



BOSNIAN-HERZEGOVINIAN ASSOCIATION
FOR INTEGRATIVE CHILD
AND ADOLESCENT PSYCHOTHERAPY

PLAN AND PROGRAM OF EDUCATION INTEGRATIVE PSYCHOTHERAPY FOR CHILDREN AND ADOLESCENTS

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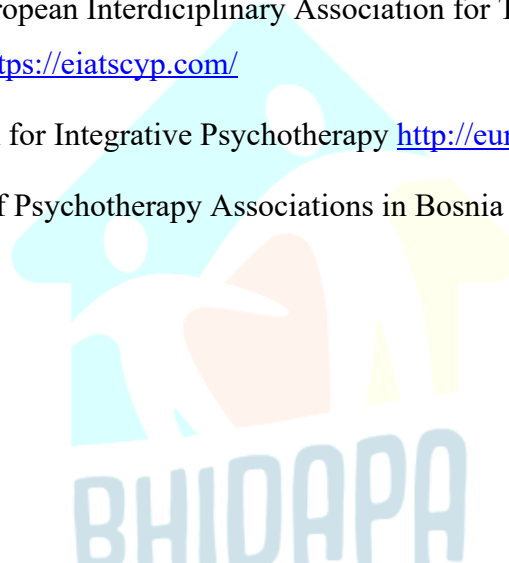


Bosnia and Herzegovina Integrative Children and Adolescent Psychotherapy Association -
BHIDAPA- European Accredited Educational Program eiatscyp.com

EIATSCYP Ken Evans - European Interdisciplinary Association for Therapeutic Services for
Children & Young People <https://eiatscyp.com/>

EAIP- European Association for Integrative Psychotherapy <http://euroaip.eu/>

SPU u BiH – The Alliance of Psychotherapy Associations in Bosnia and Herzegovina
<https://spubih.com/>



Bosansko-hercegovačka
integrativna dječja i adolescentna
psihoterapijska Asocijacija





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| About psychotherapy and counseling for children and adolescents

The psychotherapy of children and adolescents differs significantly from adults' psychotherapy, which especially refers to the role of the therapist, the relationship and cooperation with parents, because the cooperation with parents depends on the acceptance of the therapy itself. Therapeutic techniques are modified according to stages of child development, degree of education, which depends on the choice of techniques. The role of therapists in therapy with children and adolescents is very complex because the therapist creates security, takes responsibility for the boundaries and ethics of the process itself, and the internal psychic processes of the child and the relationship with parents are entered into the therapeutic relationship. New therapeutic relationships are made through therapy which is important for all subsequent relationships.

Given the specificity of children and adolescents, therapeutic techniques are adapted depending on the stage of development and child's problems as well as relationships with the environment. The special weight of psychotherapy for children and young people arises from the child's problems with motivation, reduced retrospective capacity and the difficulties of a time perspective. The particular difficulty is the preoccupation of the child's ego defense against the therapist, which is especially emphasized in adolescents, which creates difficulties in establishing a relationship. The program of psychotherapy for children and adolescents is based on the developmental approach of children and youth, incorporating the humanistic and integrative approach / Gestalt, TA, IA /, and Self psychology, intrasubjective theories and relations theory. The developmental perspective is incorporated in the works of Bolby, Winnicott, Serna, Schorea, M. Mahler, M. Klein and others.

Psychotherapy is the treatment of emotional problems in a psychological way in which an educated person intentionally establishes a professional therapeutic relationship and uses professional procedures to eliminate, modify or alleviate the intensity of existing psychological symptoms / difficulties, to change disturbed behavioral patterns and encourage positive personality development. adults, and includes:

- psychotherapy, which involves establishing a therapeutic relationship in order to achieve positive changes in terms of changing the pattern of behavior and response by establishing a connection with unconscious motives, thoughts and feelings

- counseling, which means establishing a therapeutic relationship aimed at solving current difficulties in order to find the best solution in accordance with the needs of the person in counseling, while not working on unconscious motivations of current emotional difficulties

The activity of psychotherapy is a system of individually or collectively oriented professional procedures, measures and resources based on the principles and knowledge of psychotherapeutic science and practice. The activity of psychotherapy can be performed by a psychotherapist and a counseling therapist.

A psychotherapist is an expert who conducts psychotherapy.

Counseling therapist is an expert who conducts counseling, supportive therapy, and counseling individual or group work according to the principles of psychotherapy

A psychotherapy educator is a person who trains as a psychotherapist or counseling therapist.

(1) The activity of psychotherapy is performed by a psychotherapist and a counseling therapist.

(2) A psychotherapist can be a person who:

– has completed undergraduate and graduate university studies or integrated undergraduate and graduate university studies in the fields of medicine, psychology, social work and educational rehabilitation, social pedagogy, pedagogy and speech therapy.

(3) A counseling therapist can be a person who:

– has completed an undergraduate professional or university study in the field of medicine, psychology, social work, educational rehabilitation, social pedagogy, pedagogy, speech therapy, education and nursing¹

Psychotherapy of children and adolescents differs significantly from the psychotherapy of adults, and this especially refers to the role of the therapist, relationship and cooperation with parents, because the acceptance of therapy depends on cooperation with parents.

(4) Psychotherapist or counseling therapist who works with children and adolescents must have special additional education on the application of appropriate therapeutic techniques depending on the stage of development of the child and the child's problems, as well as relationships with parents and the environment.²

¹ <https://www.zakon.hr/z/1045/Zakon-o-djelatnosti-psihoterapije> Zakon o djelatnosti psihoterapije HR, na snazi od 26.07.2018.

² <https://www.zakon.hr/z/1045/Zakon-o-djelatnosti-psihoterapije> Law on the activity of psychotherapy HR, in force since July 26, 2018.

Therapeutic techniques are modified according to the stages of the child's development, the level of education, on which the choice of techniques depends. The role of the therapist in therapy with children and adolescents is very complex because the therapist creates security, takes responsibility for the boundaries and ethics of the process, and the child's internal psychological processes and relationship with parents are included in the therapeutic relationship. New relationships created through therapy are important for all later relationships.

Considering the specifics of children and adolescents, therapeutic techniques are adapted depending on the stage of development and the child's problems, as well as the relationship with the environment.

The special weight of psychotherapy for children and young people stems from the child's problems with motivation, reduced retrospective capacity and difficulties in the time perspective. A particular difficulty is the preoccupation of the child's ego with the defense of the therapist, which is especially pronounced in adolescents, and which creates difficulties in establishing relationships.

The Child and Adolescent Psychotherapy Program is based on a developmental approach to children and youth incorporating a humanistic and integrative approach / Psychoanalysis, Gestalt, TA, and Self Psychology, Intrasubjective Theories, Relationship Theories, and Neuroscience.

The development perspective is incorporated in the works of Bolby, Winnicott, Stern, Schore, M. Mahler, M. Klein and others.

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Basic program philosophy

It is based on:

- The child-parent relationship that is most important for creating the internal psychological structure of the child and adolescent
- An internal child structure that affects relationships with the environment that tend to repeat history and create a life script and shame
- Self that is not an entity but a continuous process that is social, affective and structured through relationships with parents and other important people, and is shaped through social, economic and cultural characteristics
- Defenses that defend children from change, in part out of security, and seek to maintain the status quo
- Resistances to feelings that come from the past in the current context of the child's life, but also indicate possible therapeutic interventions

The basic rules of psychotherapeutic treatment, regardless of basic approaches, include:

- Good knowledge of development phases
- Knowledge of family dynamics, which is important because through it the child perceives the world and himself in the world and transfers the experiences to all other relationships later in life
- Knowing other important people in the child's life
- Knowledge of protective and risk factors
- Legal frameworks on the protection and welfare of children

General Training Standards Criteria

The general criteria below are based upon and drawn from those of the European Association for Psychotherapy (EAP). Specific criteria for work with Children and Young people are located in Document 2: Specific Training Standards

Introduction: The EAP makes the following stipulations:

The method(s) used must be well defined and have a clear theoretical basis in the human sciences.

The theory must be integrated with the practice, be applicable to a broad range of presenting problems, and have been demonstrated to be effective.

The method(s) must and have been recognised in several European countries as valid by relevant professional training organisations.

1. Length and content of training

1.1 The total duration of training for those with no prior professional education in psychotherapy or psychotherapeutic counselling will be not less than 3200 hours, spread over seven years, beginning with a relevant first degree and followed by a minimum four years training specific to psychotherapy or three years in the case of psychotherapeutic counselling with children and young people.

For qualified psychotherapists who have already successfully completed a training to EAP standards, or equivalent, then a conversion programme of professional training will normally require at least a further 14 months of specialist training in therapy with children and young people. This specialist training will incorporate both academic and clinical components and be at Masters (NVQ level 7) or equivalent for psychotherapy certification and NVQ level 6 or equivalent for psychotherapeutic counselling certification.

1.2 Supervision and therapy must be provided by qualified practitioners with substantial experience of therapy with children and young people and whose training (equivalent via grand parenting) would meet the criteria for the award of ECP of the EAP.

1.3 The training meets EAP criteria for basic professional training, and includes the following elements:

1.3.1 Personal psychotherapeutic experience or equivalent

This should be taken to include training analysis, self-experience and other methods involving elements of Self-reflection, therapy, and personal experience. No single term is agreed by all psychotherapy methods. Any training shall include arrangements to ensure that the trainees can

identify and appropriately manage their personal involvement in and contributions to the processes of the psychotherapies that they practice in accordance with their specific methods. BHIDAPA requires trainees at every level of training to engage in weekly therapy throughout their training programme whether four years, three years or two years as in the case of already qualified psychotherapists/psychotherapeutic counsellors. It is especially relevant to trainees who are working with children and young people because this client group will evoke the trainees own developmental history, no matter how much personal work has been experienced already. BHIDAPA believes that personal therapy for trainees at every level is an ethical and professional obligation.

1.3.2 Theoretical Study

There will be a general part of university study (or equivalent professional training) and a part which is specific to psychotherapy. University or professional courses leading to a first University degree or its equivalent professional qualification in subjects relevant to psychotherapy may be allowed as a part of the whole of the general part of psychotherapy, but cannot count towards the four years (or three years in the case of psychotherapeutic counselling or two years in the case of previously qualified psychotherapists/psychotherapeutic counsellors) of specific psychotherapy/psychotherapeutic counselling training.

The components of training should include the following:

1.3.2.1. Theories of child and adolescent development, including sexual development

1.3.2.2. Attachment theory

1.3.2.3. Neuroscience

1.3.2.4. An understanding of other psychotherapeutic/counselling approaches

1.3.2.5. A theory (s) of change

1.3.2.6. An understanding of socio-political and ecological issues in relation to psychotherapy/psychotherapeutic counselling with children and young people.

1.3.2.7. Theories of pathology/dysfunction

1.3.2.8. Theories of assessment and intervention

1.3.2.9. Child protection and anti-oppressive practice

1.3.2.10. Interdisciplinary/Multi-agency collaboration

1.3.3 Practical Training

This will include sufficient practice under ongoing supervision appropriate to the psychotherapeutic/ counselling method(s) and will be at least two years in duration.

1.4.4 Placement in a Mental Health setting or equivalent professional experience.

1.4.5 The placement must provide adequate experience of children-in-crisis and of collaboration with other specialists in the mental health field (see also 1.4.2.10 above).

2. Completion of training

2.1 By the end of the training the trainee will have to demonstrate personal, social and professional maturity and a commitment to working to the ethical standards of BHIDAPA

2.2 There will be an assessment of both theoretical and practical work, which will include an external evaluation.

2.3 The psychotherapist or psychotherapeutic counsellor must be in a professional organisation recognised by BHIDAPA and found to have satisfactory ethical standards and complaints procedures.

2.4 The psychotherapist or psychotherapeutic counsellor will normally have completed a whole professional training within one accredited organisation or in part within another accredited organisation training in the same approach.

Specific Training Standards

Ethics And Anti Oppressive Practice

Policy Statement

BHIDAPA recognises and respect the child's individual human rights including the right to self-determination, within reasonable levels of their need for safety, protection and care and in accordance with the law relating to Child Protection and the rights or parents and carers.

BHIDAPA recognises and acknowledges the need to value the validity of a child's subjective experience and appreciates that their creative adjustments are their best possible 'way of being', in the circumstances. This may, and frequently does manifest in ways that are challenging and difficult for others. BHIDAPA acknowledges the child alone is rarely, if ever, the sole problem.

BHIDAPA encourages and promotes awareness of power issues in the therapeutic relationship; the nature of the clinicians own process, conscious and unconscious, with regard to dependency and vulnerability of the child's physical emotional, psychological needs.

BHIDAPA requires members to promote non-discriminatory practice in terms of race, culture, religion, gender, sexual orientation and disability, which permeate the child's life, and with regard to the experience of children and young people in the context of the wider field: socio political, cultural and ecological.

BHIDAPA requires Members to have a published equal opportunities policy that aims to ensure that no candidate in training, or any applicant positions receives less favourable treatment on grounds that cannot be shown to be justified.

1. BHIDAPA is Required to have Training Programmes that:

1.1 will enable the trainee clinician to identify and work with a child at a level consistent with the child's experience, developmental phase and needs.

1.2 supports and challenges the trainee to work with the child to develop their skills and resources to engage realistically with their life situation and to help realise their potential.

1.3 promote multidisciplinary work with children, along with the necessity for inter and intra-professional dialogue, cooperation and collaboration.

1.4 require trainees address issues of personal development in training through individual personal therapy throughout a training programme and on a weekly basis.

2. Entry Requirements to BHIDAPA Accredited Training Programmes

2.1 Candidates for training in BHIDAPA will possess a stable personality able to sustain a therapeutic relationship and a level of emotional warmth and competency in relation to children and young people.

2.2 Candidates for training in BHIDAPA will have the potential to identify and contain personal issues arising from engaging in therapeutic work with children.

2.3 A personal life compatible with the value base and professional ethics of a relational developmental model.

2.4 Entry to training is at post graduate level or equivalent level that will support candidates to cope satisfactorily with the academic demands of BHIDAPA accredited training programmes.

2.4 If there is any uncertainty about a candidate's academic capacity for training then BHIDAPA's procedures for the accreditation of prior learning (APL) can be applied. This can include provision of a candidate's CV, a portfolio of relevant work with children, formal and informal education, and references from an appropriate person(s). In addition, a written project of a minimum 2,500 words relating to psychotherapy can be required by the BHIDAPA, at their discretion.

2.5 A minimum two References

2.6 Enhanced police check (current and clear)

2.7 Interview(s) must be conducted by senior teaching members of BHIDAPA

3. Core Curriculum

The BHIDAPA agreed core curriculum is intended to support trainees to achieve a clear grasp of the relational developmental approach underpinning the practice of child psychotherapy or psychotherapeutic counselling as conceptualised and taught by the BHIDAPA from assessment to termination. The curriculum will be subject to change subject to periodic review and revision by the BHIDAPA Board in the light of developments in the field.

3.1 BHIDAPA may provide training and development in child psychotherapy and/or psychotherapeutic counselling to:

- Graduate psychotherapists (and psychotherapeutic counsellors) who already have clinical experience in working with adults. Areas of knowledge and understanding are conceptualised and delivered over a minimum of a minimum 14 months.
- Trainees with a relevant first degree or equivalent who meet the entry requirements above and will pursue a programme lasting a minimum 4 (four) years for accreditation as a psychotherapy working with children and young people.
- Trainees with a relevant first degree or equivalent who meet the entry requirements above and will pursue a programme lasting a minimum three years for accreditation as a psychotherapeutic counsellor working with children and young people.

3.2 Themes and subject areas underpinning the core assumptions of a relational developmental approach shall include:

- Pre-birth and birth transition
- Creative adjustments

- Life Script
- Interpersonal relations (repetition and/or reparation)
- Theory of change from a relational developmental perspective
- Theories of human development throughout the life-cycle
- An understanding of other psychotherapeutic approaches
- An understanding of social and cultural issues in relation to psychotherapy
- Theories of psychopathology
- Theories of assessment and intervention
- Family, Community and School
- Special Educational Needs, Emotional, Social & Behavioural Difficulties
- Mental Health issues
- Attachment theory
- Theories of Child and Adolescent Development
- Shame and Envy
- Neuroscience
- Assessment/Risk Assessment, Diagnosis
- Termination of therapy including premature endings
- Child protection legislation
- Interdisciplinary and Multi-agency Working with emphasis on appropriate procedures and protocols for information sharing
- Supervision
- Anti-oppressive practice

3.3. The rights of students are to be safeguarded through:

- BHIDAPA approved procedures and processes of quality assurance
- BHIDAPA approved Complaints Procedure
- BHIDAPA. approved Grievance procedure
- BHIDAPA approved Equal Opportunities Policy.

3.4. Trainees and staff of all BHIDAPA are required to familiarise themselves with the BHIDAPA approved Health & Safety policy and procedures.

4. Research

4.1 BHIDAPA is required to teach research methods compatible with the philosophical and value base of their relational developmental approach and include a research case study (and/or other relevant research methodology) as part of the trainees assessment.

5. Assessment

5.1 BHIDAPA accredited training programme are required to provide:

- Written criteria for the assessment of trainees coursework together with written information on the length of modules/workshops/seminars/lectures.
- The ways in which the purpose and modes of assessment relate to the learning outcomes must be clearly identified.

5.2 Opportunities should be provided for feedback to enable trainees to assess their own strengths and developmental needs, via course work, supervisors reports and tutor feedback during workshops.

5.3 The final evaluation of trainees' competence should include internal assessment and external verification of both theoretical understanding and clinical competence.

6. Qualification

6.1 Upon successful completion of an BHIDAPA accredited programme graduates are eligible for BHIDAPA certification. 6

7. Continued Professional Development

7.1 BHIDAPA is requested to uphold the principle of the lifelong learning and the monitoring of practice for the protection of the public.

7.2 BHIDAPA is therefore required to publish a Continued Professional Development Policy.

Knowledge and Understanding

The successful trainee is expected to demonstrate:

A1. Knowledge base:

A1.1 An advanced level of theoretical knowledge of the chosen model of psychotherapy

A1.2 A general level of understanding of other major models of psychotherapy.

A1.3 An advanced level of understanding of research methods relevant to the chosen model of psychotherapy.

A1.4 A general knowledge of research methods relevant to the major models of psychotherapy.

A2 Analysis: The ability to formulate:

A2.1 A model of the mind and/or person.

A2.2 A model of individual development.

A2.3 A model of therapeutic change using theoretical knowledge of the chosen model of psychotherapy.

A2.4 Analyse complex, incomplete or contradictory areas of clinical understanding in order to conceptualise a range of therapeutic interventions.

A3 Synthesis and Creativity: The ability to:

A3.1 Develop hypotheses and generate therapeutic responses to clinical problems.

A4 Evaluation: The ability to:

A4.1 Critically reflect, assess and report on own and others work with children and young people.

A4.2 Critique chosen model of psychotherapy.

Personal Skills

B1 Therapeutic Skills Demonstrate ability to use theoretical knowledge to be able to:

B1.1 Assess child's suitability for psychotherapy.

B1.2 Formulate and apply appropriate therapeutic processes/strategies.

B1.3 Establish and work with the therapeutic relationship.

B1.4 Make appropriate therapeutic interventions.

B1.5 Manage the termination of therapy, both planned and premature endings.

B2 Self Appraisal and critical reflection on clinical practice The ability to:

B2.1 Critically reflect on the therapeutic process and own functioning in order to develop practice.

B3 Planning and management of learning/practice The ability to:

B3.1 Autonomously use resources for learning.

B3.2 Prepare for and make effective use of supervision.

B3.3 Identify, clarify, assess and manage a range of clinical problems.

B4 Communication and Presentation The ability to:

B4.1 Engage confidently in communications with other professionals.

B5 Interactive Professional and Group Skills The ability to:

B5.1 Negotiate and handle conflict.

B5.2 Work co-operatively with others.

Context of Professional Practice

C1 Characteristics of professional setting

The trainee is expected to acquire:

C1.1 Experience of complex and unpredictable or specialised context that may demand capacity for adaptation and innovative practice.

C2 Responsibility The trainee is required to demonstrate:

C2.1 Autonomy in professional practice.

C2.3 Awareness of ethical requirements and standards of professional practice.

C2.4 Ability to work proactively and co-operatively with others to formulate solutions to ethical problems.

C2.5 Capacity to tolerate ambiguity and uncertainty that often occasion ethical dilemmas.

Transferable Skills

A2.4 Analyse complex, incomplete or contradictory areas of clinical understanding in order to conceptualise a range of therapeutic interventions.

A4.1 Critically reflect, assess and report on own and others work with clients. 9

B2.1 Critically reflect on the therapeutic process and own functioning in order to develop practice.

B3.1 Autonomously use resources for learning.

B4.1 Engage confidently in communications with other professionals.

B5.1 Negotiate and handle conflict.

B5.2 Work co-operatively with others.

C1.1 Experience complex and unpredictable or specialised context that may demand capacity for adaptation and innovative practice.

C2.1 Autonomy in professional practice.

C2.2 Responsibility for self-monitoring.

C2.3 Awareness of ethical requirements and standards of professional practice.

C2.4 Ability to work proactively and co-operatively with others to formulate solutions to ethical problems.

C2.5 Capacity to tolerate ambiguity and uncertainty that often occasion ethical dilemmas



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Educational program in Child and Adolescent Psychotherapy

Accredited Educational Program in Child and Adolescent Integrative Psychotherapy and Counseling has been implemented in Bosnia and Herzegovina since mid-2015.

The educational program lasts 4 years, and is divided into basic and advanced part of the educational program. The basic educational program lasts for 2 years, followed by the advanced part of the education. The training is conducted in cooperation with and respecting the standards of EIATSCYP, EAIP, EUROPCS and EAP, and the Convention on the Rights of the Child and clearly defined WHO approaches on primary, secondary and tertiary prevention.

Upon completion of education and taking the exam, candidates receive: the diploma of integrative psychotherapist for children and adolescents from the BHIDAPA Center and the European Certificate issued by the EIATSCYP.

The education in psychotherapy can include a student who:

- has completed undergraduate and graduate university studies or integrated undergraduate and graduate university studies in the field of medicine, psychology, social work, educational rehabilitation-health studies, social pedagogy, pedagogy and speech therapy.

If a student does not meet the requirements of the above requirements for inclusion of students in education, but has completed undergraduate and graduate university studies or integrated undergraduate and graduate university studies in another field, he must have completed the study of propaedeutics psychotherapy.

The curriculum for integrative psychotherapist for children and adolescents and counseling therapist is delivered to students at the beginning of each educational year in the form of a brochure and published on the bhidapa website, in the menu education-European accredited educational programs-integrative psychotherapy for children and adolescents, (lecture schedules, Module announcements, Topics, lecturers, Venue, work dynamics ... are in the menu education-submenu-student corner). All students have access code for the electronic library (Module presentations, Literature, Articles, books, essays ...). Students are informed in a timely manner of all news related to education and changes that follow the standards of the European Association and harmonization with formal education. At the beginning of 2020, in accordance with epidemiological measures, the BHIDAPA educational program continues to organize and coordinate E-teaching in accordance with the recommendations of the EAP and continues to teach through the Zoom platform.

Duration of education

The training lasts for four years, and after completing the training and successfully passing the final exam, candidates receive a BHIDAPA diploma, with which they apply for and which automatically allows them to apply for and obtain the EIATSCYP-Ken Evans European Certificate for Child and Adolescent Psychotherapist (<https://eiatscyp.com/wp-content/uploads/2021/07/EIATSCYP-Ken-Evans-Individual-Membership-Registration-Form.pdf>).

The total duration of the training includes 3,200 hours, spread over seven years, of which at least four years must be training specific to psychotherapy.

Training is, as a rule, performed once a month, extended weekend (20 hours), with summer and winter breaks.

The curriculum of education in the field of child and adolescent integrative psychotherapy consists of at least 4 years and includes at least 1600 hours.

- ❖ theoretical part and research work (650 hours) through modules
- ❖ clinical practice (400 hours)
- ❖ supervision (180 hours) which can be realized individually and through group supervision
- ❖ personal / personal psychotherapeutic experience (310 hours – include self-experience, self-reflection, therapy, personal experience)
- ❖ submitted and positively evaluated all essays during the training (8 essays - 2 in each educational year and 4 personal development profiles - 1 in each educational year)
- ❖ Passed all written exams (40)
- ❖ Submitted final paper-case study;
- ❖ Application for the final exam;
- ❖ Passed the oral exam in front of the Final Certification Board (three-member commission)
- ❖ The application procedure for obtaining a European certificate can be found at (Application Procedures for the European Certificate - <https://eiatscyp.com/application-for-membership/>)
- ❖ Specifications for license renewal (re-registration) are regulated by European EAP standards and can be found on the website: <https://www.europsyche.org/ecp/apply-for-ecp/cpd/>.

Other hours are calculated through written and oral papers, exams, research papers, case reports and reading literature. The educational program follows European standards, and the hours may change accordingly. Training is, as a rule, performed once a month, extended weekend (20 hours), with summer and winter breaks.

The program prepares candidates for professional and academic experience with special emphasis on clinical skills, professional competence, personal development, supervision, capacity for multidisciplinary and intersectoral cooperation, meeting the criteria of good clinical practice that ensures a high level of education and research.

Leaders of Education and Program:

- Prof.dr.med.sc. Dubravka Kocijan Hercigonja, child and adolescent neuropsychiatrist and integrative psychotherapist for children, adolescents and adults, is a lecturer at the Faculty of Medicine and Education and Rehabilitation in Zagreb, founder of the D.O.M. She is the President of the European Interdisciplinary Association of Therapeutic Services for Children and Adolescents (EIATSCYP) - the leader of the educational program in child and adolescent integrative psychotherapy.
- Mirela Badurina, PhD, founder and director of BHIDAPA, European Certified Psychotherapist (ECP)³, European certified Gestalt therapist (EAGT)⁴, European Certified Psychotherapist for Children and Adolescents (EIATSCYP⁵, EAIP), European Certified Integrative Psychotherapist, Trainers and Supervisor (EAIP)⁶, Chair of the EIATSCYP Membership Committee and Registry⁷, Head of the Educational Program, President of the Assembly of the SPU in BiH and a representative of the institute-organization for psychotherapy from BiH in the EAIP⁸.

Trainers of BHIDAPA Education Program are the following:

- Sabina Zijadić Husić, psychologist, gestalt, integrative psychotherapist for children and adolescents EIATSCYP⁹, supervisor and trainers, member of Membership Comitee and member of Training Standard Committee EIATSCYP, European Certified Integrative Psychotherapist, Trainers and Supervisor (EAIP)¹⁰ in the process of gaining ECP certificate.

³ https://ecp.europsyche.org/wstore/memberServlet?Member=407044_Badurina

⁴ <https://www.eagt.org/joomla/index.php/2016-02-25-22-21-51/members-new-grid>

⁵ <https://eiatscyp.com/2017/12/16/mirela-badurina/>

⁶ <http://www.euroaip.eu/ecip-holders/name/mirela-badurina/>

⁷ <https://eiatscyp.com/members/> i <https://eiatscyp.com/members/>

⁸ <http://www.euroaip.eu/eaip-organisations/?cn-s=&cn-cat=44#cn-top>

⁹ <https://eiatscyp.com/2017/12/16/sabina-zijadic-husic/>

¹⁰ <http://www.euroaip.eu/ecip-holders/name/sabina-zijadic-husic/>

- Prim. MSc. Azra Arnautović, MD – pediatrician, group analyst, integrative psychotherapist for children and adolescents (EIATSCYP)¹¹, supervisor, European Certified Integrative Psychotherapist, Trainers and Supervisor (EAIP)¹² in the process of gaining ECP certificate.

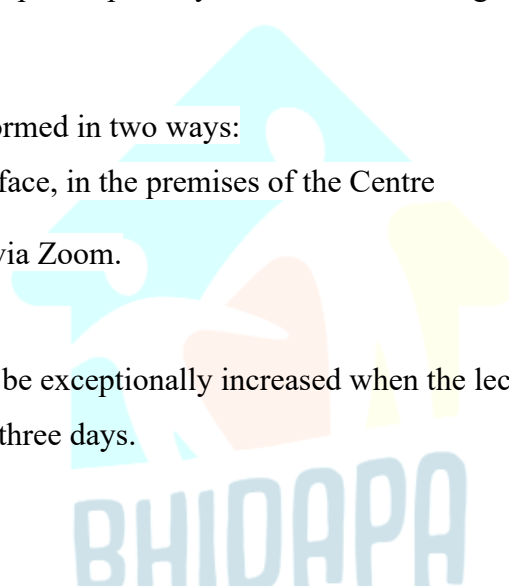
Place and dynamics of education

It will be held one weekend a month, from Friday to Sunday or Saturday and Sunday, and once a year is organized "Summer School of Child Psychotherapy-Intensive Module" lasting from four to five days. The intensive module is paid separately to the school that organizes the intensive.

Educational program is performed in two ways:

1. Classical method: face-to-face, in the premises of the Centre
2. Distance learning: online via Zoom.

Duration, time and price can be exceptionally increased when the lecturers are foreigners and when the modules last longer than three days.



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¹¹ <https://eiatscyp.com/2017/12/16/azra-arnautovic/>

¹² <http://www.euroaip.eu/ecip-holders/name/azra-arnautovic/>

PROGRAM DESCRIPTION

Information about the Education Program

Program title	Four-year Education Program entitled "Integrative Psychotherapy for Children and Adolescents"
Diploma	An integrative psychotherapist for children and adolescents
Certificate	The European Certificate in Child and Adolescent Psychotherapy
Education duration	4 years – 8 semesters
Number of hours invested in the education	1600 hours
Value of program in credit points	

Entry conditions

The education in psychotherapy can include a student who:

– has completed undergraduate and graduate university studies or integrated undergraduate and graduate university studies in the field of medicine, psychology, social work, educational rehabilitation-health studies, social pedagogy, pedagogy and speech therapy.

If a student does not meet the requirements of the above requirements for inclusion of students in education, but has completed undergraduate and graduate university studies or integrated undergraduate and graduate university studies in another field, he must have completed the study of propaedeutics psychotherapy.

At the beginning of the training, participants receive a complete training program for the academic year, INDEX, Education Contracts are signed, Application form, and access code for e-library.

The program includes learning different techniques and approaches Psychotherapy is based on the 1991 Strasbourg Declaration incorporating the Statute of the European Association for Psychotherapy.

Education contains:

- Theory and paper methodology, research paper
- Supervision and clinical practices
- Skills development
- Personal development

Each module/lecture includes:

- Group process,
- theoretical sessions of professors,
- practice in small groups,
- supervision in large group,
- practical work
- exam,
- skills development and personal development.

The education was organized through an integrated intensive modular approach, which proved to be the most efficient solution through practice. One module will be realized every month, after which participants have time for independent work, literature research, consultative work with professors and professional teaching associates (through direct or online communication), as well as active work on personal growth and development.

Education groups are closed with a constant number of participants.

If the module is led by an expert from abroad, then the module can be open, and group processes remain closed only to educators. Therefore, the open part of the module can be accessed by all interested persons who are not participants in education, but in their daily work are engaged in psychotherapy, counseling, treatment, education of children and youth, and improving mental health of children and youth and their well-being.

The program prepares candidates for professional and academic experience with special emphasis on clinical skills, professional competence, personal development, while meeting the criteria of good clinical practice that ensures a high level of education and research.

Assesment Procedure

- 2 written essays per year on the certain topic, 1 personal profile essay per year, self-evaluation, evaluation of individual psychotherapist, evaluation of trainers and leaders of group process, evaluation from supervisor and outside examiner each year, exam of gained theoretical knowledge after each completed module (8-10 per year). Regular assessment procedure (see Appendix 5)

Final certification procedure

Required conditions for education entry:

- Completed Faculty of Medicine, Psychology, Social Work, Educational-Rehabilitation, Faculty of Health Sciences, Pedagogical; Interview with members of the education commission; Membership in BHIDAPA;
- If the student does not meet the requirements of the above propositions to include into education, but has completed undergraduate and graduate university studies or integrated undergraduate and graduate university studies in another field, must have a finished study of propaedeutics in psychotherapy.

Final Assessment procedures:

Prior to taking the final exam, trainees should provide: their CV, training hours log, clinical practice report, letters of support from primary supervisor and/or trainer and confirmation from primary therapist regarding completed hours of personal therapy.

The examination has two parts: written and oral examination.

Written examination- diploma

The written examination involves the 'diploma' covering case study, theory and professional factors.

The first topic of diploma is: 'My identity as Integrative psychotherapist'. It covers a description of trainee's professional context, learning experiences through training and description of his approach to psychotherapy integration. The second topic is a comprehensive case study, which involves client history, diagnosis, treatment planning, therapy process and interventions.

The third part of the Diploma is a theoretical essay regarding integrative psychotherapy. It should be

congruent with the case study and show a theoretical understanding of the therapy practice covered in the case study. The diploma must be submitted for evaluation four months prior to the date of oral examination.

Oral examination

Persons who have successfully completed the written exam ('diploma') can take the oral examination. The oral examination is the final stage of the process. Candidates should bring two different recorded samples of their work with clients of 5-10 minutes in duration per sequence, or present therapeutic skills live, working with peer trainee in duration 20 minutes. Then follows a discussion regarding the tapes and psychotherapy process (regarding the clients presented and/or case study), which covers both the understanding of psychotherapy practice and integration with theory.

Psychotherapists involved in both assessment procedures are both members of the training faculty of the BHIDAPA as well as psychotherapists outside of the BHIDAPA. The written exam is scored by a therapist who is not the candidate's primary trainer, supervisor or therapist (professors of clinical psychology, neuro-psychiatrists, psychotherapist). In the oral exam there are at least three psychotherapists present (professors of clinical psychology, neuro-psychiatrists, psychotherapist). At least one of the evaluators comes from outside of the BHIDAPA. At least two evaluators are Integrative psychotherapists specialised in working with children and adolescents.

After successfully scored written and oral exam the candidate obtains BHIDAPA diploma signed by three members of final certification Board (examining committee members). Therapists who are interested for European Certificate for Psychotherapy can apply to EIATSCYP Ken Evans, EAIP and EAP.

Content of educational program in integrative psychotherapy

The education lasts four years. The fifth year is optional and includes advanced supervision-mentoring, exam preparation and training.

Education is structured in four main areas. The first year is to get acquainted with the basic theory and how it relates to the personal experience of each student. The second year covers psychotherapeutic methods and techniques, third year specific modalities of integrative psychotherapy and work with specific problems. The fourth year is dedicated to the integration of theory and personal integration of students. Different approaches to the integration of psychotherapy will be explored, where the relationship between integrative and other psychotherapeutic directions will be examined. The emphasis is on developing a unique way of working for each student. The fifth year is elective and is intended for exam preparation, advanced theory and continuous professional development.

First year – basic part

MODULE TOPICS:

1. Introduction to integrative psychotherapy development and comparison
 2. Personality development, part 1: development of attachment, t. object relations, t. separation and individualization
 3. Ego states in integrative psychotherapy
 4. Personality Development, Part 2: Self Development, vol. Daniel Stern, adolescence
 5. Life script and scripting systems
 6. Object relations
 7. Development of gender and sexual identity
 8. Relational needs and theory of motivation
 9. Basic modalities and skills in working with children (play therapy)
 10. Unconscious processes-transfer and counter-transference, projective identification and parallel processes
-

| Second year

MODULE TOPICS:

1. First therapy sessions with clients
2. Ethics and introduction to research work in integrative psychotherapy in work with children and adolescents
3. Diagnosis and interventions in integrative psychotherapy of children and adolescents (multi-disciplinary and inter-sectoral)
4. Methods and techniques of working with adolescents
5. Developmental psychopathology 1
6. Developmental psychopathology 2
7. Shame and Identity: A Relational Developmental approach to working with Children and Young People – contacts and contact interruptions
8. Group therapy and psychodrama
9. Theory of Change
10. Supervision and development of psychotherapist identity

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Third year- advanced part

MODULE TOPICS:

1. Therapeutic relationship, Therapeutic alliance and work with alliance disorders
 2. Psychological trauma, abuse, neglect and introduction to therapeutic work.
 3. Working with sexually abused children and forensically sensitive therapy- Forensic interview and cooperation with institutions
 4. Work on the dreams
 5. Sexuality, gender and dream psychotherapy
 6. Parental Divorce: A Child in Focus
 7. Working with addictions
 8. Attachment style psychotherapy
 9. Crisis interventions and creative models in communication (online-offline)
 10. Loss and grieving
-

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Fourth Year

MODULE TOPICS:

1. Internalized disorders (anxiety, depression, psychosomatics and suicidality)
 2. Externalized disorders (behavioral and defiant disorders)
 3. ADHD – understanding and treatment
 4. Family therapy
 5. Neurodevelopmental disorders, personality disorders, prepsychotic and psychotic states
 6. Psychotherapy and pharmacotherapy
 7. Early relations and eating disorders
 8. Neuroscience and psychotherapy
 9. Spirituality and psychotherapy: Who am I, where am I going and what am I becoming? - Integration of identity psychotherapists and psychotherapy
 10. Mentor work
-

FINAL EXAM

We follow new scientific and professional knowledge and guidelines in psychotherapy, so that certain contents in the curriculum can be added and / or changed

Conditions for obtaining a certificate in Child and Adolescent Psychotherapy :

- ❖ Attendance to all modules (40 modules, 32 modules through continuous teaching conducted in BHIDAPA / i, and 8 modules implemented through four Intensive modules), - theoretical and research work, with research and reading of literature through independent work in consultation with lecturers - 650 hours
- ❖ Minimum 400 hours of clinical practice
- ❖ 180 hours of supervision with supervisor approved by education holder
- ❖ Minimum 310 hours of personal-personal therapy with a therapist approved by the training provider

- ❖ All essays submitted during the training (8 essays, 4 personal development profiles) Predan završni rad
- ❖ Submitted final paper
- ❖ Passed the final exam in front of the commission
- ❖ Adherence to the Code of Ethics, the Convention on the Rights of the Child, the Protocol on the Protection of the Child and the UN PSEA Protocol
- ❖ Settlement of obligations towards BHIDAPA and met criteria of personal and professional development

All Modules are Obligatory!

If a student misses up to 2 modules during the educational year, he / she can continue to attend the training, but must subsequently make up for lost modules with the next generation or in another school (eg D.O.M. Institute) on the same topic.

If the student is absent from more than 2 modules, then he loses the right to continue education with his group, and must pause and enroll in continuing education with the next generation.

Essays for educational year

During one educational year it is necessary to write and submit 2 essays on a topic of your choice which are suggested to students in relation to the topics of the module (eg, Importance of transfers and countertransfers in working with children / adolescents. Examples of essays can be found in the library. During the educational year, participants write a "Personal / Personal Development Profile" whose submission, among other conditions, is necessary for enrollment in the following year. Essays and Personal / Personal Development Profile are evaluated and entered in the index.

Criteria for grading:

- A –a remarkable success, with no mistakes or with minor errors
- B - above the average, with a few mistakes
- C – average, with noticeable mistakes
- D –generally good, but with significant drawbacks
- E –meets the minimum criteria
- F –does not meet the minimum criteria

The essay should contain 2000-2500 words, should be written on a computer, and with double spacing.

The deadline for essay submission follows the semester dynamics. The first essay no later than the end of the first semester, the second essay and personal development profile by the end of the second semester (educational year). Essays are sent to the address info@bhidapa.ba with the indication *ESSAY (Name of essay, educational year) or PERSONAL-PERSONAL PROFILE_NAME AND SURNAME (educational year) and in brackets the designation of the group to which the student belongs, e.g. G6, G7 ...)*

Personal development profile

The purpose of the personal development profile is to evaluate the student's personal development during the year and to demonstrate a practical understanding of personal development during therapeutic education and its impact on the therapeutic relationship.

Essay « Personal development profile » should contain :

- Consideration and evaluation of specific goals of personal development
- Self-awareness in relationships with oneself, group, staff, clients and loved ones
- Degree of participation in all parts of education, including the group process
- Issues that were especially important for the student during the year
- The relationship between the student and his clinical practice
- Potential future goals in personal development

Two important conditions for grading personal development profile:

1. The essay points to a sincere commitment to personal progress and development

The essay indicates the possibility of reflection on personal development

APPENDIX 1

Personal therapy

- Students are required to be in personal / personal therapy for the duration of the modular program and on a regular weekly basis. The financial costs of personal / personal therapy are not included in the costs of education. Students are responsible for paying the cost of personal therapy directly to their therapist
- Students will be in the personal / personal therapy of certified therapists with at least 4 years of practice.
- If a student decides to hire a personal therapist on his / her own, he / she must get approval from the Program Manager.
- Personal / personal therapy provides an important developmental moment for students by ensuring that their personal / personal growth is in line with the evolving requirements of psychotherapeutic education and the associated practice of supervised psychotherapeutic activity. Specifically, personal therapy will sensitize the student to:
Poveže značajne aspekte teorije sa svojim vlastitim razvojem
 - Develops sufficient insight to be able to increase the mature assessment of his personal history and current level of functioning with individuals and in the group
 - Be able to connect personal insights into clinical practice, especially in understanding transfer-countertransfer issues.
- The student's ability to be a therapist is directly related to his / her ability to be a client. Namely, personal therapy requires a willingness to be vulnerable in developing self-awareness and self-awareness in relation to other people. This can be monitored during the training in increasing the student's ability to establish contact, with himself and with other participants in the training, including the leader.
- Personal development is also the focus of the Personal Development Profile
- In case the student cannot meet the requirements of current personal therapy, e.g. too long periods of attendance without satisfactory explanation, completion of therapy or non-appearance at therapy sessions, the trainer will reasonably expect to be informed by the therapist in a short written statement that is limited to the statement of presence / absence.

APPENDIX 2

Clinical supervision

- The clinical supervisor helps to investigate the therapeutic relationship by observing the development of the supervisor's therapeutic competence and taking into account the client's well-being. As a result of such a study, all members of the triad - the client, Supervised person and supervisor - can learn and develop.
- In the 3rd and 4th year the student is expected to start attending supervision, and there are at least 180 hours until the end of the education / until the final exam.
- Financial costs of supervision are not included in education costs. Students are responsible for paying supervision costs directly to their supervisor.
- Students can opt for group or individual form of supervision.
- BHIDAPA, in collaboration with the D.O.M. Institute, will provide students with the names of supervisors who have recorded a certain level of ability to establish a relationship between psychotherapeutic theory and practice.
- If a student decides to independently hire a supervisor who is not on the list offered by BHIDAPA, and in cooperation with the D.O.M. Institute, he must obtain approval from the Program Manager.
- The Supervisor will send the Program Manager an annual report on the student's professional development.
- The annual report is submitted for both the 3rd and 4th year of education.

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APPENDIX 3

Certification process

Participants will successfully pass the final exam and meet all the conditions of education will be candidates for accreditation / certification by the European Interdisciplinary Therapeutic Service for Children and Adolescents (EIATSCYP-Ken Evans).

Goals:

The awarding of certificates by EIATCYP has 2 objectives:

1. To support and develop the professional integrity of therapists or counselors in working with children and young people
2. To protect and emphasize the integrity of psychotherapy or therapeutic counseling with children and young people

Who can get the certificate:

Members of institutes / associations / training centers who are fully authorized by EIATCYP to conduct the training and who have successfully completed the training and met all its requirements.

Application procedure:

Members (listed above) can apply for an EIATCYP Certificate in Child and Adolescent Psychotherapy or Counseling through their Education Center who will:

- Submit to the EIATCYP the name of the candidate together with a certificate of their successful completion of the training and all the conditions of the same.
- Confirm that the therapist continues to do psychotherapy or counseling, and that he / she receives adequate supervision
- If the above procedures are met, EIATCYP will issue a Certificate

Expenses:

The initial cost for issuing a certificate is 60 Euros, and the annual renewal of the same is 35 Euros. The initial amount of 60 Euros must be sent to EIATSCYP together with the application for certification.

Re-registration of the certificate is performed every 3-5 years from the date of issuance of the certificate in accordance with EAP standards).

APPENDIX 4

Ethical codex

1. Client-therapist relationship

- a) The client-therapist relationship is a professional relationship in which the client's well-being is the therapist's primary concern
- b) The dignity, value and uniqueness of the client must be respected at all times
- c) The therapist's goal is to promote increased awareness, encourage self-support, self-development and client autonomy, with insight into the expanded range of choices available to him, along with their ability / willingness to accept the decision they make.
 - The therapist must recognize the importance of a good relationship for effective therapy and be aware of the strength and impact that strength gives them. The therapist must act in accordance with this knowledge and not exploit the client financially, emotionally or physically / sexually for personal progress or for his or her own needs.
 - The therapist must not take money with false intentions - consciously detain the client after it has been observed that the therapy has been effective or increase costs unreasonably without the necessary warning
 - The physical and / or sexual relationship with the client is exploitative. Discontinuation of therapy does not change the nature of the relationship
 - Sexual harassment in the form of intentional or repeated comments, gestures or physical contacts of a sexual nature that are, or could be considered offensive by the client, are unethical
 - The therapist must be aware that other relationships or external obligations are in conflict with the client's interests. When such a conflict of interest exists, it is the responsibility of the therapist to disclose it and to be prepared to work out those issues with the client.
 - The therapist must recognize a dual relationship - when the client is at the same time an employee, close friend, relative or partner - that is likely to spoil their professional judgment and thus cause stress to clients and themselves

2. Confidentiality

Confidentiality is the essence of good work. Any exchange of information between the therapist and the client must be considered confidential. When the therapist has any doubts about the limits of trust, he / she should seek supervision. Confidentiality of the relationship does not change after the termination of the therapeutic relationship.



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Ethical principles and issues in working with children

Ethical principles and issues Within the ethical principles related to the professions that participate in the diagnostic and therapeutic process, attention is focused on the need to take responsibility for performing the profession for which the individual is qualified. The basis of ethical principles are the principles of the medical profession defined by Hippocrates, and in addition to the medical profession refers to other related and collaborative professions aimed at providing various types of assistance (diagnosis, treatment, rehabilitation, prevention at all three levels of health care, etc.) children who need some help. The basic ethical principles, according to Hippocrates, are:

- a) The health of the patient, in this case the child, is the supreme law (*Salus aegroti suprema lex*). Today, this approach is most often described as patient well-being, which always comes first. In working with children, this means the well-being of the child; the principle of the best interests of the child is paramount.
- b) The will of the client / patient is the supreme law (*Voluntas aegroti suprema lex*). Today, respecting the client's will is the basis of informed consent to undertake certain diagnostic and therapeutic procedures. In working with children, this means informing the child and parents / guardians about the problem and goals of treatment and obtaining consent for the same, which is a condition for active participation in treatment and affects the outcome.
- c) Do not harm the patient / client, in this case the child (*Primum nil nocere*), which some experts consider to be a basic ethical principle. Some are of the opinion that it is even more important not to do possible harm than to do good. Given the sensitivity of this approach that "less of the two evils should be chosen", ie deciding between the client's well-being or not doing harm, it requires high professionalism of experts which includes professional knowledge and skills, knowledge of legal regulations, communication skills, etc.
- d) Justice (*Iustitia*) implies the obligation and duty of physicians, psychotherapists, any specialist, regardless of the basic profession, to leave certain therapeutic interventions to those therapists who do it best or are additionally trained to perform certain diagnostic or therapeutic procedures. Fairness also means aligning the entire procedure with the client's well-being. (Kozarić Kvačić, Frančiskov, 2014).

Most of the principles of modern developmental psychotherapy, as a form of treatment, and often the number one choice in the treatment of children (or in combination with medication), derived from the above basic principles, due to the development of the profession and growing demands and expectations of clients and members their families in connection with the implementation of certain therapeutic processes.

In the context of psychotherapy, as a form of treatment, protecting children's rights, professional standard and code of ethics (which regulates the field of developmental psychotherapy in developed countries), there are three basic ethical issues that have their own specifics in the treatment of children:

1. The question of the competencies of psychotherapists
2. The issue of giving consent for the treatment of ipeuta
3. The issue of confidentiality

The application of modalities and methods of adult psychotherapy in working with children is considered not only inadequate but also unethical. Therefore, the code of ethics stipulates that therapists who work with children, young people and their families must be specially trained for this work.

Consent issues stipulate that it is unethical to conduct therapy without the consent of the child, without the informed consent of his / her parents / guardians (which has previously been the practice, eg at the request of a school or court). In addition, it is ethical for the child to be informed about the treatment planned for him, the dynamics of the sessions, the goal that is defined together, to be involved in the decision-making process, ie giving consent for treatment. Professional conversations are conducted around age, cognitive and emotional maturity, when it is considered that the child is sufficiently developmentally ready to participate in these processes. Some believe that it is the age of seven, while others move this limit to the age between 11 and 13. (Bojanin & Popović, Deušić, 2012).

The next ethical question is: should children have the same **right to privacy and confidentiality** in counseling / psychotherapy / treatment as adults? The code of ethics in working with children is in line with the Child Protection Policy (Rules of conduct in the protection of children <https://bhidapa.ba/pravila-o-postupanju-u-zastiti-djece/>), UN convention on rights of the child , the UN Convention on Rights in Their Best Interest, and the UN PSEA Protocol, and clearly specifies the limitations of this right in cases of suspicion of child abuse and neglect, expressed intent to harm oneself and others. In this case, the health worker and associate is obliged and responsible, without delay, to inform the competent institutions (and inform the child and parents in advance): guardianship authority according to the child's place of residence, police administration, health institution (hospital), and in some cases the competent prosecutor's office.

Care is taken to protect the privacy of children and their families in the storage and preservation of documentation.

All experts are obliged to respect the ethical principles of their profession, and the ethical principles of research with children.



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Course lecturers, lecturers, individual therapists and supervisors

Prof. dr. med. sc. Dubravka Kocijan-Hercigonja, neuropsychiatrist and integrative psychotherapist for children and adolescents, supervisors, lecturers, individual therapists and supervisors

Prof. dr. med. sc. Vera Daneš - Brozek, neuropsychiatrist for children and adolescents and psychodynamic psychotherapist, supervisor

Prof. dr. psih. sc. Gordana Buljan-Flander, clinical psychologist and integrative psychotherapist for children and adolescents, supervisor

Prof. dr. med. sc. Mirjana Graovac, psychiatrist and psychoanalytic psychodrama psychotherapist for children and adolescents, supervisor

Mirela Badurina, PhD, gestalt, integrative psychotherapist, spec. integrative psychotherapist for children and adolescents, trainer and supervisor

Sabina Zijadić Husić, psychologist, gestalt, integrative psychotherapist, spec. integrative psychotherapist for children and adolescents, trainer and supervisor

Vesna Hercigonja Novković, PhD, defectologist and integrative psychotherapist for children and adolescents

Prim. mr. sc. dr. Azra Arnautović, pediatrician, group psychoanalyst, integrative psychotherapist, spec. integrative psychotherapist for children and adolescents, trainer and supervisor

Prof.dr. psih. sc. Gregor Žvelc, psychologist, integrative psychotherapist, TA, KBT, EMDR

Doc. dr. psih. sc. Bruna Profaca, clinical psychologist
Mr.soc. sc. Joana Hewitt Evans, socijalni rad, gestalt i integrativni psihoterapeut za djecu i adolescente, supervizor

Dr. psih. sc. Maša Žvelc, psiholog, integrativni psihoterapeut, TA, supervizor

Prof. dr. med. sc. Goran Arbanas, psihijatar i psihoterapeut, supervisor

Prof. dr. med. sc. Vesna Vidović, neuropsychiatrist for children and adolescents and a family psychotherapist

Mr.sc. Sedin Habibović, TA, system constellation therapist, EMDR and Mindfulness trainer

Ivana Slavković, European certified psychodrama psychotherapist and trainer

Mr. sc. Đana Lončarica, psychologist, gestalt, family systems psychotherapist, integrative psychotherapist for children and adolescents and supervisor

Prim. dr. med. Ranka Kalinić, spec. child psychiatry and psychotherapist

Prof.dr.sc. Mirjana Mavrak, psychologist-pedagogue and gestalt psychotherapist under supervision

Prof. dr. psih. sc. Igor Krnetić, psychologist and RE & KBT, ACT and CFT therapist

Proposed literature

1. Allen, J., Moore, C., Kuperminc, G. i Bell, K. (1998). Attachment and adolescent psychosocial functioning. *Child Development*, 69, 1406–1419.
2. Allen, J.P., McElhaney, K.B., Kuperminc, G.P. i Jodl, K.M. (2004). Stability and change in attachment security across adolescence. *Child Development*, 75(6), 1792-1805.
3. Anthony, E.J., Cohler, B.J. (1987). *The invulnerable child*. New York: Guilford Press. Antonovsky, A. (1979). *Health, stress, and coping*. San Francisco: Jossey-Boss.
4. Antonovsky, A. (1984). The sense of coherence as a determinant of health. *Behavioral health: A handbook of health enhancement*. New York City: Wiley.
5. Antonovsky, A. (1994). *The sense of coherence: An historical and future perspective*. In H.I. McCubbin, E. A. Thomson, A. I. Thomson & E. Fromer (EDS). *Sense of coherence and resiliency: Stress, coping and Health*. Madison, WI: University of Wisconsin System.
6. Arbona, C. i Power, T.G. (2003). Parental attachment, self-esteem, and antisocial behaviors among African American, European American and Mexican American adolescents. *Journal of Counseling Psychology*, 50, 40–51.
7. Armsden, G. i Greenberg, M. (1987). The inventory of parent and peer attachment: Individual differences and their relationship to psychological well-being in adolescence. *Journal of Youth and Adolescents*, 16, 427–454.
8. Arsenio, W., Shea, T. & Sacks, B. (2000). Juvenile offenders' and comparison adolescents' conceptions of the emotional consequences of victimization: *Relations with attachment and empathy*. Manuscript submitted for publication.
9. Badurina, M. (2016). Privrženost i rezilijentnost kao odrednice zdravlja djece i mlađih adolescenata sa stajališta gestalt psihoterapije. *Doktorska disertacija*. Sarajevo: Fakultet zdravstvenih studija.
10. Berk, L. E. (2015). Dječja razvojna psihologija. Zagreb: Naklada Slap
11. Berlin, L.J., Cassidy, J. i Appleyard, K. (2008). The influence of early attachments on otherrelationships. In J. Cassidy i P. R. Shaver (Ur.), *Handbook of Attachment, Theory, Research, and Clinical Application*. New York: Guilford Press, 333-347
12. Berlin, L.J., Cassidy, J. i Appleyard, K. (2008). The influence of early attachments on otherrelationships. In J. Cassidy i P. R. Shaver (Ur.), *Handbook of Attachment, Theory, Research, and Clinical Application*. New York: Guilford Press, 333-347
13. Bilić, V.; Buljan Flander, G., Hrpka, H. (2012). *Nasilje nad djecom i među djecom*. Zagreb: Naklada Slap.
14. Biro, M., Butollo, W. (Ur.) (2003). *Klinička psihologija*. Novi Sad: Katedra za kliničku psihologiju, Ludvig Maximilians Univerzität i Futura publikacije.
15. Blos P. *On Adolescence: Psychoanalytic Interpretation*. New York: Free Press of Glencoe, 1962.
16. Bowlby, J. (1969). *Attachment and loss*. New York: Basic Books.
17. Bowlby, J. (1973). *Attachment and loss. Separation. Anxiety and anger*. New York: Basic books.
18. Bowlby, J. (1988). A Secure Base. Parent-Child Attachment and Healthy Human Development
19. Bowlby, J. (1988). *Developmental psychiatry comes of age*. *American Journal of Psychiatric*. 145(1), 1-10.
20. Bowlby, J. (2005). *The Making and Breaking of Affectional Bonds*.
21. Brkić M. Identitet grupnog analitičara i kontatransfer u analitičkoj grupi. *Psihoterapija* 2016.; vol. 30, br. 2: 251-63.
22. Bronfenbrenner, J. (1997). *Ekologija ljudskog razvoja*. Beograd: Zavod za udžbenike i nastavna sredstva
23. Buljan Flander, G. (2018). *Manipulacije u visokokonfliktnim razvodima - knjiga u pripremi*.
24. Buljan Flander, G., Bačan, M., Matečković, D. (2010). *Nasilna ponašanja mladih - Zašto je ljubav važna?* Zagreb: Nacionalna sveučilišna knjižnica.
25. Buljan Flander, G., Karlović, A. (2004). *Odgajam li dobro svoje dijete*. Zagreb: Marko M.
26. Buljan Flander, G., Kocijan Hercigonja, D. (2003). *Zlostavljanje i zanemarivanje djece*. Zagreb: Nacionalna i sveučilišna knjižnica.
27. Buljan Flander, G., Zarevski, P. (2010). *Moji se roditelji razvode*. Zagreb: Marko M.

28. Cassidy, J., Shaver, P., (2008). The attachment system in adolescence. *Handbook of Attachment: Theory, research and Clinical Applications*. (str. 637-665). New York: The Guilford Press.
29. Catchpole, R. E. H. (2009). Attachment to caregivers and psychopathic characteristics among adolescents at risk for aggression. *Dissertation Abstracts International. Section B: The Sciences and Engineering*, 70.
30. Chethik M. (2008). Tehnike u dječjoj terapiji: psihodinamske strategije, Zagreb: Alineja.
31. Chethik M. Tehnike u dječjoj terapiji: psihodinamske strategije. Alinea, Zagreb, 2008.
32. Chethik M. Tehnike u dječjoj terapiji: psihodinamske strategije. Alinea, Zagreb, 2008.
33. Cicchetti, D. V., & Feinstein, A. R. (1998). High agreement but low kappa: II. Resolving the paradoxes. *J Clin Epidemiol*, 43(6), 551-558.
34. Cicchetti, D., & Toth, S. L. (2009). The past achievements and future promises of developmental psychopathology: the coming of age of a discipline. *J Child Psychol Psychiatry*. 50(1-2), 16-25.
35. Corey, G. (2004). Teorija i praksa psihološkog savjetovanja i psihoterapije. Jastrebarsko: Naklada Slap.
36. Deklyen, M. i Greenberg, M. T. (2008). *Attachment and psychopathology in childhood. Handbook of Attachment: Theory, Research and Clinical Applications*. New York: Guildford Press.
37. Erić, L. (2008). Psihodinamička psihiatrija, tom 1. Historija, osnovni principi, teorije. Beograd: Javno poduzeće službeni glasnik.
38. Erikson E.H. Identification and the Life Cycle. New York: IUP, 1958
39. Erikson, E.H. (1963). *Childhood and society*. New York: W.W. Norton & Company Inc.
40. Erikson, E.H. (1964). *Insight and responsibility*. New York: W.W. Norton & Company Inc.
41. Evans, D.R., Kazarian, S.S., (2001). Health promotion, disease prevention, and quality of life (pp. 85-112). In S.S. Kazarian & D.R. Evans. *Handbook of Cultural Health Psychology*. London. Academic Press.
42. Evans, K., Gilbert, M. (2005). An Introduction to Integrative Psychotherapy
43. Ford, T., Goodman, R., Meltzer, H. (2004). The relative importance of child, family, school and neighbourhood correlates of childhood psychiatric disorder. *Soc Psychiatry Epidemiol*, 39(6), 487-496.
44. Frankl, V. E. (2006). *Mans s Search for Meaning*. Mass Market:Paperbac.
45. Freud A. (1989). Normality and Pathology in Childhood: Assessments of Development. Storbritannien, Taylor & Francis Ltd.
46. Freud A. Adolescence. *Psychoanal. Study Child*, 1958;13:255-73.
47. Freud A. Normalnost i patologija djece. Zagreb: Prosvjeta, 2000.
48. Freud, A., Burlingham, D. (1944). *War and children*. Second. New York: Ernst Willard.
49. Freud, S. (1923). The Ego and the Id. The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIX (1923- 1925): The Ego and the Id and Other Works, 1-66
50. Fulgosi, A. (1997). Psihologija ličnosti – teorija i istraživanja. Zagreb: Školska knjiga.
51. Fulgosi, A. (1997). Psihologija ličnosti – teorija i istraživanja. Zagreb: Školska knjiga.
52. Geldard, K. & Geldard, D. (2006). *Counselling Children; A Practical Introduction*. London: SAGE Publications.
53. Graovac M. Kliničke manifestacije psihopatologije razvojne i adolescentne dobi.
54. Graovac M. Kliničke manifestacije psihopatologije razvojne i adolescentne dobi. U: Frančišković T, Moro Lj. (ur.) Psihijatrija, Zagreb, Medicinska naklada 2009; 318-333
55. Greenberg J. R. in Mitchell, S.A. (1983). Object relations in psychoanalytic theory. Cambridge: Harvard University Press.
56. Greenspan, S.I., Wieder S., Simons, R.(2003): Dijete s posebnim potrebama. Ostvarenje, Lekenik. Str. 15-94., 107-143.
57. Guttmann G., Scholz-Strasser I. (Eds.) 1998. Freud and the Neurosciences. Verlag der Österreichischen Akademie der Wissenschaften.
58. Hamilton, C. E. (2000). Continuity and Discontinuity of Attachment from Infancy through Adolescence. *Child Development*, 71(3), 690-694.
59. Ivanović N., Barun I., Jovanović N. Art terapija - teorijske postavke, razvoj i klinička primjena. *Soc. psihijat.*, Vol. 42 (2014) Br. 3, str. 190-198.
60. J. Grgurić, M. Jovančević (2017) Preventivna i socijalna pedijatrija. Zagreb: Medicinska naklada
61. J.M. Schwartz, S. Begley (2005). Um i mozak – neuroplastičnost i moć mentalne sile. Zagreb

62. Kalebić-Maglica, B; Uloga istraživanja emocija i suočavanje sa stresom vezanim uz školu u percepciji raspoloženja i tjelesnih simptoma adolescenata. *Psihološke teme* 2007.,16(1), 1-26.)
63. Kocijan Hercigonja D. Psihofarmakoterapija djece i adolescenata. *Medicus* 2002; 11(2):259 – 262.
64. Kozarić Kovačić, D., Frančiskov, T. (2014). *Psihoterapijski pravci*. Zagreb: Medicinska zaklada
65. Lacković – Grgin K. (2000). Stres u djece i adolescenata, Jastrebarsko: Naklada Slap.
66. Laible, D. J., Carlo, G., Raffaelli, M. (2000). The Differential Relations of Parent and Peer Attachment to Adolescent Adjustment. *Journal of Youth and Adolescence* ,29(1), 45–59.
67. Laible, D., Carlo, G., Roesch, S. (2004). Pathways to self esteem in late adolescence: The role of parent and peer attachment, empathy, and social behaviors. *Journal of Adolescence*, 27, 703-716.
68. Larsen, R. J., Buss, D. M. (2008). Psihologija ličnosti: domene znanja o ljudskoj prirodi. Jastrebarsko: Naklada Slap. (str. 1-57; 270-369)
69. Larsen, R. J., Buss, D. M. (2008). Psihologija ličnosti: domene znanja o ljudskoj prirodi. Jastrebarsko: Naklada Slap. (str. 1-57; 270-369)
70. Lopez-Ibor J.J., Gaebel W., Maj M., Sartorius N. (2002) *Psychiatry as a Neuroscience*. John Wiley & Sons., LTD
71. M. Grubišić-Ilić: Etika u psihoterapiji. U: D. Kozarić-Kovačić, T. Frančišković (2014) *Psihoterapijski pravci*. (516-526) Zagreb: Medicinska naklada
72. Mahler, S. M. (1979). *Separation--Individuation: Essays in Honor of Margaret S. Mahler (The Master Work Series)*. A Jason Aronson Book. UK.
73. Mahler, S. M. Pine, F. Bergman, A. (2000). The psychological birth of the human infant. *Symbiosis and Individuation*. Basic Books. New York.
74. Marshack, L. E.: *Outpatient group psychotherapy for patients with chronic mental illness*, U; Seligman, M., Marschak, L.E.: *Group psychotherapy, interventions with special populations*, Allyn and Bacon, Boston, 88-105, 1990
75. Mash, E.J. & Barkley R.A. (2014). *Child Psychopathology*. New York: The Guilford Press.
76. McConville, M. (1998). *Adolescence: Psychotherapy and the Emergent Self*, Cleveland: Taylor & Francis Gestalt institute.
77. McCubbin, H.I., Thomson, A I., et al. (1998): Stress, coping and Health in Family Resiliency, Sense of coherence and resiliency, *Sage Publications Monogr*, 80(7), 1-37
78. Miller A. (1995). *Drama djetinjstva*. Zagreb: Educa.
79. NICHHD Pritokol /<http://nichdprotocol.com/>
80. Nikolić S. Mentalni poremećaji u djece i omladine, Znanstveni temelji kliničke prakse, Zagreb Školska knjiga, 1998.
81. Nikolić S. Mentalni poremećaji u djece i omladine, Znanstveni temelji kliničke prakse, Zagreb Školska knjiga, 1998.
82. Oaklander, V. (1996.) *Put do dječijeg srca*. Geštaltistički psihoterapijski pristup djeci. Zagreb: Školska knjiga.
83. *Obiteljski zakon u FBiH i RS*.
84. Olweus D. (1998). *Nasilje među djecom u školi*. Zagreb: Školska knjiga.
85. Pernar M, Frančišković T.: *Psihološki razvoj čovjeka*. Rijeka: Medicinski fakultet Sveučilišta u Rijeci, 2008.
86. Piaget J.: *Razvojna psihologija Jeana Piageta*. Jastrebarsko: Naklada Slap, 2002.
87. Pijaže, Ž (1968). *Psihologija inteligencije*. Beograd:Beogradski grafički zavod.
88. Pledge, D. S. (2004). *Counseling adolescents and children: Developing your clinical style*. Belmont, CA: Brooks/Cole-Thomson Learning.
89. R. Gregurev: Psihoterapija i neuroznanost. U: D. Kozarić-Kovačić, T. Frančišković (2014) *Psihoterapijski pravci*. (11-29) Zagreb: Medicinska naklada
90. Rudan V. *Zakupljenost sobom u adolescenciji*. *Pedijatrija danas* 2003:12-16.
91. Rudan V., *Normalni adolescentni razvoj*, *Medix* 10,:52,36-39
92. Siegel, D.J. (1999). *The Developing Mind*. New York: Guilford Press.
93. Špelić: *Istraživanja u psihoterapiji*. U: D. Kozarić-Kovačić, T. Frančišković (2014). *Psihoterapijski pravci*. (498-516) Zagreb: Medicinska naklada
94. Sroufe, L. A., Egeland, B., & Kreutzer, T. (1990). The fate of early experience following developmental change: Longitudinal approaches to individual adaptation in childhood. *Child Development*, 61, 1363–1373.
95. Stansfeld, S., Head, J., Bartley, M., & Fonagy, P. (2008). *Social position, early deprivation and the development of attachment*. *Soc Psychiatry Psychiatr Epidemiol*: 43(7), 516-526.

96. Stansfeld, S., Head, J., Bartley, M., & Fonagy, P. (2008). *Social position, early deprivation and the development of attachment*. Soc Psychiatry Psychiatr Epidemiol: 43(7), 516-526.
97. Stefanović Stanojević, T., Vidanović, S., & Anđelković, V. (2010). Privrženost, agresivnost i potreba za traženjem uzbuđenja u adolescenciji. *Ljetopis socijalnog rada*, 17(1), 71-92
98. Stefanović, Stanojević, T. (2011). *Afektivna vezanost, razvoj, modaliteti i procjena*. Niš: Scero print.
99. Stern N.D. (1990) *Diary Of A Baby: What Your Child Sees, Feels, And Experiences*. 387, Park Avenue South, New York, NY 10016-8810. Basic Books.
100. Stern N.D. (1990). *Diary Of A Baby: What Your Child Sees, Fees, And Experiences*.387, Park Avenue South, New York, NY 10016-8810. Basic books.
101. Stern N.D. (2000). *The interpersonal World of The Infant: A View from Psychoanalysis and Developmental Psychology* Paperbac.
102. Stern, D.N. (1977). *The First Relationship: Infant and Mother*. London: Colins and Sons.
103. Stern, D.N. (1995.) *The Motherhood Constellation*. New York: Basic Books.
104. Stern, D.N. (1998.) *The Interpersonal World of the Infant*. London: Karnac Books.
105. Stoltz, P. (1997). *Adversity Quotient: Turning obstacles into opportunities*. New York: John Wiley & Sons.
106. Stoltz, P. (2000). *Adversity Quotient@Work: Make everyday challenges the key to your success*. New York: HarperCollins Publisher.
107. Thompson, R. (2002). *School counseling: Best practices for working in the schools*. Brunner-Routlege. Worzbyt, J.C. (2003). *Elementary school counseling: A commitment to caring and community building*. Routlege.
108. Tomori M. Normalnost u adolescenciji. Beograd: Avalske sveske, 1979:2:95-103.
109. Ungar, M. (2012). *The social Ecology of Resilience. A Handbook of Theory and Practice*. NY: Springer Science.
110. Ungar, M., Liebenberg, L. (2011). *The Child and Youth Resilience Measure (CYRM) Youth Version. User's manual*. Canada: Research.
111. Vernon, A. (2002). *What Works When with Children and Adolescents: A Hadbook of Individual Counseling Techniques* . Champaign, IL Research Press.
112. Vernon, A. (2004). *Counseling children and adolescents (3rd ed)*. Denver, CO: Love Publishing Co.
113. Vlastelica M.: *Rani odnos majka-dijete u svjetlu neuroznantsvenih spoznaja*. Zagreb: Medicinska naklada, 2014.
114. Vranješević J. *Promena slike o sebi - autoportret adolescencije*. Zadužbina Andrejević. Beograd, 2001.
115. Wenar, C. (2003). *Razvojna psihopatologija i psihijatrija*. Jastrebarsko: Naklada Slap.
116. Winnicott, D. (1965). *The maturational processes and the facilitating environment*. New York: International Universities Press;
117. Winnicott, D. (1965). *The maturational processes and the facilitating environment*. New York: International Universities Press;
118. Winnicott, D. W. (1992). *Babies And Their Mothers*. Merloyd Lawrence. Paperback.
119. Winnicott, D. W. (1994). *Talking To Parents*. Cambgidge, Massachusetts.Perseus Publiching.
- 120.
121. Winnicott, D. W. (1971). *Igra i stvarnost*. Impresum. Zagreb: Prosvjeta, 2004.
122. World Health Organization (2003). *Caring for children and adolescents with mental disorders*. Geneva: WHO.

Additional literature

1. Allen, J., Moore, C., Kuperminc, G. i Bell, K. (1998). Attachment and adolescent psychosocial functioning. *Child Development*, 69, 1406–1419
2. Allen, J.P., McElhaney, K.B., Kuperminc, G.P. i Jodl, K.M. (2004). Stability and change in attachment security across adolescence. *Child Development*, 75(6), 1792-1805.
3. Ammaniti, M., van Ijzendoorn, M. H., Speranza, A. M. i Tambelli, R. (2000). Internal Working Models of Attachment During Late Childhood and Early Adolescence: An Exploration of Stability and Change. *Attachment & Human Development*, 2(3), 328-346.
4. Back, J.S. (2007). Kognitivna terapija. Osnove, educiranje i uvježbavanje. Naklada Slap.
5. Bartak et al. Effectiveness of Outpatient, Day Hospital, and Inpatient Psychotherapeutic Treatment for Patients with Cluster B Personality Disorders *Psychother Psychosom.* 2011;80:28–38
6. Bateman, A., Brown, D., Pedder, J. Introduction to Psychotherapy: An Outline of Psychodynamic Principles and Practice. London: Routledge; 2000.Schaie, K. W. i Willis, S. L. (2001) Psihologija odrasle dobi i starenja. Jastrebarsko: Naklada Slap.
7. Bowlby, J. (1988). A Secure Base: Parent-Child Attachment and Healthy Human Development. Basic Books, Harper & Row, New York.
8. Brajša-Žganec, A. (2003). Dijete i obitelj: emocionalni i socijalni razvoj. Jastrebarsko: Naklada Slap.
9. Buckley, P. (1986). Essential Papers on Object Relations. New York: New York University press.
10. Buckley, P. (1986). Essential Papers on Object Relations. New York University Press, New York.
11. Cashdan, S. (1988). Object relations Therapy: Using the Relationship. New York. WW Norton & Co.
12. Davies, M., Macdowall, W. (2006). *Health Promotion Theory*. London: School of Hygiene & Tropical Medicine
13. Ellis, A., Dryden, W. (2002). Racionalno-emocionalna bihevioralna terapija. Naklada Slap.
14. Erić, LJ. (Ur.) (2011). Psihoterapija. Psihopolis. Novi Sad.
15. Foulkes, SH. Therapeutic group analysis. London:George Allen &Unwin Ltd,1964.
16. Graovac M. Adolescent u obitelji. *Medicina fluminensis* 2010; 46(3):229-340.
 - a. http://mup.ks.gov.ba/sites/mup.ks.gov.ba/files/zakon_o_zastiti_od_nasilja_u_porodici_fbih.pdf
 - b. [http://www.mup.vladars.net/zakoni/rs_cir/ZAKON%20O%20ZASTITI%20OD%20NASILJA%20U%20PORODICI%20\(Sluzbeni%20glasnik%20RS.%20broj:%20102.12](http://www.mup.vladars.net/zakoni/rs_cir/ZAKON%20O%20ZASTITI%20OD%20NASILJA%20U%20PORODICI%20(Sluzbeni%20glasnik%20RS.%20broj:%20102.12)
17. Josić, D. Kontratransfer u grupnoj analizi. Rad prezentiran na 8. Stručnom sastanku IGA Zagreb: Kontratransfer u grupnoj analizi. 2004.
18. Josić, D. Transferna zbivanja u grupi. U: Klain, E. i sur. ured. Grupna analiza – analitička grupna psihoterapija. Zagreb: Medicinska naklada, 2008; 108-139.
19. Kocijan-Hercigonja, D., Buljan-Flander, G. i Vučković, D. (1987). Hiperaktivno dijete. Jastrebarsko: Naklada Slap.
20. Kohut, H (1977) The Restoration of the Self. New York International Universities Press.
21. Kohut, H. (1990/1971). Analiza sebstva. Zagreb: Naprijed.
22. Konvencija o pravima djeteta (UN).
23. Konvencija Vijeća Evrope o zaštiti djece od seksualnog iskorištavanja i seksualnog zlostavljanja (tzv. Lanzarote konvencija).
24. Lacković-Grgin, K. (1994). Samopoimanje mladih. Jastrebarsko: Naklada Slap.
25. Lasky, R. Dynamics of Development and the Therapeutic Process. New Jersey; Jason Aronson Inc.; 1993.
26. Lindstom, B. (2014). Salutogenesis-work-life-. Preuzeto 15.11.2018. sa sajta <http://suissepro.org/wordpress/wp-content/uploads/B-Linstroem-salutogenesis.pdf>

27. Looney G.J., Oldham D.G, Normal adolescent development u Kaplan H.I. i Sadock B.J. Comprehensive textbook of Psychiatriy, V ed, Williams&Willkins, Baltimore 1995., vol 3; 1710-1715. Predavač će tokom modula polaznicima preporučiti dodatne izvore.
28. Mahler, M. S., Pine, F. in Bergman, A. (1975). The psychological birth of the human infant. London: Hutchinson.
29. Masten, A.S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3):227–238.
30. Masten, A.S., Powell, J.L. (2003). *A resilience framework for research, policy, and practice*. In: Haggerty RJ, Sherrod LR, Garmezy N, Rutter M, editors. *Stress, risk and resilience in children and adolescents: Processes, mechanisms and intervention*. New York: Cambridge University Press.
31. Mearns, D., Thorne, B. (2010). Savjetovanje usmjereno na osobu. Naklada Slap.
32. Muratbegović, E., Šućur-Janjetović, V. (2013). Etički kodeks istraživanja sa djecom i o djeci u Bosni i Hercegovini. Tuzla: Repro Karić.
33. Radionov, T. (2013). Geštalt terapija. Naklada Slap.
34. Strategija Vijeća Evrope za prava djeteta 2016-2021. http://www.dijete.hr/websites/dijete.hr/attachments/2428_StrategijaVEza%20prava%20djece%202016-2021_prijevod_RADNO-tisak.pdf
35. Šmit, V.H.O. (1999). Razvoj djeteta. Beograd: Zavod za udžbenike i nastavna sredstva.
36. Van der Kolk BA, McFarlane AC, Weisaeth L, editors: Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society. Guilford, New York, 1996.
37. Van der Kolk BA, Pelcovitz D, Roth S, Mandel FS, McFarlane A, Herman JL: Dissociation, somatization, and affect dysregulation: The complexity of adaptation to trauma. *Am J Psychiatry* 153(Suppl):83, 1996.
38. Vasta, R., Haith, M. M. & Miller, S. A. (1998). Dječja psihologija: moderna znanost. Jastrebarsko: Naklada Slap.
39. Vidović V.: Anoreksija i bulimija, Psiha, Zagreb, 1998.
40. Vulić-Prtorić, A. & Cifrek Kolarić, M. (2011). Istraživanja u razvojnoj psihopatologiji. Jastrebarsko: Naklada Slap
41. Vulić-Prtorić, A. (2003). Depresivnost u djece i adolescenata. Jastrebarsko: Naklada Slap.
42. Zakon o zaštiti od nasilja u porodici (FBiH)
 - a. Zakon o zaštiti od nasilja u porodici RS
43. Žvelc, G. (2011). Razvojne teorije v psihoterapiji. Ljubljana: Založba IPISA.

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Educational materials in the form of presentations and exercises will be placed in the library. During the module, the lecturer will recommend the additional sources to the participants.

If the proposed literature is available in the electronic form, it will be included in the library.