, A.K., (1993), Family Development Press, Kentfield, CA
  - \*\* Tropical Storm Stan Workbooks: two editions by CPHC. Kliman, G., Oklan, E, Wolfe, H., Kliman, J. Illustrations: Reanda, M. Translation: Reanda, D. (2006) The Children's Psychological Health Center, San Francisco, CA
  16. **My Personal Story about Tropical Storm Stan–English edition**
  17. **Mi Historia De La Tormenta Stan–Spanish edition**
  18. **My Book about the War and Terrorism**, Kliman, G., Wolfe, H., Oklan, E. (2003) Illustrations: Oklan, A. K., Children's Psychological Health Center, SF, CA
  19. **My Book about the Attack on America**, 2nd Edition, Kliman, G., Oklan, E. & Oklan, A. K. (2001) Children's Psychological Health Center, San Francisco, CA.

20. **My Story about the Gulf War**, Kliman G., Oklan, E. Wolfe, H.; Illustrations: Oklan, A. (1991), Children's Psychological Health Center, San Francisco, CA.
- \*\* Gaza Workbooks: two editions by CPHC In collaboration with Mercy Corps and The Gaza Psychosocial Team. Kliman, G., Kliman, J., Oklan, E. Wolfe, H, AlAjarma, Yousef, Jumeid, J., Rozzy, M., Al'raj, F., Jom'a, A. and Azaizeh, M.. Design: Hayek, Z, Illustrations: Rozzy, A., (2009), © Mercy Corps, Portland, OR
21. **My Story about Living in Gaza—English Edition**
22. **My Story about Living in Gaza—Arabic Edition**
- \*\* Israel Workbooks: two editions. Kliman, G., Oklan, E., and Wolfe, H., (2002) Translation and adaptation to Hebrew: Mila, M.; Illustrations: Oklan, A. K. Children's Psychological Health Center, San Francisco, CA
23. **My Story about Living in Israel with Terror Attacks—English Edition**
24. **My Story about Living in Israel with Terror Attacks—Hebrew Edition**
- \*\* Kosovo Workbooks: two editions by CPHC. Kliman, G. (1999) Illustrations: Oklan, A. K., The Children's Psychological Health Center, San Francisco, CA
25. **My Personal Life History Book about Kosovo—English Edition**
26. **My Personal Life History Book about Kosovo—Albanian Edition**

## **PUBLISHED PAPERS**

01. *"Adrenal Medullary Function," in G. Gordon Yearbook of Endocrinology, Yearbook Publishers, 1955.*
02. *Improved Visual Recognition in Hypnotic Versus Control State," Archives of General Psychiatry, Vol. 7:155-162, October 1962.*
03. *Children and the Death of a President*, Editor and Contributor (with Martha Wolfenstein, Ph.D.), Doubleday & Company, New York, 1965.
04. *Oedipal Themes in Children's Reactions to the Assassination of President Kennedy," in Wolfenstein and Kliman, Children and the Death of a President*, Doubleday, New York, 1965.
05. *"The Role of Stimulus Ambiguity in Hypnotic Recognition," (with Eugene Goldberg, MD), JAMA Psychiatry, formerly Archives of General Psychiatry, 14: 100, Jan. 1966.*
06. *"Sharing Truths for Mental Health," in Mental Health in Our Daily Life. Mental Health Association, White Plains, New York, 1966.*
07. *"A Psychoanalyst Looks at White Violence as a Factor in Black Violence," The Center for Preventive Psychiatry, 1968.*
08. *Teacher Recognition of Psychiatric Needs Among Preschoolers," The Center for Preventive Psychiatry, 1968.*
09. *Psychological Emergencies of Childhood. Grune and Stratton, New York, 1968.*
10. *"A Psychiatrist Speaks Out: 3,000 Blighted Children of Westchester," The Center for Preventive Psychiatry, 1969.*
11. *"On a Vacuum in Mental Health Practices," The Center for Preventive Psychiatry, 1969.*
12. *"Psychological Management of the Dying Child," in W. Kutscher (Ed.) Death and Bereavement, Charles C. Thomas Company, Springfield, Ill. 1969.*
13. *"The Unique Function of the Teacher in an Experimental Therapeutic Nursery School" (with Doris Ronald), The Center for Preventive Psychiatry, White Plains, New York, 1970.*

14. The Open Family Series (Consultant Editor, with Sarah Bonnett Stein, author). A series of five books entitled *About Dying*, *Making Babies*, *That New Baby*, *A Hospital Story*, and *About Handicaps*, Walker Publishing Co., New York, 1974.
15. "Death in the Family—Its Impact on Children," Terry Friedman Klein Memorial Lecture. *Behavioral Sciences Tape Library*, Leonia, New Jersey, 1974.
16. "Death of a Parent Occurring During a Child's Analysis," in *Trauma: Monograph V of the Monograph Series of the Ernst Kris Study Group*, New York, 1974.
17. "A Case of a Dying Child," in *Trauma: Monograph V of the Monograph Series of the Ernst Kris Study Group*, New York Psychoanalytic Institute, International Universities Press, New York, 1974.
18. "Analyst in the Nursery: Application of Child Analytic Techniques in a Therapeutic Nursery," *The Psychoanalytic Study of the Child*, Volume 30, New York Times Publishing Company, 1975.
19. "A Study of Maternal Depression in the First Two Years of Life: A Possible Contributing Factor in the Etiology of Infantile Psychosis and Neurosis" (with Judyth Katz), The Center for Preventive Psychiatry, White Plains, New York, 1975.
20. Introduction to *Love and Mankind's Future*, by Alexander Arzoumanian, Persepolis Press, New York, 1976.
21. "Preventive Measures in Childhood Bereavement," in Linzer, N. *Understanding Bereavement and Grief*, Yeshiva University Press, New York, 1977.
22. "Childhood Mourning: A Taboo within a Taboo," in Gerber, I., Wiener, A., Kutscher, A., et al., *Perspectives on Bereavement*, MSS Information Corporation, New York, 1979.
23. "Mourning, Memory, and Reconstruction: The Analysis of a Four-Year-Old Maternally Bereaved Girl at Age Sixteen Months" (With Thomas Lopez, Ph.D.), in *The Psychoanalytic Study of the Child*, Volume 34, The New York Times Press, New York, 1979.
24. "Facilitation of Mourning During Childhood," in Gerber, I., Wiener, A., Kutscher, A., et al., *Perspectives on Bereavement*, MSS Information Corporation, New York, 1979.
25. "The Cornerstone Treatment of a Preschool Boy from an Extremely Impoverished Environment" (with Thomas Lopez, Ph.D.), *The Psychoanalytic Study of the Child*, Vol. 35, The New York Times Press, New York, 1980.
26. *Responsible Parenthood: The Child's Psyche Through the Six-Year Pregnancy*, Holt, Rinehart, and Winston, New York, 1980.
27. "Death: Some Implications in Child Development and Child Analysis," in *Advances in Thanatology*, Vol. 4, No. 2, Arno Press, New York, 1980.
28. "Children in Foster Care: A Preventive Service and Research Program for a High Risk Population" (with M. Harris Schaeffer, Murray J. Friedman, and Bernard G. Pasquariella). *The Journal of Preventive Psychiatry*, Volume I: 1, 1981.
29. Editorial(s). *The Journal of Preventive Psychiatry*. Volume I, 1981-1982, Volume II, 1983-4, Volume III, 1985-7, Volume IV, in press.

30. *Preventive Mental Health Services for Children Entering Foster Family Care: An Assessment* (with M. Harris Schaeffer, and M. Friedman). The Center for Preventive Psychiatry, White Plains, New York, 1982.
31. "Summary of Two Psychoanalytically Based Service and Research Projects: Preventive Treatments for Foster Children" with M. Harris Schaeffer, Ph.D. *J. of Preventive Psychiatry*, Vol. II, No. 1, 1983.
32. "Three New Areas in Litigation on behalf of Children," in *Child Psychiatry and the Law*, Diane Schekty, Editor, Volume 2, Bruner/Mazel, New York, 1985.
33. *Preventive Psychiatry: Early Intervention and Situational Crisis Management*, co-editor, with S.C. Klagsbrun, MD, E.J. Clark, Ph.D., others. The Charles Press, Philadelphia, 1989.
34. "Facilitation of Mourning During Childhood," chapter in *Preventive Psychiatry: Early Intervention and Situational Crisis Management*. (Eds) S. Klagsbrun, G. Kliman, E. Clark, A. Kutscher, R. DeBellis, C. Lambert. The Charles Press, Philadelphia, 1989.
35. "Toward Preventive Intervention in Early Childhood Object Loss," chapter in Noshpitz, H. and Coddington, D. (Eds) *Stressors and Clinical Techniques in Child Psychiatry*. Charles Thomas, NY, 1990.
36. "Brief Report: Loss of Parental Services—A Guide to Categorization." *J. Preventive Psychiatry and Allied Disciplines* 4:1, 1990. Human Sciences Press, NYC.
37. "A Methodologic Breakthrough: The Saga of Delivering Effective Primary Preventive Psychotherapy to Groups of Foster Children." *J. Preventive Psychiatry and Allied Disciplines* 4:1, 1990. Human Sciences Press, NYC.
38. "The Rise of Adolf Hitler and Other Genocidal Leaders—Psychoanalytic and Historical Symposium (Summary)," *J. Preventive Psychiatry and Allied Disciplines* 4:1, 1990. Human Sciences Press, NYC.
39. Kliman, G. et al (2007). "Facilitating Effective Coping in Children Following Disasters: A Psychoanalytic Informed Guided Narrative Intervention." *J. Am Psan. Assoc.* In Press
40. Kliman, G. and M.H. Schaeffer, Ph.D. "A Breakthrough in Prediction and Prevention: Diagnoses as Social Predictors for Foster Children." *J. Preventive Psychiatry and Allied Disciplines* 4:1, 1990 Human Sciences Press, NYC.
41. "Field Notes: Foster Care: The Personal Life History Book: A Psychoanalytically Based Intervention for Foster Children," *Journal for the Psychoanalysis of Culture & Society*, Fall 1996 1:2. 159-162.
42. Kliman G and Zelman A. (1996). "Use of a Personal Life History Book in the Treatment of Foster Children--An Attempt to Enhance Stability of Foster Care Placements." Chapter in Zelman A (Ed). *Early Intervention with High-Risk Children: Freeing Prisoners of Circumstance*. Jason Aronson, Northvale, NJ. 105-124.
43. "Cornerstone Project: Analysis in Special Ed Classes," *The American Psychoanalyst*, 1997. 31:2. 27-28
44. "Helping Patients and their Families Cope in a National Disaster", The S.F. Medical Society, January 2002. Reprinted in J. L.A. Medical Society, March 2002.
45. Discussion of Reactive Attachment Disorder. *Developmental Pediatrics*. 2003.



46. **"Methods for Maximizing the Good Effects of Foster Care: Evidence Based Strategies to Prevent Discontinuities of Foster Care and Raise I.Q."**  
*International Journal of Applied Psychoanalytic Studies*, April, 2006
47. **"Working with Traumatized Patients"** *Psychiatric Times*, November 17, 2010.

## **CLINICAL AND SCIENTIFIC VIDEO ARCHIVES AND TRAINING VIDEO LIBRARY**

### **Videotaped Seminars and Events**

#### **Videotape Documentary of Reflective Network Therapy Sessions**

#### **Scientific and Educational Video Archives**

Starred (\*) tapes below are an archive of information about problems and treatment of severely stressed children. They are not for sale or commercial distribution. They may be studied at CPHC on-site with assistance of our staff by qualified researchers, clinicians, special education teachers, administrators of nonprofit. Credentials, references and confidentiality agreement are required. Collaborative research arrangements can be contracted for with confidentiality agreements for long term use of the tapes.

- \*1. **Childhood Post Traumatic Stress Disorder** (California Pacific Hospital, Grand Rounds), 1992
- \*2. **New Theory of Post Traumatic Stress Disorder**, Gilbert Kliman, MD December 4, 1992, International Association of Child and Adolescent Psychiatry and Allied Disciplines, Fairmont Hotel, San Francisco, CA
- \*3. **Severe Psychological Trauma in very Young Children**, March 23 1993
- \*4. **Post Traumatic Stress Disorder: Child & Adult**, September 27, 1993
5. **Cost Effectiveness: Mental Health Services for Foster Children**, Sept. 28, 1993
6. **Preventive Child Psychiatry**, Mc Auley St Mary's, October 16, 1993
- \*7. **New Theory of Post-Traumatic Stress Disorder**, for International Association of Child and Adolescent Psychiatry, July 25, 1994
- \*8. **Cornerstone Method Conference**, Wells Fargo, January 30, 1996
- \*9. **Cornerstone Conference: Control–Mastery Group**, San Francisco Psychoanalytic Institute, February 9, 1996
10. **Conference on Childhood of Adolf Hitler: Control–Mastery Group**, San Francisco Psychoanalytic Institute, May 17, 1996
11. **Orientation to the Personal Life History Book Method**. CPTC & ACT For Mental Health, April 4, 1997 (two tapes)
- \*12. **The Cornerstone Method: A Public Health Approach**, National Association for Social Work and Psychoanalysis, Seattle. September 26, 1997
- \*13. **New Theory of Psychological Trauma: Colloquium**, San Francisco Psychoanalytic Institute, October 12, 1996
- \*14. **Treatment of Severely Disturbed Preschoolers in their Public School Special Education Classrooms: A New Application of Intensive Psychotherapy**, American Academy of Child and Adolescent Psychiatry.
- \*15. **Treatment of an Autistic Boy, the Cornerstone Method**
- \*16. **The Cornerstone Therapeutic Nursery Method**
- \*17. **The Cornerstone Method: Unique Features**
18. **Investing in our Futures: Rotary Club: About the Cornerstone Method**, December 9, 1997 Robert Denebeim, Esq. with Gilbert Kliman, MD

19. **Salvation Army Cornerstone Program**, Channel 4 News. Linda Yee, Reporter.
20. **Gilbert Kliman MD with Linda Yee**, Reporter, Channel 4 News, April 22, 1998.
21. **Orientation to: The Personal Life History Book Method**, October 13, 1998, 3 videotapes.
- \*22. **The Psychoanalytic Psychotherapy of a Four Year Old Boy**, 1999  
An ongoing archive made with generous permission of the child's family, now totaling over 25 hours. This child has had severe stressors in his life, and suffers behavioral and overanxious symptoms. He has impulse dyscontrol, attentional deficits, and expressive language difficulties from which he can be seen to be recovering. Two excerpted tapes have been created to illustrate features of the child's pathology, and of the response to interpretive aspects of treatment. Gilbert Kliman, MD is the psychoanalyst, and the treatment is conducted three times a week, with parent guidance every two weeks. The videographer is in the room. This may be the only existing video archive of a child analysis conducted by a certified child psychoanalyst.
- \*23. **Reflective Network Therapy /Cornerstone Treatment Archives: 1995-2014.**  
Ongoing archive of intensive in-classroom treatment of seriously disturbed preschoolers, within their public special education classrooms in San Francisco and San Mateo, Shelters for homeless families in San Francisco and Seattle, private therapeutic preschool in San Francisco, Cornerstone Argentina, Morningsong Preschool, Wellspring Family Services (Seattle), Michigan Psychoanalytic Institute's Walnut Lake Preschool.
24. **Thirty-Four Year Follow-Up Of A Cornerstone Treated Autistic Child, Now Recovered**, San Francisco Psychoanalytic Institute, Child Analysis Study Group, 2001. Permission for public viewing granted by the patient; excerpts may be viewed on website [www.childrenspsychological.org](http://www.childrenspsychological.org); email Gilbert Kliman to request the entire video: [gilbertkliman2008@gmail.com](mailto:gilbertkliman2008@gmail.com)
- \*25. **Orientation of Wellspring Family Services Seattle Staff to Reflective Network Therapy principles and techniques: Intensive Four-Day Training**  
Seattle, WA, December 2007; videotaped (Six DVDs)

### **Scientific and Educational Video Archives under the supervision of the CPHC Medical Director: 1995–Ongoing**

With parental permission, The Children's Psychological Health Center, under Dr. Kliman's leadership, has collected well over 200 hours of video archives documenting unedited treatment using Reflective Network Therapy (RNT). Since 1995, therapists using this method in collaboration with educators have recorded therapy sessions with seriously disturbed children and children on the autism spectrum. Gilbert Kliman, MD initiated this archival approach while working for a year as a daily in-classroom therapist in a public special education school. Under Dr. Kliman's supervision seven therapist-educator teams applied the Reflective Network Therapy Method. This archive shows the work of therapist-teacher teams applying the method in The San Francisco Unified School District, the Salvation Army Gateway Shelter, the Cadence Cornerstone site at Mount Pleasant School in San Jose. Therapists whose work is shown include: Vanessa Vigilante, Deanna Reardon, Karita Hummer, and Molly Franklin. A professional researcher/training confidentiality agreement is required to study this archive.

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To learn more, please explore our website  
[www.childrenspsychological.org](http://www.childrenspsychological.org)



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