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The use of play therapy with children at primary age

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Play therapy is undervalued and underutilized as a form of support for children of primary school age. There is a requirement to evidence that Play Therapy is effective when helping children to heal themselves. A pilot study has been commenced to evidence the effectiveness of Play Therapy. The study will use qualitative and quantitative methods of gathering information. Qualitative will be in the forms of a referral form and regular up-dates from the teaching staff and interviews with the carers, pre and post intervention. Quantitative will be in the forms of SDQ scores from the teacher, carer and the child, pre, mid-way and post intervention. At present the statistics gathered indicate that of all the children that have been referred for Play Therapy, 75% are not known to Social Services and the 25% who are known to Social Services have not been offered Play Therapy in the past. Play Therapists are vital within a Primary School setting as most children will attend school. In every School there are the harder to reach children, the children with emotional and behavioral problems, and so by including a Play Therapist within a School setting it could prevent children developing mental health problems, substance misuse problems and criminal behaviors.

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Understanding and treating ARFID (avoidant/restrictive food intake disorder)

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This session will begin with an overview of the DSM-V criteria for Avoidant/Restrictive Food Intake Disorder (ARFID) and a review of the latest research on this "new" diagnosis. We will take a closer look at differential diagnosis and highlight possible symptom overlap of ARFID with anorexia nervosa and other eating disorders, anxiety, obsessive compulsive disorder and sensory processing disorder. We will summarize recent findings on etiology and prevalence rates for ARFID and present in-depth case studies (including recorded interviews with the adolescent male patient and an adult female) to illustrate the characteristic presentation of this disorder. Following the case study we will discuss multi-disciplinary treatment approaches and modalities for ARFID including medical management, nutrition therapy, dialectical behavior therapy, exposure and response prevention, mindfulness, expressive arts therapies and family therapy. Focus will be given to looking at the use of exposure-response prevention (ERP), a modality that is frequently effective for the treatment of anxiety disorder, on ARFID. Participants will have an opportunity to ask questions and participate in discussion. This session will take a closer look at Avoidant/Restrictive Food Intake Disorder (ARFID), one of the "new" eating disorders in DSM-5, exploring etiology, epidemiology and multidisciplinary treatment, comparing with other eating disorder diagnoses. Teaching methods will include in-depth case studies, to include patient videos. We will present research data on the use of exposure response prevention (ERP), a behavioral treatment modality that is very effective in treating anxiety disorders, on ARFID. This is based on the observation that some ARFID patients have a significant anxiety component with their food aversion. Three measurable learning objectives of the presentation: Identify 3 distinguishing characteristics of ARFID describe 3 common challenges in treatment of ARFID and explain rationale for Exposure and Response Prevention (ERP) treatment modality.

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