

Understanding the child

A mental needs manual
for caretakers in children's homes

2nd edition

by

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2. Introduction

Giving adequate care for children in children's homes (we prefer the expression "children's home" to "orphanage", since there are few institutions where all the children are real orphans) is very demanding and difficult. Therefore, a child should not be placed in a children's home unless it is impossible for his biological family to take care of him, and unless it is impossible to provide him with adoptive parents or a foster home. However, the reality is that a large number of children grow up in children's homes. The aim of this manual is to contribute to the equipment of caregivers working in such institutions. It has been developed in an Asian context, but we hope that it can be useful also in other parts of the world.

We believe the following to be true: *What I hear, I forget. What I see, I remember. What I do, I know. What I discover, I use.* Therefore, when teaching caregiving staff from this manual, we hope that the teachers will allow time for their students to reflect on, and when possible, discover themselves the principles of these teachings. Also, both practical skills and attitudes need to be demonstrated. For these reasons we hope that the content of this book will be passed on to the staff on an individual basis or in small groups, and in a practical way. Time and again we stress that children need individual attention and training. So do caregivers, to a certain extent, to adopt healthy attitudes and to develop their caregiving skills.

The title "Understanding the child" has been chosen because we believe that understanding brings about love and compassion, the most important ingredients in child rearing. We have made our best to base the teaching on up-to-date research and literature. (This has also caused some of the content to be rather complicated and detailed.) However, it has been unavoidable to introduce information that is less objective and acknowledged.

Whether you are a Buddhist, a Hindu, a Muslim, a Christian, an atheist or profess another faith or religion, we hope that you will find this book useful. The author himself is a Christian and finds much relevant information about child rearing in the Bible. However, all biblical references and examples are marked with an asterisk (*), to show those not interested what they can skip when reading. In this manner the rest of the text is free from religious content.

Hopefully you will find the structure of this book logical. Firstly, to understand the child it is important to have some knowledge on child development (section 3). Secondly, we need to know about children's rights and needs (section 4). Thirdly, it is time to study how children's homes should be organised to prepare for these needs to be met (section 5). Fourthly, we will see how caretakers can fulfil the basic needs of children (section 6). In our view, this is the most important section of the book. Fifthly, there will be teachings on some common problems that children may face, particularly in residential care, and what you can do to help them out (section 7). It is very important to study section 6 carefully (The basics of child rearing) before you apply the principles given in section 7 (Some problems and what you can do).

The structure of each chapter is simple: For most subjects there is a summary of the teaching, then the teaching itself, followed by some references to the Bible, marked* (Bible version: the New International Version if not otherwise stated). There will also be some suggestions to work tasks that can be carried out to improve the care of the children. Finally, main references have been listed. In some chapters we have included information that may be useful without being essential. Such information is printed in this size letters.

To make the text more readable we have chosen to use "he" instead of "he/she" when referring to a child or another person. If anyone should wonder about this choice, it does not express any prejudice on our part. Also, as you have already noted, the author uses "we" (instead of "I") to refer to himself.

The word “reward” is often used instead of the technically more correct expression “reinforcement”, because the latter is a concept that is more difficult to explain and translate. The definitions of and difference between these concepts are found in chapter 7.3.

Major changes have been made from the first edition (which has just been translated into the Myanmar language) to the second. The following chapters are new: 3.3 Development of school-age children, 6.6 Teaching problem solving, emotional regulation and friendship skills, 7.6 Some specific behavioural problems, 7.8 HIV and AIDS, 7.9 Some academic problems, 7.10 Problems related to natural functions, and 8.2 Resources. Except from 7.9 and 7.10, the content of these chapters is entirely new. We have also expanded chapter 6.5 considerably. Behavioural problems have been devoted four chapters (7.3-7.6) because of their frequency, and because of the importance of handling these problems in an appropriate way. Minor revisions and expansions have also been done for several of the other chapters.

Reference

Bowlby J. Maternal care and mental health. Geneva, WHO, 1952.

3 Normal child and adolescent development

3.1 Introduction

Some knowledge on child development is very important when caring for children. The main goal with chapter 3.2 Infancy is to make the reader understand that even children this young are tremendously capable beings, and that they are totally dependent on their caretakers' love, attention and stimulation to develop properly. If your respect for and capacity to help the infants in your care increase by grasping the essentials of this chapter, we believe that you will also be more prone to give proper care to children who have passed infancy.

During the school-age period (the age from when a child enters primary school through age 10 years) children go through an impressive development both physically, emotionally, cognitively, morally and socially. The brain reaches adult size by 7 years of age, and at this age most of the modification of the brain structures has also been completed. It is during middle childhood that we develop our self image as well as many of the standards for our own behaviour that we use in adult life. Thus, although development is more gradual and subtle in this phase compared with infancy and adolescence, it is of tremendous importance for the shaping of the person (see 3.3 School-age).

Adolescence is a challenging period, for the caretaker as well as for the adolescent himself: In a few years he is transformed from a child to a grown-up. The caretaker needs some knowledge on the biological, mental and social changes that an adolescent passes through to be able to love, guide and support him through this transition period (see 3.4 Adolescence).

Additional biological aspects of child development are not essential for you to know. However, we believe that some of you would find an overview of this topic interesting. We have therefore included chapter 8.1 Biological aspects of development, as an appendix.

Reference

Combrinck-Graham L, Fox G: Development of school-age children. In: Lewis M (ed): *Child and adolescent psychiatry - a comprehensive textbook*, 3rd ed. Philadelphia, Lippincott Williams & Wilkins, 2002, pp. 324-332.

3.2 Infancy

3.2.1 Summary

Infancy is the period between birth and the emergence of language, 1.5 to 2 years later. This period is very important for the development of the child. This lecture aims to show that infants are amazing human beings with many of the same capabilities as adults have, that infancy is a period of astounding development, and that the infant needs care and stimulation for an adequate development to happen.

Infants are born with very good capacities to pick up information about their environment, using their eyes, ears and other senses. Actually, they seem to be designed for this task. Especially their capacity to perceive speech sounds and colour is of great importance. They also have a strong tendency to seek out stimulation. For example, they love to explore faces. They learn fast and develop fast, provided that they are adequately stimulated. Infants continually need new challenges. They easily get bored with what they already know and crave new situations and things. Infants love colourful toys – they love to investigate them, touch them and to see them move. They learn practical skills by playing, such as motor coordination. Playing will also generally make them more competent, by giving them opportunities to learn from their experiences of exploring, adapting to and controlling their environment. However, although stimulation and playing is important for the development of intelligence, even more important is a long lasting relationship with a caretaker that shows the infant affection, love and understanding.

Infants regularly say their first words at approximately 12 months of age. However, the process of speech acquisition starts almost at birth. Although young infants seem to be prepared biologically for language learning, they need somebody that they can mimic and practice their vocalizations with, particularly from 6 months of age. Speech acquisition doesn't happen by itself.

An infant is able both to express and to distinguish between all the main emotions soon after birth. During the next 6 to 12 months he learns to express and discriminate between these emotions fully and appropriately, which is important for a successful communication with others, and particularly for the formation of attachments. These close, special relationships between the infant and his caregivers typically emerge during the second half of the first year of life: The infant prefers his caretakers to other persons for interaction and comfort. His caretakers, or attachment figures, serve as a secure base, a “haven”, which the infant comes back to after exploring his surroundings, and when anxious or distressed. They also serve as the main model for relationships (that is, what the child may expect from others and how he himself should behave). The development of attachments is dependent on the commitment of one or more caretakers from early infancy and onwards. A poor marital relationship between an infant's parents tends to affect his emotional and social development in a negative way.

Generally, infants are both interested and competent in their interactions with strangers, both peers and adults. By 10 months they are able to play meaningfully together with others and often prefer peers to mother for playing. At approximately 8 months of age they often get anxious about unfamiliar adults. However, if the stranger approaches in a warm and friendly manner, they usually need little time before they seem to trust him.

Temperament has to do with innate, relatively stable and to a certain degree genetically determined personality traits, and concerns how easily and how intense infants show emotions, how easily they pay attention to things, and how active they are. Infants with a difficult temperament tend to be treated harshly. However, for them to develop appropriately and without major behavioural problems, it is important to meet them with understanding, patience and consistency.

3.2.2 Introduction

Infancy is the period of life between birth and the emergence of language, 1.5 to 2 years later. This period is very important for the development of the child. The aims of this lecture is to show you that:

1. Infants are amazing, small human beings with many of the same capabilities as adults have. We are prone to think of infants as small creatures with little going on in their heads. Nothing could be more wrong than that.
2. Infancy is a period of amazing development.
3. For an adequate development to happen, the infant needs care and stimulation.

We will return to how infants should be cared for and stimulated in later lectures.

3.2.3 Perceptual development

Perception means the process of receiving and elaborating sensory impressions.

Visual perception

Newborns don't see as clearly as we do. However, visual acuity improves steadily from birth, and is nearly as good as that of adults by 6 months of age. Infants, including newborns, actively seek visual stimulation and input. They scan the environment to find things to inspect. Infants are highly attracted to faces. Almost from the beginning they love to look at faces. And they soon learn to distinguish between different faces.

Infants as young as 1 month blink their eyes in response to approaching objects. This shows that their mind in some way perceives approaching objects as dangerous. Infants as young as 2 months of age can show some signs of fear when placed on a glass "floor" high above a real floor. When they see through the glass, their hearts beat faster as a sign of fear.

Also newborns have colour vision, and what they lack in colour vision improves quite rapidly. Infants as young as 4 months perceive colours in the same manner as adults do. Between 2 and 3 months of age an infant starts to prefer some colours to others. While adults prefer blue and green, young infants prefer red and yellow. That is the reason why toys designed for this age group often have these colours.

Auditory perception

Obviously, a newborn can hear sounds (most of you have probably seen newborns getting frightened by loud sounds). Acuity of hearing improves rapidly over the first few days after birth, as amniotic fluid drains from the ear. Although full acuity is not reached until about 2 years of age, infants are remarkably good at finding the sources of sounds in their surroundings. By 4 months of age, infants reach in the dark toward a sound source, and by 6 months of age, their ability to localize sounds is comparable with that of adults. It has also been shown that infants, even newborns, prefer music over noise.

Speech perception

Infants' excellent hearing abilities are applied almost immediately to the highly complex task of perceiving speech. Infants seem to be especially "tuned" to hearing speech. In addition, when adults talk to infants, we tend to talk in a certain way: we use a high pitch voice, exaggerate our intonation, use more rhythmicity, and use more repetition than if we talk to adults. All these things make it easier for infants to pay attention.

From birth, infants are able to discriminate between sounds, in the Chinese language as well as in Bamar, English and other languages. This ability is reduced if it is not used. That is, from 6 months and onwards the infant gradually loses much of his ability to distinguish

between sounds in other languages, while his ability to discriminate between sounds in the language of his caretakers is kept. However, the child can be trained to distinguish between sounds in other languages.

Other senses

Infants have a high capacity to sense touch – their skin is sensitive to touch. They also have a very good sense of smell (olfaction). Newborns are able to distinguish their own mother from other women by using their nose. They even smell differences between their mother's milk and the milk of other women. Infants also have an impressively good sense of taste (gustation).

Consequences of the infant's perceptual development

Infants are born with very good capacities to perceive what is going on in their environment, using their eyes, ears and other senses. Especially their capacity to perceive speech sounds and colour is of great importance. They also have a strong tendency to seek out stimulation. For example, they love to explore faces. Infants seem to be designed for efficiently picking up information about their environment. They learn fast and develop fast. However, to develop adequately, they need stimulation.

3.2.4 Learning, habituation and novelty preference

Now we will take a look at how infants build on their perceptual experiences by learning.

The principle of Law of Effect

This principle states that actions followed by positive consequences are more likely to be repeated, whereas actions followed by negative consequences, or punishment, are less likely to be repeated. For example, if I gave you 5 dollars every time you did me a favour, you would probably do me favours more often than if I didn't give you the money. On the other hand, if I got angry every time you tried to do me a favour, you would probably avoid doing me favours after a while. In fact, infants may also learn in this way. It has been shown that 3-day-old infants change their way of sucking if this change results in hearing their mother's voice more often. In this situation, hearing their mother's voice is the reward (or positive consequence) for changing their way of sucking. This means that very young infants may learn by experiencing positive consequences of their actions, and that it is very exciting for them to hear their mother's voice.

It is also possible to make a very young infant do simple things, such as kicking, if the kicking results in something interesting. This could be that by kicking he makes a toy start moving. Infants love colourful toys, to investigate them, touch them and to see them move. It is important to let infants play. Firstly, it is fun for them. Secondly, playing and investigating things cause them to learn and develop. Thirdly, they learn the connection between an action and a consequence. If they do something, a consequence will follow. In this way the infant learns that he is able to do something to change his own situation (this is one of the reasons why a crying young infant should be picked up. If it never happens, he soon learns that he can do nothing to change his own situation. Feeling this helplessness, there is a real danger that he becomes depressed). It has been shown that access to toys can have a considerable positive impact on the development of infants growing up in institutions (Castle J et al. American Journal of Orthopsychiatry 1999; 69: 424-437).

Habituation and novelty preference

Habituation refers to the gradual loss of interest that an infant pays to something that happens repeatedly. For example, if he repeatedly sees a ball falling down on the floor, he will gradually lose his interest in the ball. Infants as young as 3 days of age have been found to habituate. That is, they get bored if they see a thing or a situation too many times. Novelty preference refers to a greater interest in new things and situations than in familiar ones. For example, if an infant is repeatedly watching the same ball falling down on the floor when suddenly another ball starts to move back and forth on the floor, he will prefer watching this new ball. Novelty preference is believed to indicate a memory for the familiar thing or situation. It is very easy to demonstrate both habituation and novelty preference in infants. Actually, much of the research that has been done in infants is based on these two phenomena.

Studies indicate that when infants experience new things, they try to order them in their mind - they categorize what they perceive, they “catalogue” things. First they put things into global categories, for example dogs. Then they gradually put things into subcategories, for example types of dogs.

Infants are born with the ability not only to perceive objects and events, but also to remember them as well. Initially, memory span is quite limited, but it improves throughout the first year. During the first 3 months of life, infants can remember as long as 2 weeks.

3.2.5 Infant intelligence

The intelligence of the child, from infancy and onwards, seems to depend very much on the quality of the relationship between the infant and his caretakers. These are some of the relationship issues in infancy that seem to be important for an adequate development of intelligence:

- The caretakers should be involved in the infant’s life. This includes showing the infant emotional warmth. They should love him and show their affection for him by hugs, kisses etc. Being involved also includes being sensitive to the child, knowing and understanding him, and responding to his needs in an adequate way. The development of intelligence also demands the relationship between the child and his caregivers to be enduring and long lasting.
- The caretakers should talk to and talk with the infant. They should chat with him even when newborn.
- The infant should receive daily stimulation, and a variety of stimulation.

Other factors that are important for the development of intelligence in infancy and early childhood are:

- A satisfying physical environment.
 - Available play materials, at least from 6 months of age and onwards.
- Playing and toys seem to be very important. Firstly, the infant learns a lot of things, including motor coordination. Secondly, when he experiences the relationship between action and reaction, that he himself can bring forth a change (for example making a toy move), he will gradually become more competent, by learning from his experiences to explore, adapt to and control his environment. Also, when infants are able to bring forth changes (for example making a toy move), they show clear signs of happiness and pleasure.

3.2.6 Language development

As already mentioned, very young infants seem to be especially tuned to frequencies within the range of human speech sounds. It is also obvious that infants like to listen to voices. Thus, it appears that young infants are prepared for language learning, which is such an important part of human life. To be able to communicate, both orally and in writing, is crucial. We will therefore study language development in some detail.

Vocal production

Although individual differences are common, infants regularly say their first words approximately the time they celebrate their first birthday. However, the process of speech acquisition starts long before. As early as 5 weeks to 3 months of age, cooing and laughter emerge, typically in response to the voices and faces of others. Cooing means repeating the same vowel or the sounds “g” or “k”, for example “ggggggggg”. Between 4 and 6 months, infants explore by trying to make many different sounds (squeals, yells, growls and vowel-like sounds). Between 7 and 10 months of age, their babbling becomes more advanced: Syllables made by combining a consonant and a vowel are repeated several times, for example “da, da, da”. Between 11 and 12 months, protowords emerge. They are not real words, but sounds almost like words. Finally, at approximately 12 months of age, infants produce real words, words which we understand the meaning of. Thus, the infant is working on his speech acquisition almost from birth. Ability to talk is not a capacity that suddenly appears when the infant turns 1 year.

The development of vocalizations during these first 12 months is paralleled by changes in the anatomy and physiology of the vocal apparatus. That is, the infant seems to vocalize as advanced as his body allows him to do during this first year. He makes full use of his potential. It should be noted that infants usually understand words before they can speak them.

Sound production is dependent on input from the environment: Infants are practicing the sounds which they commonly hear. They mimic both the sound and the rhythm of words long before they know what the words mean. Particularly from 6 months of age they need to have a “conversation partner”, somebody that they can mimic and practice their vocalizations with. From this age onwards, a normal development of babbling and speech depends on stimulation from their caretakers. Without doubt infants vocalize substantially more when they are socially stimulated.

If an adult and an infant are having a “chat”, and the adult stops talking and listens to the infant’s babbling, the infant will stop babbling as though listening for something. In this way, if the caretaker responds adequately to the infant’s vocalizations, the infant gradually learns the basic conversational pattern: to talk, and then listen.

Interestingly, babbling is not restricted to vocalizations. When deaf infants are exposed to sign language from birth, they babble with their hands in much the same way as hearing infants do through speech.

Development of conversations

It is important to talk to the infant and play games with him such as peek-a-boo and “So Big”, and to read for him. Besides helping him to understand the meanings of the words, these routines also help him to learn how to use language, and particularly how to have a conversation.

Dialogues between infants and caretakers begin in the newborn period. At this stage, adults usually start, follow through, and complete these short conversations. However, at 2 months of age, infants regularly respond to attentive, talking adults by orienting to their faces, focusing on their eyes and smiling. They also become more active, vocalize,

and then shift their gaze to the adult's mouth or away from his face. That is, infants seem to alternate between listening and expressing themselves. Their way of expressing themselves is to make movements with their mouth, while they make sounds and gestures. By 3 months of age, infants and parents tend to take turns regarding listening and vocalizing, like adults do when they talk together. The infant sometimes vocalize after silence, as if he is attempting to keep the "conversation" going. Gradually he becomes more and more advanced in turn taking and other conversational skills. During the first 6 months, dialogues are sustained mainly by the adult, but after this age, the infant begins to take more responsibility for the conversations himself.

Having dialogues with caretakers is also an important preparation for being with peers. Already from the start of the second year, "games" with peers may include turn taking.

3.2.7 Social and emotional development

Emotional development

The ability to express oneself emotionally and to respond to emotional expressions seems to be innate. This is evidenced by the fact that facial expressions are quite similar in different cultures. If I look sad, you will understand that I am sad, even though you are Asian or African and I am Norwegian. Likewise, if I smile, you understand that I smile, even if I am a Norwegian. Another evidence is that blind infants begin full smiling at the same age as sighted infants. That is, blind infants smile as other babies do, even if they have never seen a smile in their life. Emotional expressions seem to mirror how a person feels inside. Therefore, if an infant cries, we can be sure that he is not happy, but sad. Emotions are very effective tools of communication, particularly in infancy. For example, the intense crying of a baby is a very strong way of communicating that he wants his caregiver to do something for him.

Development of facial and vocal expressions

By responding appropriately to an infant's facial and vocal expressions, parents show their infant that he is able to communicate effectively with others. The first emotional expressions involve crying. Studies have shown that infants' crying increase over the first 6 weeks after birth, and then decrease. There are different kinds of cries. Adults are able to distinguish between the different kinds, and to interpret them, not only in 6-month-olds, but also in newborns.

Newborns can communicate emotions through facial expressions as well. It is, for example, easy to see what they feel about the taste of different substances (sweet versus bitter or sour tastes). Newborns smile quite readily, but only during sleep. Later they smile when drowsing, and finally when they are awake and attentive. 6- to 12-week-old infants smile at many things, including faces. Gradually, smiling becomes more selective. In the beginning, they smile whenever they see a human face. Then they smile only at particular faces, and later only to particular expressions. Social smiling in response to familiar voices and faces occurs later in institution-reared infants than in home-reared infants, because the former usually receive little social feedback (again, infant development depends on the adults surrounding the child). Newborns do not laugh; the development of laughter lags behind the development of elicited smiling by approximately 1 month.

1- to 9-month-old infants display all the facial expressions displayed by adults - interest, joy, surprise, sadness, anger, disgust, contempt and fear, although their facial expressions are not always complete or used appropriately. 4- to 7-month-olds show clear expressions of anger. Fear is the last emotional expression to occur appropriately. Between 6 and 9 months, infants begin to show fear to a variety of situations, for example, when separated from their caregiver, when a stranger is approaching, and when they hear unpleasant

sounds. However, not all infants show fear in response to these situations. In particular, fearful reactions to strangers vary depending on how the stranger looks and behaves, and the situation in which infant and stranger meet. Nevertheless, although fear of strangers is not universal, it emerges during the second half of the first year if it does occur.

To summarize, infants are able to express all the main emotions at or soon after birth. During the next 6 to 12 months, they learn to express these emotions fully and appropriately, and are then able to use these expressions to communicate successfully with others.

Infants' responses to the emotional expressions of others

Newborns are able to distinguish between happy, sad and surprised faces! And at 3 to 5 months of age they are able to distinguish between expressions of joy, surprise, anger and sadness, as well as degrees of such expressions. At 7 months, infants are quite clever at differentiating between happy and frightened faces, and they prefer looking at frightened rather than happy faces. Interestingly, this preference for frightened faces emerges at approximately the age when infants themselves begin to express fear appropriately.

Newborns are able to “catch” emotions to a certain degree. That is, if another infant cries, they often start to cry themselves. They cry in response to the distress of others. However, when they hear their own cries, for example on a tape recorder, they calm down. This shows that they can distinguish between their own cries and the cries of others, and that when other infants cry, they do not merely become distressed because they find crying irritating. Their reaction may represent an early precursor of empathy. As the infant grows older, this immediate response to the emotion of others becomes less automatic. While newborns readily cry when they hear other newborns crying, 6-month-olds do not start crying so rapidly in response to the cries of their peers. However, if their peer continues to cry for as long as 2.5 minutes, the listening infant will surely start to cry.

By 12 months of age, if the infant does not understand a situation and how to react, he will use other people's emotional expressions as cues for his own. For example, if a dog is approaching and he doesn't know whether he should be afraid or happy, he will check his mother's reaction first. If she looks afraid, and her voice sounds fearful or angry, he will be afraid of the dog. However, if she looks happy and the tone of her voice is positive, he will be happy. By 18 months of age, infants are able to respond with empathy to their peers. For example, they may offer a teddy bear or restore a desired toy to their distressed peers.

Interestingly, infants 3 months of age become inactive when their mothers act depressed.

In this manner, an infant is well able to use emotional expressions in communication with others. These abilities are important for the formation of close, special relationships with his caregivers called attachments. Such relationships typically emerge during the second half of the first year of life.

Development of attachment

The most popular explanation of attachment formation was provided by the famous British child psychiatrist John Bowlby. His theory states that the infant has an innate capacity to send out signals which adults are biologically predisposed to respond to. For example, when a baby cries, his parents, by nature, want to comfort him. There is an urge in parents to respond to their baby's crying. We may say that the adults' responses to the infant's signals are the cause of the development of attachments. The adults become so-called attachment figures for the child. Usually a child has several attachment figures, for example parents, siblings and grandparents. Also persons not related to the child can be attachment figures for him, for example caretakers in a day-care centre or in an orphanage.

Basic phases of social development

Bowlby described four phases in the development of infant-parent attachments:

1. Indiscriminate social responsiveness.

This phase lasts from 1 to 2 months of age. The infant develops a set of signals that we may call attachment behaviours. These signals have in common that they help the infant to achieve comfort and security. This is done by bringing the infant close to protective, caretaking adults. The cry is a very effective signal from the time of birth. As we have pointed out, if an infant cries, his caretakers will by nature approach the child and try to comfort him. Smiling enters the infant's repertoire in the second month of life. Smiling is also a signal that powerfully affects the caretakers. A smile from a baby creates strong feelings of love, and an urge to give him the very best.

2. Discriminating sociability.

This second phase lasts from 2 to 7 months. According to Bowlby it is in this period that the infant acquires the ability to recognize specific people. However, infants seem to be able to recognize their parents much earlier than Bowlby believed. As mentioned earlier, 3-day-old infants are able not only to distinguish between the voice of their mother and another woman's voice. They may also change their way of sucking to be able to hear their mothers' voice.

The reason why an infant prefers to interact with his caretakers rather than with other persons is probably that he associates his caretakers with pleasurable experiences, such as cuddling, play, feeding and comfort.

3. Attachment.

This phase lasts from about (6-) 7 months to 24-30 months and is characterized by the emergence of what is called attachment behaviour: 7-month-olds clearly understand and respect that a relationship consists of two parties. If they feel confident in their caretakers, they enjoy exploring things, and they enjoy the newly acquired ability to creep around. They now also take responsibility for getting close to their parents when they want to. Earlier they waited for their caretakers to come in response to their cries or coos. However, now they crawl back to their parents when they want to be close to them. 6- to 12-month-old infants also increasingly initiate interactions with others. For example, a 7-month-old infant will often make a clear protest when parents leave.

Especially from the parents' point of view, the transition between phase 2 and 3 is not very obvious because the infant already has preferred his parents to others for several months. Nevertheless, the beginning of phase 3 is marked by two major changes. Firstly, when an infant protests because he is left by an attachment figure (for example his mother), he is no longer satisfied by the appearance of a substitute. According to Bowlby, this separation protest is a signal aimed at making the attachment figure come back to him. Secondly, the emergent ability to crawl permits the infant to explore his surroundings in a totally new way. Crawling makes it possible for the infant to move away to explore, but also to move back to the attachment figure when he wants to. Therefore, because of this ability to move away from his caretaker and back again, the infant takes an increasingly active role in his relationship with the attachment figure.

During this phase, lasting from (6-) 7 months to 2-2.5 years, there are major improvements in children's social skills. Their ability to act with a purpose (that is, to make simple plans and to act according to these plans) increases steadily. They also improve much in their ability to react appropriately to others. For example, they start learning to obey their caretakers. Also, they learn to speak during this period, and they gradually take more initiative

in social interactions. Finally, they can tolerate a growing distance from attachment figures as they grow older.

4. Goal-corrected partnership.

This last phase occurs at the beginning of the third year of life, when children start to understand that also their parents have certain wishes and needs. They are now able to respect that others have different needs than themselves. For example, they start to recognize that parents sometimes must give priority to other activities than the child's needs or wishes.

Differences between mothers and fathers

Most infants become attached to their fathers at approximately 7 months of age, the same age at which they form attachments to their mothers. (In many parts of the world infants may have several caregivers who are emotionally involved in their lives, and, therefore, may form several attachments.) In the Western world, infant-mother and infant-father relationships offer different kinds of experiences for young infants. Fathers provide more unpredictable and exciting experiences. While mothers most often hold their infants for caretaking purposes, for example for feeding them or for calming them down when they are crying, fathers hold their infants most often to play with them. Because of this difference, children also learn to expect their fathers to play with them, and therefore learn to prefer playing with their father.

Studies indicate that mothers who are stressed and have a poor marital relationship have poorer relationships with their children. This may make the children more insecure in their attachment relationship with their mothers, and therefore cause them to explore less and to worry more than their peers.

Sibling relationships

Infants are very interested in what their older siblings are doing. They follow them around and attempt to imitate them or explore the toys their sibling just abandoned. Older siblings influence the infant a lot, both by being models and by teaching them things.

Infants' interactions with new people

Bowlby assumed that when infants encounter people for the first time, they tend to assume that these new persons will treat them in the same way as their attachment figures have treated them in the past. That is, infants who have developed trust in their attachment figures also tend to regard new people they encounter as trustworthy. As infants get to know each individual, they will modify their expectations according to their experiences with this person. However, for a secure child with loving and caring parents it will be much easier to get well along with new people than for an insecure child.

Generally, infants are both interested and competent in their interactions with strangers, whether peers or adults. As mentioned above, even newborns are responsive to their peers. 2- and 3-month-olds pay attention to the activities of their peers, and they increase their own activity level when peers are present. By 6 months of age infants respond to one another in socially complex ways. They initiate interactions with peers by touching them, vocalizing something or smiling at them. They are also sensitive to their peers to a certain extent: They tend to continue the interaction when their peers are responsive, while they tend to stop when their peers don't respond. Also, 6-month-olds do not automatically cry in response to their peers' cries. Instead they are attentive, and only become distressed themselves if their peers continue crying.

Between 6 and 12 months, infants increasingly take initiative towards peers, though the amount of physical contact decreases. Instead they begin to use gestures and words to communicate. By 9 months infants are able to pay attention to things and peers at the same

time. This makes it possible for them to play together. Infants this age also express more pleasure when playing with peers than when playing alone, and they begin to distinguish between familiar and unfamiliar peers. 10- to 19-month olds seem to prefer to interact with peers if they can choose between mother and peers.

At the start of the second year, both cooperation and conflict begin to occur when they spend time together with peers. 21-month-old infants do not simply grab toys from one another, but use gestures and vocalizations to resolve conflicts. Studies show that infants, when being with peers, use what they have learned from their mothers regarding how to behave.

Infants are quite clever in their social relations with new adults as well. When approximately 8 months of age, they begin to distinguish between unfamiliar and familiar adults. They often get anxious about unfamiliar adults. However, when a stranger approaches in a warm and friendly manner, the infant usually responds in the same manner. It also helps if the parent talks to the infant in a happy tone about the stranger. Actually, infants are quite interested in new people. They may spend more time with a friendly stranger than with their mother when both are in the room. Also, they generally need little time with a stranger before they seem to trust him. 10- to 14-month-olds seem to form bonds to an unfamiliar adult if they spend a few hours with this adult for 3 days in a row.

Infant temperament

Temperament is a difficult concept. However, most scholars think that temperament has to do with personality traits that are innate, and to a certain degree genetically determined.

Temperaments are relatively stable over time. Despite much research, there is still little agreement regarding which temperaments exist. However, it is commonly assumed that temperament has to do with things like

- how easily and how intense infants show emotions,
- how easily they pay attention to things, and
- how active they are.

It is obvious that infants vary in temperament, and that these differences influence the care that they receive. Some infants are easy to handle while others are more challenging. For example, some children cry easily, are difficult to comfort and are very active while others are quiet, content and sleep much of the time. Parents are extremely sensitive to their infants' temperaments. Therefore the way they care for their child will, to a greater or lesser degree, depend on his temperament. Research indicates that if parents perceive their infant as difficult, they will be more likely to maltreat the child later on. However, if parents adapt to their children's difficult behaviour and are understanding, patient and consequent in their care, then so-called "difficult children" usually grows up without major behavioural problems. These parents typically accept their children's temperamental difficulties with good humour.

***3.2.8 Reference to the Bible**

Psalm 139, 14-16a: "I praise you because I am fearfully and wonderfully made..."

3.2.9 Suggestions to work tasks for improving the care of your children

For those of you who care for infants, look through the teaching again, and discuss how you can stimulate each of your infants adequately regarding language development and playing. It may be helpful to reflect on how you communicate and play with your biological children, and to discuss how you can transfer these habits to your relationship with the infants in your

children's home. To get some more ideas you could also study 6.5 How to stimulate young children.

3.2.10 Reference

This teaching is basically a summary of:

Lamb ME, Teti DM, Bornstein MH, Nash A: Infancy. In: Lewis M (ed): *Child and adolescent psychiatry - a comprehensive textbook*, 3rd ed. Philadelphia, Lippincott Williams & Wilkins, 2002, pp. 293-323.

3.3 School-age

3.3.1 Summary

The school-age period, which is given its name because of the critical importance of schooling to every aspect of a child's development, is the period between 5-6 and 10-11 years of age. Normally equipped children that are appropriately cared for, show a remarkable development during these years, in the psychosexual area as well as in motor skills, knowledge, reasoning, and moral and social development. The most striking achievement of the school-age period is a sense of oneself as a member of society.

Although it is rather common for a child this age to be interested in sexual themes, sexual abuse or witnessing sexual acts should be considered if the child is preoccupied with such themes. Apparent gender differences in academic skills may represent no real differences, biological differences, or different upbringing. A child's development during his school-age years influences heavily on his functioning in adult life (self-image, morality, choice of career, social functioning etc). Therefore, whenever a child shows developmental delays, he should be examined and given help in order that he may catch up with his peers as much as possible.

3.3.2 Introduction

The middle years of childhood, spanning the age from when a child enters primary school through age 10 years, are also called the school-age period because of the critical importance of school and its environment to every aspect of the child's development. It should be remembered that school-aged children spend most of their waking lives in school. Civilization and being-in-society are the developmental challenges of the school-age period. This period often provides the first opportunity for society to correct the influence of the family.

The brain reaches adult size by 7 years of age, and at this age most of the modification of the brain structures has also been completed. Normally equipped children that are appropriately cared for, show a remarkable development during this period in areas such as gross and fine motor skills, knowledge, cognitive skills, and moral and social development. If a child shows developmental delays, it should be examined whether the delays are due to disabilities, emotional factors or contextual factors (such as family, peers and school).

3.3.3 Psychosexual development

Children adopt a firm gender identity by age 3 years. Research indicates that gender identity primarily is determined through socialization: The association with children and adults of the same sex is a powerful influence. We become the company we keep.

Children entering first grade (5-6 years of age) are interested in sexual differences, and they have pleasures from touching themselves. They usually play with same-sex friends but also feel comfortable with children of the opposite sex. During the school-age period, the body's production of sex hormones begin to rise (ages 7 to 8 years in girls, and approximately 2 years later in boys). It is rather common for children this age to engage in some sexual play with self and others. This may be viewed as a natural extension of the sex play of preschoolers. However, as with preschoolers, if school-age children are preoccupied with sexual themes, it is wise to look for the possibility of sexually stimulating experiences, such as sexual abuse or witnessing sex acts.

School children's greater sexual awareness may also be reflected in their expressed feelings of disgust and shame related to sexual issues and the strong sense of modesty that develops during the school years. Children often enter middle childhood with a few good friends of the opposite sex. Around 8 years of age, however, they usually avoid or tease

children of the opposite gender (who have “cooties”). Moving towards preadolescence, however, the “yuckiness” of the opposite sex gradually gives way to admiring certain individuals from a distance. Interest in a person of the other sex is usually expressed through teasing and messages sent through others.

There is a wide range in both the timing and tempo of pubertal onset. Girls are usually 2 years ahead of boys. The wide range of pubertal onset in a peer group may create challenges to individual self-esteem. The onset of puberty at 9 to 11 years of age in girls is associated with a positive body image, positive peer relationships, and superior adjustment. However, the preadolescent often experience some awkwardness about his/her growth (slouching, embarrassment because of breast development and foot size etc).

In the US, when preadolescent girls realize that society values appearances more than accomplishment, they become more self-critical and worry about their weight. Thus, from fourth to tenth grade, girls seem to lose their positive self-esteem and switch to appearance as the primary way to measure themselves. Preadolescent girls seem to be at risk of getting depressed, have their IQ scores drop, and decline in math and science.

The apparent gender differences in academic skills - girls have often been found to do better in verbal areas, whereas boys have done better in math and science – may have different explanations: 1) there are no real differences between genders. This view is supported by the fact that gender differences in academic skills are often not found on tests any more; 2) biological differences between genders that result in different strengths and weaknesses; 3) socialization. For example, boys play outdoors in large and varied groups, and they play competitive games that last longer than those of girls. The boys’ games are full of disputes that seem to stimulate both the friendships and the play. Girls, on the other hand, have been found to be more occupied with the development of expressive functions (i.e., talking/communicating with each other). This different preference regarding activities may also in part be biological.

3.3.4 Development of reasoning

The preschooler’s way of thinking is characterized by a creative effort to grasp the relationship between cause and effect. They make meaning of their experiences by using their own “self-made” logic, being unable to see things from another’s point of view (Piaget’s preoperational stage). In contrast, school-age children master important ways of reasoning that increase their objectivity and their ability to think as others do (Piaget’s stage of concrete operations). Among the most important operations of the concrete operational stage, are classification, seriation and conservation. Classification is the ability to group objects (e.g., small dogs and big dogs are all dogs) or concepts (apples, pears and oranges are all fruits). Seriation permits a series of things to be arranged according to a certain property (e.g., Billy is taller than David while Susan is taller than Billy. From this follows that Susan is taller than David). Conservation stabilizes transformations because the child can “reverse the film” and mentally restore the transformed situation to its original form, conserving continuity (e.g., the child sees water being poured from a short, broad container into a tall, slender one. A preoperational child tends to focus on the dimension of height and proclaim the latter to contain more water, even though he can see that the same amount of water went into both containers. A concrete operational child, on the other hand, can mentally reverse the act of pouring and understands that the volume was conserved). Thus, the concrete logical operations enable the child to deal systematically with hierarchies and categories, series and sequences, alternative and equivalent ways of getting to the same place, and mutual relationships. Logical operations are crucial to mastering basic reading and mathematics

skills, and they are also necessary for social interactions, particularly as groups, games and rules are getting increasingly complex.

Successful school-age children understand that there are “rules” for conversation, social behaviour and how to answer questions on tests. With thinking/reasoning, as with almost every other aspect of the school-age youngster’s development, joining society and acting as the others is the key to success. This interest in rules and how to behave like others frequently is accompanied by a fascination with ordering and ritual. For example, school-age children often develop favourite numbers, magical rituals or the need to do things in even pairs. They also may become collectors of coins, stamps, insects, football cards, and the like, and may spend a great deal of time reviewing and ordering their collections.

3.3.5 Development of morality

The preoperational child’s sense of morality (that is, the appreciation of consequences and justice) is characterized by an own, “self-made” logic combined with an inability to see things from another’s point of view. The child will often be harsh in his evaluation of behaviours and “vote for” punishment as a consequence of the act. However, along with the development of concrete operations, the child adopts internalized rules for evaluating behaviour.

Kohlberg described the moral development that most school-age children reach as the level of conventional morality, which contains two stages. In the first stage, a child measures behaviour and judges it on the basis of whether it pleases those he looks up to (that is, if the behaviour is in agreement with that of a “good girl” or “good boy” who wants to please his parents and teachers). The second stage reflects the societal values of duty, respect, and law and order. This differs from the first stage in that the child’s moral compass is now set by the social system instead of the family, school, or neighbourhood. The child supports the rules of society, believes that it is essential not to break these rules for society to function, and makes moral judgments based on how well a behaviour agrees with the rules of the social system. A child completing fifth grade (10-11 years) will also have empathy and ability to weight issues from another’s position.

Although moral reasoning continues to develop through and beyond adolescence, many of the standards that are developed for our own behaviour during middle childhood are likely to remain an important part of us and used for self-evaluation also in adulthood. Stilwell and coworkers describe moral development as a natural outgrowth of the attachment relationship between a child and his caretaker(s). According to their view, morality and conscience depend on the qualities of such a relationship, out of which empathy develops.

3.3.6 Emotional issues

The most significant emotional issues in the lives of school-aged children concern personal worth, which is determined by a sense of competence (or abilities) and place (in the family, peer group and community). The sense of competence is determined not just by the child succeeding at a task, but by others’ evaluation of his performance. The emotional risk for the school-age child is the possibility of feeling inferior if he evaluates himself as not being able to accomplish tasks. This evaluation comes first from teachers, peers and parents. However, through the school-age period, children will increasingly evaluate their own performance and measure it against that of others. At the age of 10 years, each child has constructed an evaluation of his own relative areas of competence and weakness. This self-view tends to persist into adulthood.

The fears of school-age children are quite different from those of a preschooler. Because school-age children are out and about in society, they are much more likely to

witness or hear about catastrophic events that could happen to them. Their vulnerability to catastrophic fears is increased by the growing understanding of the irreversibility and inevitability of death. Many school-age children's dreams reflect efforts to master these fears by setting themselves up as heroes who save whole families or communities from robbers, murderers, fires, storms or other disasters. Children who do not feel competent may be overwhelmed by these fears and have repeated dreams in which they are attacked, victimized and helpless.

Harry Stack Sullivan (1953) was one of the first to emphasize the social influence on development. He described how a child gradually exchanges his own standards of evaluation with those of family members. Stimulated by important persons (i.e., models) outside the family, this development unfolds throughout the early school period. The child gradually accepts authority from other authority figures than his caretakers, such as principals, teachers and police. He also starts to compare authority figures, for example his caregivers with his teachers. The child first evaluates peers in terms of how they are regarded by these authority figures.

Early school-age children are intolerant of differences and can be cruel, but with socialization and education, differences gradually may come to be respected. The social pressure of authority figures and peers will generally cause a child to abandon some of his own ideas and adopt attitudes and behaviours of others. His awareness of his own behaviour in groups will gradually develop.

3.3.7 Self in society

The most striking achievement of the school-age period is a sense of oneself as a member of society. The most significant arenas for advancing and refining the sense of self are the interpersonal arenas of family, peers, and school. Before we deal with these in more detail, let us shortly take a look at the social skills of children when entering and leaving this period.

A child entering first grade (age 5-6 years) enjoys the company of other children. He has several friends. They play together with rules that are often decided on beforehand (that is, not rules that they have made up themselves). When they make up their own play, they usually imitate what they have seen others do (for example, "doctor and nurse", "mother, father and child"). They often play games where a hero (with extraordinary courage and skills) is central. They may play on team, but their cooperation is based on rules rather than complex strategies. The child judges his peers by whether they are nice to him. His self-view is dependent on others' descriptions. He identifies with his caretakers or siblings, primarily those of the same sex. He participates in family rituals and routines around meals and bedtimes.

A child completing fifth grade (age 10-11 years) is likely to have a best friend and a close circle of friends. Activities with peers are increasingly independent of parental supervision. The children are able to create games and make up rules. They show consideration for others. Increasingly, they are more independent of family rituals and routines, rely on themselves and show responsibility for household tasks, own self-care and homework. They are able to work in teams. They compare parents with other adults, including teachers and other children's parents. A child this age judges his peers by their qualities. How he views himself is dependent on his view of success, competence and self-evaluation, as well as comparison with peers and social pressures. To define what is "cool" for themselves and their close friends, they pick up attitudes, expressions, looks and behaviours from a number of different models.

Home and family

A child needs grown-ups to admire him and to “attune” to and “mirror” his feelings. He also needs to be able to look up to his caregivers and to other role models and aspire to be like them without being unduly distracted by their faults and shortcomings.

Parenting styles have been classified according to “responsivity” (defined as being able to accurately assess and respond to children’s needs) and “demandingness” (setting high expectations). Parents with high responsivity and high demandingness (“authoritative” style) tend to have the best outcome, with children who do well academically and socially. Low responsivity/low demandingness describes the neglectful or uninvolved parent, while high responsivity/low demandingness describes the permissive parent. Low responsivity/high demandingness is characteristic of an authoritarian style, which, in the Western world, may be predictive of a positive outcome in some minority families. The ideal caretaker of a child in middle childhood is one with an authoritative style and with the role of a consultant or facilitator who is coaching the child’s development of his skills and opinions, assisting as needed when help is requested, but allowing mistakes to be made and independent efforts to occur in a supportive environment whenever feasible.

School-age children bring home their experiences with other children, other children’s parents and other adults whom they meet independently of their own families (they may, for example, say: “Martha’s mother doesn’t do that”; “Why doesn’t Daddy stay home with us the way George’s father does?”; “Smoking is bad for you; you shouldn’t smoke”). This evaluation that comes from the children may contribute to a change in the family environment.

Also other processes of family change that are common in the school-age period, at least in the Western world, should be mentioned. When children spend more time in school, caretakers may spend more time doing things other than caring for their children. In general, this creates a significant shift from the family organized for care of itself and its young children to the more outwardly oriented family of adolescent children, where forces are drawing family members out into interactions with the society at large. The school-age child’s family has been described (by Combrinck-Graham) in the following way: “The family’s opening up is like a house in the summertime; it is sturdy but has doors and windows open for circulation. Everyone comes in to share the family meal, to take shelter from the rain, and to sleep.”

Another process of family change is through children’s relatively greater involvement in activities outside the home. Visits to friends, after-school activities, membership in clubs etc become increasingly important. But most school-age children’s families have the opportunity to assemble for dinner and an evening routine that allows for completing homework and some form of age-appropriate bedtime routine.

In the early school-age period, children are developing skills that facilitate interaction with peers in the neighbourhood (e.g., playing soccer). Hobbies and collections are characteristic passions of school-age children and often become the basis for formation of new social groupings.

Peers

The peer group can be one of the most facilitating influences in school-age children’s development, or it can be disastrously inhibiting. Through peer relationships the child learns how to get along with others (through competing, compromising, learning the rules of the game, protecting himself etc). There has been some recent debate about the relative influence of peer group versus parents on development. Regardless of the relative weight of these

factors, it is clear that the drive for inclusion and acceptance, and the judgments of peers, have a heavy impact on the school-age child's development of self-image and values. At the same time, the child's ongoing internal self-definition influences his selection of peers to identify with and measure himself against.

By approximately 8 years of age, the child has become able to compare and assess his own skills, both through comparing himself with others, and through using feedback from parents, teachers and peer. The child begins to rank himself in various arenas and to combine these multiple assessments into his own ongoing "report card". This constant self-evaluation becomes part of his identity. For better or worse, the opinions and descriptions we form of ourselves in middle childhood tend to continue throughout life. Personal "style", preferences, values and self-assessment in comparison with others all have their foundation during the school-age period.

During the first part of the school-age phase peer relationships are characterized by membership in peer groups and based on playmates' willingness and ability to play the way the child wishes. During the second stage (from approximately age 9 years), friendships become closer. Usually, a close and intimate friendship with a peer of the same sex develops, paving the way for heterosexual intimacy and caring – a desire that awakens in adolescence. A study that examined second, fifth and eighth graders' attitudes about and choices for companionship and intimacy found that family members were the most important sources for companionship for both second and fifth graders. Same-sex peers were important throughout the school-age period but were increasingly important as the children grew older. Only for eighth graders did opposite-sex peers become at all interesting. Girls tended to share intimate information earlier than boys, probably reflecting that girls may value intimacy more than boys.

Just as peer relationships and the view of self in relation to others is vital to the development of reasoning and intellect, so the ability to reason is vital to a child's social development in the school-age period. Children move from games in which they in groups follow the directions of a leader, to games in which the rules are set and governed by the players themselves, to games that involve team work. This involves shifts in the ways they evaluate others. A child begins the period by deeming others good if they give him things and bad if they take things away, and move to recognizing skills and personal qualities, to finally acknowledging and valuing social qualities, such as fairness. This shift requires the ability to see a situation from another's point of view. This ability, in turn, is important for developing empathy and a refined morality.

With social development, as with intellectual development, preparation and prior experience are substantial influences. Patterns involving aggressive behaviour are stable and established early. Aggressive children easily experience social rejection and isolation in the school-age period, and often have considerable problems adapting to society later in life. Another group of children that are often rejected by their peers are those who undervalue themselves and have low self-esteem. As the children grow older, a negative reputation will increasingly tend to separate rejected children from their peers.

Schooling

Schooling refers to the environment in which children learn (size of the school, philosophy of the principal and teachers, teacher-student relationships and school culture). These factors influence how the child can function, what he can do, how he perceives himself, and how he is a part of communities/societies. Four aspects of schooling will be discussed.

Preparation: The effects of prior experience

Children arrive at school with diverse experiences. In the Western world, most dramatically different are the experiences of children from middle-class, educated families and those from poor, minority, inner-city families. The former group has been prepared to enter school since toddlerhood (educationally oriented preschools, travels, visits to libraries and museums, having been read to etc), whereas the latter group is prepared to manage an entirely different set of situations, which may not be in agreement with what is expected at school (caring for younger children, and for themselves while adults are away, translating for their parents etc).

Studies of the effects of preschool programs for poor and minority children demonstrate that there is some advantage to having had a preschool experience, and this advantage is more dramatic and more lasting if the experience was in a model preschool program. Children from model preschools were significantly less likely to be placed in special education programs than other poor/minority children, but most often the effects disappeared in 3 to 6 years, after the children entered formal public school. This suggests that preparation alone is not enough to ensure a positive school experience. The most effective early education programs involved the parents in the school effort, so that the fit between home culture and school culture was improved.

It is increasingly evident that reading success is heavily influenced by the preparation of the reader, who brings to the task his expectations, prior knowledge of the content of the material, and cultural background. A study of the families of children with reading disabilities found that there is a significant lack of preparation of these children for reading. Other studies found that in some families, the children were expected to fail, or they had not been exposed to material that could have prepared them for reading, or the caretakers did not have sufficient knowledge of the language in which the child was learning to read. However, if a child has low reading skills, in addition to insufficient preparation, other reasons should be considered, such as learning disability (see 7.9.4) and mental retardation (see 7.9.3).

Attunement to children's learning styles and needs

The second aspect of schooling involves the interaction around learning. Many use Vygotsky's ideas to understand better how children learn successfully. In his framework, learning takes place in the "zone of proximal development" (ZPD), which is defined as the distance between the actual developmental level (determined by the ability the child has to solve problems on his own) and the level of potential development (determined by the problems the child is able to solve under adult guidance or in collaboration with more capable peers). Both the child's readiness and the teacher's ability to tune in to the child and understand at what level he should present the material ("attunement") are crucial to successful learning. The learning task should challenge and stretch the child, but should not be so difficult that it is overwhelming to him. Attunement to a child's ZPD and pitching the new material to the appropriate level will inevitably strengthen not only the child's success but his enthusiasm for learning.

There are specific methods for peer involvement in learning that have come to be known as cooperative learning. It refers to the grouping of students together, but differs from peer tutoring in that the material is presented by the teacher rather than by the peers. Students are given problems to solve or projects to complete, and the incentive to work together is encouraged by either rewarding the group's efforts, rewarding each individual child on the basis of the group's efforts, or rewarding the group on the basis of each child's achievements. Children can and will positively influence one another's progress. This is particularly true when some children in the group are more advanced than others, but it also is true when all children are struggling to solve a new challenge. The process of working together must be specifically supervised and rewarded because otherwise the more competent children take

most of the responsibility for accomplishing the task, while the less competent children do not contribute. Cooperative teaching also helps the children to learn about others, value differences, observe and use the strengths of others, help one another, and make a contribution to a community goal.

Different children seem to have specific learning styles. It is therefore important that the teacher asks, "How does this particular child learn best?" and to design an educational strategy that uses the appropriate method.

Agreement of values between the child's family and school

Two different aspects of agreement between school and family have been studied. The first involves expectations in the areas of educational goals, what is expected of the child, rules, and areas of permissiveness. Parents usually expect their children to attend school regularly, to be respectful, to be motivated, and to achieve. Problems come up when children cannot or do not fulfil these expectations, particularly when there are differences in expectations between family and school. Then, the all-too-common complaint that the child misbehaves at school but is fine at home arises. This type of problem can be reduced if parents are intimately involved in school life. Generally, involving parents in school activities is the most effective way to collaborate and close any gaps that could cause confusion and loyalty conflicts for the children.

The second aspect concerns the agreement between the way school and family are organized. Some schools have a more closed system than many of the families of children attending. That is, the schools have clear rules and expectations about everything from dress to punctuality, whereas the families' rules are more loosely organized. The school personnel tend to see these families as irresponsible and incompetent, and themselves as more capable caretakers. "Open" families sending their children to "closed" schools feel criticized and defensive, and such a child is caught between the two systems because he may want to conform to the school's expectations but depends on the family to provide appropriate support. "Open" school systems allow for variability and flexibility. In many instances, however, when "open" school systems are combined with "open" family systems, the children get confused because of lack of instructions and rules. This kind of "agreement" between school and home often results in contact with more systems, such as welfare, juvenile justice, or mental health.

How the school serves as a model for community in which a child finds a role

A list of characteristics of effective schools includes strong leadership, an atmosphere that is orderly and not oppressive, teachers who participate in decision making, school staff that has high expectations of students, and frequent monitoring of student progress. Large schools are often "overmanned", meaning that there are more students than role opportunities: There are not enough opportunities in student government, arts or sports programs etc to recognize more than a few children. In large schools there is also the danger of anonymity and ultimately of dropping out as well as getting involved in antisocial behaviour and substance abuse. A recommendation for large schools is to break the student population down into smaller units. In "undermanned" schools, there are opportunities for the students (and also expectations to them) to be involved in activities and to take more initiative. In this way they are given the opportunity to contribute to the school community, develop identified roles in this community, and become known to themselves and each other as distinctive individuals.

3.3.8 Failures of development in the school-age period

Inferiority and defeat are the most important emotional pitfalls of school-age children because of the importance of mastery and recognition. Depression is both a cause and an outcome of failure to progress as expected. Assessment and treatment of depression in school-age children must always include assessment of competence and how a child is viewed by his peers. Helping the child with peer relationships and academics are important parts of the treatment plan. Severe behavioural problems and hyperactivity (AD/HD, see 7.11.4) drastically interfere with children's social and academic development. However, it should be remembered that many behavioural problems represent a defence against a sense of failure and inferiority (it is better to be seen as bad than dumb).

3.3.9 Suggestions to work tasks for improving the care of your children

Consider each of the school-age children in your care together with other staff that know the particular child well.

1. Evaluate how the child is doing, compared with other children his age, regarding
 - a) Psychosexual development
 - b) Development of reasoning
 - c) Development of morality
 - d) Emotional development
 - e) Social development
 - *relationship to caretakers/"siblings"
 - *peer relationships
 - *school/academics
2. When you have identified the child's areas of relative strengths and weaknesses, make a plan regarding
 - how you can help him develop in his weak areas
 - how you can encourage him to keep growing in his strong areas

3.3.10 References

- Combrinck-Graham L, Fox G: Development of school-age children. In: Lewis M (ed): *Child and adolescent psychiatry - a comprehensive textbook*, 3rd ed. Philadelphia, Lippincott Williams & Wilkins, 2002, pp. 324-332.
- Yates T. Theories of cognitive development. In: Lewis M (ed): *Child and adolescent psychiatry - a comprehensive textbook*, 3rd ed. Philadelphia, Lippincott Williams & Wilkins, 2002, pp. 172-196.

3.4 Adolescence

3.4.1 Summary

Adolescence, the period of maturation between childhood and adulthood, is a period of changes. Puberty refers to the bodily changes that mark this transition from childhood to adulthood. Puberty, which usually takes about 4-5 years, may stop or be delayed if nutrition is scarce. The person needs a larger calorie intake during this period, due to the tremendous growth that finds place. A normal puberty involves development of the sexual organs (that is, the youngster is made biologically ready for reproduction) as well as a considerable increase in stature and muscle mass. Puberty in girls usually starts between 9 and 11 years of age, with the beginning of breast development, while boys usually are 11 to 13 years of age before puberty starts.

During adolescence the capacity to reflect and reason improves dramatically. This increased ability has a lot of consequences: Compared with pre-adolescents, adolescents are much more advanced as students and have much better social skills. The latter is due to an improved capacity to understand why people think and act the way they do, to evaluate people and situations, to understand how others think and feel about them, and to control themselves. During adolescence there is also a moral development, a growing understanding of justice and motivational factors behind actions.

Many changes in adolescence demand the person to work hard mentally. He has to adapt to all the changes and to integrate them into his life. These are the most important tasks:

1. Develop a satisfactory and realistic body image. For the adolescent it is important to communicate who he is through his choice of clothes, hair style and so on.
2. Develop an increased independence from parents and adequate capacities for self-care. The adolescent will loosen his ties to his parents, even if the process means running into some conflicts with them. A gradual increase of responsibility as adolescence progresses gives the youngster an adequate preparation for the adult life.
3. Develop satisfying relationships outside the family. The adolescent will increasingly turn to peers for friendship, advice, support and intimacy.
4. Develop appropriate control over increased sexual interests. When an adolescent is involved in a sexual relationship, the girl tends to “buy” love and affection from the boy by giving him sex, while the young adolescent boy tends to “buy” sex by giving the girl love and tenderness. Falling in love is an important part of being an adolescent.
5. Develop the identity. To melt together the different pieces into an identity is a huge and complicated task that continues into adulthood. Some of the things he has to do, is to develop his personal moral code, make some plans for the future regarding vocation, and to find out who he is and who he wants to be to others, particularly to family, friends and persons of the opposite sex.

Although adolescence is a challenging and at times difficult period in most cultures, children who are well adapted before puberty usually go through this period in a constructive manner and maintain good relationships with their parents. However, adolescent girls are at risk of developing depressed moods. Sadly, some adolescents get involved in unhealthy sexual relationships, crime and substance abuse. Adolescents are heavily influenced by family and peers as regards development of attitudes and behaviour. The best protection against a distorted development during this phase, is their caregivers’ good example, love, attention and acceptance.

3.4.2 Introduction

Adolescence, the period of maturation between childhood and adulthood, is a time of transition and paradoxes. It is a period of transition from being a child to becoming an adult, when the person goes through a lot of changes. Some changes are universal. One example is the development of the child's body into the body of an adult. However, other changes are more dependent on the cultural context. Adolescence is a period of paradoxes, as youngsters reach physical and sexual maturity well before they emotionally are fully mature. That is, they are, in many ways, large children in adult bodies, or may be it is more correct to say that they are both children and adults at the same time. In one moment they may be surprisingly mature and "adult" in their way of thinking and being, while in the next moment they may react very childishly. Some say that adolescents can best be described as "works in progress".

Adolescence is a time of exploration, when the youngster asks himself: "What are my abilities, strengths and weaknesses? Who am I in the eyes of others? Do they like me?" It is also a time of making choices: "What do I want with my life? What kind of education and which kind of friends should I choose?" Many also get a boyfriend or a girlfriend in this period. It is a time when the youngster tries to find out about himself. "Who am I? Who do others say that I am?" Very few make these questions consciously, but we know that getting an answer to these questions is a very important part of being an adolescent.

Adolescence is also a period of extensive mental, emotional and social development. The ability to understand mathematics and other complex academic tasks as well as what is going on between people (people's interactions, reactions and feelings) improves very much.

This presentation of some of the changes that a person goes through in adolescence is mainly based on studies carried out in the Western world. However, giving this lesson in an Asian country has indicated that the principles presented are universal.

3.4.3 Bodily changes

The word puberty comes from the Latin word *pubertas*, which means "age of manhood", and refers to the bodily changes that mark the transition from childhood to adulthood. These changes seem to be "programmed" in the body: They are changes that the body is determined to go through, due to the effects of hormones. However, the bodily development can be disturbed. If the child doesn't get enough nutrition, the process can stop or be delayed. On the other hand, puberty can also come earlier than it should. This tends to happen if a child lives in a home with much conflict and without the love and support from his parents that he needs. That is, the lack of both physical and emotional nutrition may affect the onset of puberty. However, a very early or late puberty should not be used as an indication that the child comes from a "bad" home!

These are the main changes that the body goes through in puberty: The sexual organs develop, such that the person becomes able to reproduce (get children). The body grows very much and rapidly, especially the stature and muscle mass, and particularly in males. With more muscles the person also becomes physically stronger. Sebaceous gland activity increases, giving rise to acnes (pimples), which is often a source of distress for the youngster. The boys also get more growth of hair in their faces, a phenomenon that makes them feel proud and grown-up. Boys also get thicker skin.

Puberty is a process that takes time, usually about 4-5 years from start to finish. An acceleration in linear growth, as much as 10 cm per year, is usually the first sign that puberty will start soon. In the Western world puberty in girls usually starts between 9 and 11 years of age, with the beginning of breast development. Boys are usually between 11 and 13 years of age before puberty starts. This difference causes many girls to tower over their male classmates by the age of 11 or 12. By age 13, many girls have experienced their first

menstruation (menarche), and most of them have developed breasts and pubic hair. It is therefore quite common that girls at this age find their male classmates rather boring, and that their romantic feelings are invested in older and more mature boys.

Along with puberty come changes in appetite and sleep. Adolescents eat much more than younger children because they need more calories for the growth that they go through. The increase in stature and muscle mass etc demand a lot of energy. Teenagers also start to fall asleep later at night and wake up later in the morning. This is partly due to a hormone (melatonin) in the brain. But it also has to do with the fact that parents, at least in Western countries, give their youngsters more freedom to stay up later at night, a freedom they often use to spend time with their friends. And being with peers, they don't want to get to bed early.

3.4.4 Changes in reasoning

During adolescence the capacity to think, reflect and reason improves dramatically. One of the causes of this increased ability is the rather large changes in the brain that happens just before and during puberty. (New nerve cells are produced just before puberty, primarily in the frontal areas of the brain, which corresponds to an increased ability to plan, reason, and control impulses. In addition there is a massive "pruning" of brain cell connections during adolescence. See 8.1 for more details). The brain makes a developmental leap, so to say. Thus, the adolescent thinks more logically than before. For example, they get very much better at providing generalizations from specific situations. To explain what this means, let us assume that the teenager was rude towards his teacher one morning, without the teacher correcting his student immediately. However, later in the day the teacher examined him very aggressively and thoroughly, and the student got a bad grade. Two weeks later the same thing happened: The teenager behaved rudely towards his teacher, and later in the day he was examined in an unpleasant manner and got a bad grade. Then he realized that there was a connection between his rude behaviour and the bad grades – that the teacher punished his rude behaviour by making sure that he got a bad grade. Also younger children could make this connection, this generalization from specific situations. However, the adolescent is much better at it, and makes generalisations in many areas of life.

The adolescent is a much more advanced student than before puberty. For example, he is much more able to understand complex mathematics. However, the improvements in reasoning also lead to a better understanding of social relationships:

Social development

With adolescence follows an improved understanding of relationships between people. The adolescent is much more able than younger children to take another person's perspective and, therefore, is more able to understand why people think and act the way they do. When he was younger, he had a much stronger tendency to see things only from his own point of view. The adolescent also has a greater ability to evaluate people and situations. For example, when the author was 12 years old, he moved with his parents from one village to another. When he was 18, he returned to visit his friends in the old village. One of his friends was several years older than him, but the author had never considered that it was rather strange for a 16 year old boy to have a close friendship with a pre-pubertal 12-year-old. When he met his older friend again, the author immediately understood that his friend was mentally retarded. As a preadolescent he had not been able to see this.

Self-observation and self-control

Adolescents are more able to observe themselves. Because they can better understand how others feel and think, they can also better understand how others think and feel about them.

Thus, they are more conscious about their own conduct and appearance, and how others perceive them. They are also more able to control themselves, and act less impulsively (that is, they reflect more before they act).

Moral development

During adolescence there is also a development in the understanding of moral issues, of right and wrong, of rules and laws. Before puberty children tend to judge right from wrong by the consequences of an action - something is wrong if you get punished for it. During adolescence there is a growing understanding that something is right and something is wrong whatever the consequences. For example, it is wrong to steal even if you don't get caught. However, young adolescents tend to be very black and white in their thinking: If someone robs a pharmacy, he deserves the strongest punishment, whatever his motive, because he did something wrong. Older adolescents, on the other hand, reflect more on the motive of the crime. If the thief robbed the pharmacy to steal life-saving medication for his child, then the older adolescent would tend to give him a milder judgment.

The importance of good models

Adolescents, like younger children, tend to develop ways of thinking and behaving that are very similar to the way others in their family think and behave. Also peers and the quality of education have a strong influence on the development of the adolescent. Teenagers, like children, will imitate peers and adults whom they admire. It is therefore very important that they have good examples to imitate.

3.4.5 Some tasks of the adolescent

The adolescent has a job to do. The changes in adolescence do not only represent passive processes. Although many important changes happen whether the youngster wants it or not (for example, the dramatic bodily changes), the adolescent has a mental job to do that is quite challenging. He has to adapt to all the changes, and to integrate them into his life. That is, he must take all the pieces, old and new, and melt them together, so that he becomes one complete and sound person. Some of these tasks are probably more difficult in some cultures than in others. These are the most important tasks:

1. Develop a satisfactory and realistic body image

In the Western world, girls in particular are very preoccupied with the body image ideal of thinness that is held up to them by the media. Research shows that girls get less and less satisfied with their bodies and physical appearance as they pass through adolescence. This is especially true for the girls who reach puberty early. It is very common for adolescent girls in Western countries to show abnormal eating behaviours. Two examples of this kind of behaviour are to want to lose weight all the time and to voluntarily throw up after meals. These behaviours are also widespread problems in some Asian countries nowadays.

It is important to remember that for the adolescent, the body is a representation of themselves. They want to communicate who they are through their choice of clothes, hair style and so on. Therefore, to most teenagers, it is very important how they dress and make their hair.

2. Develop increased independence from parents and adequate capacities for self-care

Most adolescents regard their relations with their parents as stable and trusting. They continue to turn toward their parents as their most important sources of advice, comfort and help. However, the relationship with their parents changes emotionally. Here are some examples:

- *Loosening ties to parents*

The teenager will feel a need to loosen his ties to his parents. However, at the same time as he wishes to be more independent and decide for himself, he also wants to be taken care of. As a result, well-meaning parents often don't understand how their adolescent wants to be treated at any given moment. Does he want to be treated as an adult or as a child? Does he wish for a hug, and comfort, or does he want to be left alone with his problem?

One of the things that happen in this period, is that the teenager starts to find faults with his parents. He starts to criticize them, at least in his thoughts, and don't look upon them as faultless and perfect any more. This is a painful process for the parents.

- *Conflict with parents*

Adults and adolescents often view things quite differently. This is true not only for specific events, but for family life in general. For example, teenagers and parents often disagree as to how much the teenager should decide over his own life. Many parents find it difficult to adjust to their teenager's striving for independence. Parents often have many worries for their adolescent child. They worry that he will stop showing them loyalty and respect, and that he will be irresponsible in his schoolwork and in his relationship with the other sex. They also worry about alcohol and drugs and other risky behaviour. Therefore they would like some control over the life of their teenager, to make sure that nothing wrong happens. The adolescent, on the other hand, wants more freedom and independence, and more control over his own life. What he is preoccupied with is his relationship with his friends. It is therefore no wonder that there are some conflicts between the adolescent and his parents. However, in spite of these conflicts, most parent-child relationships remain solid. But if you ask a teenager and his parents how often they have a conflict, the teenager tends to report more conflicts than his parents do.

So how should parents bring up their teenagers to help them develop soundly? Research shows that if parents are warm and responsive (available, involved, attentive and friendly) and at the same time firm, and demand good attitudes and a good behaviour from their youngsters, then the "result" is the best. Their adolescents do better at school, are more popular with peers, have fewer problems and are happier.

During adolescence it is very important that the person knows in his heart that his parents love him and care about him. Youth that are highly valued by their family usually have a good self-esteem, which in turn is very important for how the youngster will cope with the challenges that he meets.

- *Transition to self-care*

As adolescence progresses, youngsters gradually claim or are given greater control over their lives, such as diet, hygiene, sleep schedule, and clothing. They also gradually take more responsibility for their school work. By this gradual increase of responsibility, the adolescent is preparing for a life on his own, outside of his parents' home.

3. Develop satisfying relationships outside the family

As dependence on parents become less acceptable to the adolescent, he turns increasingly to peers for friendship, advice, support and intimacy. In one study, talking with friends was the activity that teens reported made them most happy. Most youth has a need for continuing access to peers. They have an intense need to relate, and to compare themselves with others, and to try out ideas and behaviour. It is being with one another that is the important thing – to watch peers, listen to them, and then to compare oneself with them.

Among girls, intimate conversations are most often the cement of friendships. For boys, it tends to be shared activities. With age, the need for being just like the others

decreases, and the adolescent can have friends that are pretty different from himself. However, most teens will choose friends that share their behaviour, attitudes and interests. Among such friends they will have a fair chance of being accepted. And being accepted in the peer group is the strongest motivation for being part of that group. This should be kept in mind, because if an adolescent is not accepted by his own family but finds acceptance among his friends, he will stick to these friends, even if they show negative behaviours and are, what we would call, “bad friends”. Peers often have a strong impact on the adolescent. Many parents find it ironical that their teenager resists their advice because he wants to be independent, at the same time as he slavishly takes on the tastes and values of his peers, to be accepted by them. The sense of belonging to a peer group and to fit in with the group is very important to a sense of well-being. To an early adolescent it is very important for his self-esteem that he is viewed as socially competent by his peers.

4. Develop appropriate control of increased sexual interest

During the preschool years, children often openly play with and show interest in their sexual organs. This interest diminishes markedly during the school years. However, at approximately 10 years of age (that is, before puberty) feelings of sexual awareness and attraction appear (probably because of increased levels of adrenal androgen hormones). With adolescence the interest in sex increases, and sexual fantasies become an intense and important part of thought life.

For girls, usually the most important part of sexual involvement is the relational aspect. That is, girls may engage in sexual activities to win or retain a boy’s interest in her. She “buys” love and affection from the boy by giving him sex. Young adolescent boys, on the other hand, are often interested in the sexual activity itself, and have much less interest in the relationship with the girl. He “buys” sex by giving the girl love and tenderness.

Finally, falling in love is an important part of being an adolescent. Quite a few find their future partner during adolescence.

5. Develop identity

One last task of the adolescent is to melt together the different pieces into an identity. This is a huge and complicated task, and something that is not fully finished in adolescence. Some of the pieces that need to be integrated into the identity will be mentioned:

The adolescent has to develop his personal moral code: “What is right and what is wrong? How should people behave? How should I behave?” etc. He also needs to make some plans for the future regarding vocation, and how to become self-sufficient economically. The choice of work and career is a very important aspect of our identity, particularly for men. How successful a person is at school or at work is important to his self-image. Another important aspect is how well we do socially, in our relationships with other people, particularly with family and friends and persons of the opposite sex. New roles need to be explored, old ones are done away with. Other parts of an adolescent’s identity are his appearance, and how he does in athletics.

Adolescents weigh these pieces of identity differently, depending on whether they are at home, at school or spending time with peers. For example, at school it is important to get good grades. However, in many peer groups you are more popular if you don’t care about your grades. It is only over time that these differences decline, so that the person develops a more constant and solid self-image.

3.4.6 Some mental problems in adolescence

How persons experience adolescence is in many ways culture-bound. However, adolescence is a challenging and at times difficult period of life in most cultures. That being said, most teenagers do well, and go through this process in a constructive manner, and maintain a good relationships with their parents.

Approximately 75% manage to adapt successfully to the changes they go through. Children who are well adapted usually go through adolescence without major problems. However, children that are psychologically disturbed before they enter adolescence, often have problems also during adolescence.

It seems that the mood of adolescents tend to shift more than in other age groups. Also, adolescents more often than others experience having a depressed mood, and more often than pre-pubertal children get so depressed that they need treatment. Particularly adolescent girls are prone to negative moods. They also seem to experience more stress than at other ages, and more than boys their age, particularly in early adolescence. Often this stress is due to homework, tests, disagreements with friends and other such things that are typical for adolescent life. It is important to remember that such things, seeming “minor” to us, can be very stressful to the adolescent.

Some adolescents get into bad habits and a bad environment. For example, they get involved in unhealthy sexual relationships or crime, or they start smoking or abusing alcohol or drugs. Some adolescents also make suicidal attempts. In Western countries there are quite a few girls that hurt themselves voluntarily, by cutting and scraping their skin etc.

An effective protection: Parental love and attention

Ending this session it is timely to remind about a very effective protection against these problems, namely love and attention from the adolescent’s caregivers.

3.4.7 Suggestions to work tasks for improving the care of your adolescents

How can you help each of the adolescents in your care to become better prepared for adulthood and a life outside of the children’s home? We have picked three areas to work on that are difficult for caretakers in many children’s homes.

1. What can you do to gradually give the adolescent more responsibilities regarding his own life (diet, hygiene, sleep schedule, clothing, school work etc)? Be specific. Carry out one step at a time, and wait with the next one until he demonstrates responsibility at the current step.
2. Ask the adolescent about his dreams, desires or plans for the future regarding vocation and how to become self-sufficient economically. Then suggest that the two of you together think through his plans/desires and make some realistic plans for how he can realize them. Finally, help him to evaluate his progress and plans at regular intervals and to make the necessary adjustments.
3. Talk with the adolescent about romantic relationships between boys and girls, and help him think through attitudes and behaviours that are helpful and edifying for him in the long run. Most adolescents dream about a harmonious marriage and family life. Help him understand what he must do to increase his chances of success in this area.

3.4.8 References

This teaching is basically a summary of:

King RA: Adolescence. In: Lewis M (ed): Child and adolescent psychiatry - a comprehensive textbook, 3rd ed. Philadelphia, Lippincott Williams & Wilkins, 2002, pp. 332-342.

Additional source:

Pataki CS: Normal adolescence. In: Sadock & Sadock (eds): Kaplan & Sadock's Comprehensive textbook of psychiatry, 8th ed. Lippincott Williams & Wilkins, Philadelphia, 2005, pp. 3035-3043.

4 Children’s rights and their need for a family

4.1 The United Nation’s Convention on the Rights of the Child

When teaching on children’s rights, we have chosen to present a summary of the United Nations’ Convention on the Rights of the Child (see below). This choice was made because this UN convention is internationally accepted and respected. However, it should be noted that some countries have reserved themselves in relation to some of the articles.

The Convention has 54 articles in all. Articles 43-54 deal with how adults and governments should work together to make sure that all children get all their rights. Only the first 42 articles are included here.

We will return to most of the rights of articles 1-42 in chapters 4.2, 5.1 and 5.2.

Suggestions to work tasks for improving the care of your children

1. Study carefully the 42 first articles of the Convention. Governments’ attitudes towards these rights differ between countries. In some countries children’s homes face considerable difficulties in areas mentioned in the Convention. For example, it may be very difficult to get the children legally registered (article 7). Therefore, when you are studying the articles, try to ignore the areas that you cannot do something about due to your country’s legislation. Instead, make an effort to look at the rights from the child’s perspective, applying the ruling principle of this Convention: What is best for the child (expressed most clearly in articles 9, 18 and 21).

2. Several articles focus on the right of the child to be cared for by his biological parents, see particularly articles 7 (the last sentence) and 9.

-What principles should you apply to decide if a child should be invited to live in your children’s home? That is, what are the things that justify the upbringing of a child away from his biological family? (Article 9 gives two examples, namely mistreatment and neglect.)

-How can you help the children in your care to keep in touch with their biological parents?

3. Children have the right to have their opinions taken into account (article 12), to practice their own religion, culture and language (articles 14 and 20), and to meet with peers, individually and in groups (article 15). What can you do to grant the children in your care these rights?

4. Children should be protected against abuse and neglect in the children’s home (article 19). Which rules and regulations do you need to implement in your institution to secure that your children are protected against abuse and neglect? Disabled children are more at risk than other children for experiencing such treatment. In fact, not to give children with disabilities special care and support is in itself a form of neglect (article 23). If you have disabled children in your care, what do you have to do to help them “lead full and independent lives”?

5. “Children have the right to good quality health care, to clean water, nutritious food, and a clean environment” (article 24) as well as an education which develops each child’s personality and talents to the full (articles 28 and 29). Do the children in your care receive these rights to an extent that is reasonable given the level of development in your country?

6. Children who are looked after by others than their parents have the right to have their situation reviewed regularly (article 25). For a review to be meaningful, each child should have his individual plan. We suggest that you make such a plan for each child, and that these plans are thoroughly reviewed once a year. Minor evaluations and adjustments should be

carried out at least every six months. The child should have his say in the planning/evaluation process (article 12), and his influence should grow as the child matures.

***Biblical references**

Jesus was very concerned about the children's situation. He embraced them (Mark 9:36), blessed them, became indignant when his disciples rejected them, and held them up as examples of faith (Mark 10:13-16). To welcome a child means to welcome Jesus and the Father (Mark 9:37). He strongly warned against causing children to sin (Matthew 18:6) and to look down on them (Matthew 18:10). Do any of the rights that you have studied above disagree with Jesus' concern for the children?

Summary of the UN Convention on the Rights of the Child

Article 1

Everyone under 18 years of age has all the rights in this Convention.

Article 2 The Convention applies to everyone whatever their race, religion, abilities, whatever they think or say, whatever type of family they come from.

Article 3 All organisations concerned with children should work towards what is best for each child.

Article 4 Governments should make these rights available to children.

Article 5

Governments should respect the rights and responsibilities of families to direct and guide their children so that, as they grow, they learn to use their rights properly.

Article 6

All children have the right to life. Governments should ensure that children survive and develop healthily.

Article 7

All children have the right to a legally registered name, and nationality. Also the right to know and, as far as possible, to be cared for, by their parents.

Article 8

Governments should respect children's right to a name, a nationality and family ties.

Article 9

Children should not be separated from their parents unless it is for their own good. For example, if a parent is mistreating or neglecting a child. Children whose parents have separated have the right to stay in contact with both parents, unless this might hurt the child.

Article 10

Families who live in different countries should be allowed to move between those countries so that parents and children can stay in contact, or get back together as a family.

Article 11

Governments should take steps to stop children being taken out of their own country illegally.

Article 12

Children have the right to say what they think should happen, when adults are making decisions that affect them, and to have their opinions taken into account.

Article 13

Children have the right to get and to share information, as long as the information is not damaging to them or to others.

Article 14

Children have the right to think and believe what they want, and to practise their religion, as long as they are not stopping other people from enjoying their rights. Parents should guide their children on these matters.

Article 15

Children have the right to meet together and to join groups and organisations, as long as this does not stop other people from enjoying their rights.

Article 16

Children have a right to privacy. The law should protect them from attacks against their way of life, their good name, their families and their homes.

Article 17

Children have the right to reliable information from the mass media. Television, radio, and newspapers should provide information that children can understand, and should not promote materials that could harm children.

Article 18

Both parents share responsibility for bringing up their children, and should always consider what is best for each child. Governments should help parents by providing services to support them, especially if both parents work.

Article 19

Governments should ensure that children are properly cared for, and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them.

Article 20

Children who cannot be looked after by their own family must be looked after properly, by people who respect their religion, culture and language.

Article 21

When children are adopted the first concern must be what is best for them. The same rules should apply whether the children are adopted in the country where they were born, or if they are taken to live in another country.

Article 22

Children who come into a country as refugees should have the same rights as children born in that country.

Article 23

Children who have any kind of disability should have special care and support, so that they can lead full and independent lives.

Article 24

Children have the right to good quality health care, to clean water, nutritious food, and a clean environment, so that they will stay healthy. Rich countries should help poorer countries achieve this.

Article 25

Children who are looked after by their local authority, rather than by their parents, should have their situation reviewed regularly.

Article 26

The Government should provide extra money for the children of families in need.

Article 27

Children have a right to a standard of living that is good enough to meet their physical and mental needs. The Government should help families who cannot afford to provide this.

Article 28

Children have a right to an education. Discipline in schools should respect children's human dignity. Primary education should be free. Wealthy countries should help poorer countries achieve this.

Article 29

Education should develop each child's personality and talents to the full. It should encourage children to respect their parents, and their own and other cultures.

Article 30

Children have a right to learn and use the language and customs of their families, whether these are shared by the majority of people in the country or not.

Article 31

All children have a right to relax and play, and to join in a wide range of activities.

Article 32

The Government should protect children from work that is dangerous, or that might harm their health or their education.

Article 33

The Government should provide ways of protecting children from dangerous drugs.

Article 34

The Government should protect children from sexual abuse.

Article 35

The Government should make sure that children are not abducted or sold.

Article 36

Children should be protected from any activities that could harm their development.

Article 37

Children who break the law should not be treated cruelly. They should not be put in prison with adults and should be able to keep in contact with their families.

Article 38

Governments should not allow children under 15 to join the army. Children in war zones should receive special protection.

Article 39

Children who have been neglected or abused should receive special help to restore their self-respect.

Article 40

Children who are accused of breaking the law should receive legal help. Prison sentences for children should only be used for the most serious offences.

Article 41

If the laws of a particular country protect children better than the articles of the Convention, then those laws should stay.

Article 42

The Government should make the Convention known to all parents and children.

#

A convention is an agreement between countries to obey the same law. When the government of a country ratifies a convention, that means it agrees to obey the law written down in that convention.

4.2 How do you know if a child should be in a children's home?

4.2.1 Summary

The best option of care for most children is to grow up in their biological families. However, if a child's parents are not able to care for him, he should be adopted away or provided with a stable foster home. Institutional care is only acceptable if it shows impossible for biological parents to provide for the child, and if adoption or foster care is not possible. If his parents are alive, he should live with his parents as long as he doesn't experience serious mistreatment or neglect. Poverty or concern about the child's safety seldom justifies institutional care. Rather, alternatives to placement in an institution should be carefully examined. Particularly, parents should be helped, as far as possible, to care for their own children. If institutional care is necessary, it should be as brief as possible. Although education is important, it is more important for a child not to be broken down mentally and spiritually. Education should be given as close to the child's home as possible. Only exceptionally should children be sent to institutions far away for schooling.

Tracing of parents and other relatives should start, and preferably be completed, before a child is admitted to a children's home. A legally valid adoption gives the child the best protection and care, and should be carried through if possible. A contract with the involved parties should always be made before admission of a child. Increasingly, funding organizations require clarification of the children's legal status for support to be continued. A child should know his legal status. If a caregiver has not formally adopted a child, the caregiver should not tell the child that he has adopted him.

For a child to feel that he belongs to a family, he needs to know that he has parents that care for him as if he was their own flesh and blood. In addition, there should not be more children in the home than what is the case in biological families.

As few children as possible should be brought up in institutions, and for as short time as possible. A plan for reintegrating the child into society should be made from the time he is admitted. As it is now, most children growing up in children's homes do not return to their local communities to serve there after leaving the institution.

4.2.2 The biological family – the best option for most children

Every human being needs love, comfort, understanding and fellowship. During infancy and childhood there are also other needs that have to be met, such as being fed and cleaned and being taught how to do things, for example how to speak, how to walk and how to behave. However, it is very important to remember that children need more than food and shelter and being taught things. Children are human beings, desperately in need of love and comfort, understanding and fellowship, as we adults are. Nils Lie, in his book *Deprivation in orphanages* (see reference), refers to an experiment of Friedrich II (1194-1250; German king, king of Sicily and emperor of the Holy Roman Empire) which yielded unlooked-for results: *"he wanted to find out what kind of speech and what manner of speech children would have when they grew up if they spoke to no one beforehand. So he bade foster mothers and nurses to suckle the children, to bathe and wash them, but in no way to prattle with them or to speak to them, for he wanted to learn whether they would speak the Hebrew language, which was the oldest, or Greek, or Latin, or Arabic, or perhaps the language of their parents, of whom they had been born. But he laboured in vain, because the children all died. For they could not live without the petting and joyful faces and loving words of their foster mothers. And so the songs are called "swaddling" songs, to put the child to sleep, and without them a child sleeps badly and has no rest."* (Salimbene of Parma).

Lie, in his summary of research done on institutionalized children, shows that infants placed in orphanages in Europe and the United States before 1920 usually had a mortality rate of 70-

100%. The children were fed and washed. It is believed that the real cause of this high mortality rate was lack of love and attention. We all depend on others to have our needs met, and children do that to a larger extent than adults do.

The family is the best way of meeting a child's needs. In most (if not all) cultures the family is the most important building stone, and by most religions the family is seen as God ordained and essential. It is important to understand the crucial importance of the family in a child's life and how difficult it is to give a child what he needs outside of a family setting.

When deciding how a particular child should be cared for, the ruling principle should always be: What will be the best for this child? The best option for most children is to grow up in their biological families. Chapter 3.2 shows how both parents and their children seem to be biologically prepared for bonding into a strong, lasting and mutual relationship. Both nature and experience teach us that biological parents usually are the ones best suited for the caretaking of their offspring. This is also clearly reflected in the internationally accepted UN Convention on the Rights of the Child (chapter 4.1). Thus, parents should take care of their own children themselves unless it is better for the children not to live with their parents.

4.2.3 Alternatives to the best option

If a child's parents are dead and there are no close relatives to take care of him, or his parents for some very important reason are not able to care for him, what would be the best way of caring for such a child?

The best option would be to provide him with adoptive parents. If the child is adopted, he has parents and a family for the rest of his life. He is also given the same legal rights as the biological children of his adoptive parents. It is very important to do the adoption legally correct (see 4.2.5), and that adoptive parents are screened before the adoption.

The second best option is to provide the child with foster parents and a foster home. Even if a foster home is not always permanent, it is a family, and the child gets the individual care and training that he needs. However, it is very important to avoid that the child is moved from one foster home to another. There should be very good reasons to change caregivers for a child (for example mistreatment or neglect, see chapter 4.1, articles 9 and 19), since the risk of lasting mental problems increases for every change (see chapters 7.1, 7.2 and 7.7).

Institutional or residential care [orphanage or children's home; Save the Children's working definition of residential care: "a group living arrangement for children in which care is provided by remunerated adults who would not be regarded as traditional carers within the wider society." (A last resort. The growing concern about children in residential care. International Save the Children Alliance)] is only acceptable if it shows impossible for biological parents to provide for a child, and if adoption or foster care is not possible. Life in an institution exposes the child to considerable risks, mainly because it is very difficult to provide for his needs in such a setting. It is extremely difficult to give him all the love, attention and individual training that he needs on a daily basis. The younger the child is, the more important it is to live in a family. If there are no alternatives to institutional care, it is very important to help the child keep in touch with his relatives, particularly his parents, if they are alive. It could be that their situation changes later on, and that the child will be able to move back and live with his biological family (4.2.8). (Sections 5 and 6 teach on how children's homes should be organized and how children should be treated by their caretakers in institutions.)

Sadly, the misconception that institutions are able to provide a better environment for children than disadvantaged families can, is widespread in many countries, also among religious leaders and among staff in children's homes. For those concerned with the well-fare of children, it should be a high priority to give appropriate information, particularly to leaders, about the reality of the matter.

Concluding so far, the best way to meet a child's needs is to provide him with a family. It is in this setting that he has the best chance to have his physical, emotional, intellectual, social and spiritual needs met.

4.2.4 When is it better for a child not to live with his parents?

We have stated that the best option for most children is to live with their biological parents if these are alive (4.2.2). We emphasize this so strongly because it is so important for a child's emotional and social development to receive his parents' love and attention. However, what are the exceptions to this rule? The UN Convention's (Chapter 4.1) articles 9 and 19 give a few examples of detrimental conditions that may qualify for removing a child from his parents, namely mistreatment (including violence and abuse) and neglect. Mistreatment involves physical and sexual abuse as well as degrading verbal abuse. Neglect means not providing the child with his basic needs, such as nutrition, clothing and love. The mistreatment/neglect should be extensive enough to cause serious concern about the child's physical or mental health. Concern about his spiritual or religious state is not enough. Statistics from Myanmar show that less than 20% of children growing up in faith-based institutions are real orphans (that is, more than 80% have at least one of their parents alive). The authors do not know how the situation is in other countries. However, the reasons for institutionalized child care listed below are probably of current interest also in other countries.

Some parents may be abusive to the child in periods of serious personal problems, for example sorrow, depression or alcohol abuse. In such situations the best option would be to help the parents overcome their problems. However, where the child's safety is at stake, he should be removed from home for as long as it takes his parents to get their own lives straightened out again. This temporary stay outside of his parents' home should be spent in a family. Only if this option is not available the child should be placed in an institution.

Quite a few parents find it necessary to let others bring up their children because of poverty. However, it is much better for a child to grow up together with his caring, biological parents, although poor, than to be brought up in a place with material affluence but without sufficient love and attention. If the parents are so poor that they cannot provide their children with clothes/shelter and enough food, the best option for the family, including the children, is usually that parents are helped to provide for their children, especially by helping them get a job.

Sometimes children are sent to children's homes far away from their villages to protect them, because drug lords control the local community and force everybody to be involved in the growing and selling of narcotics. Other parents are afraid that their children will be sent away (for example to a neighbouring country) to become child labourers, due to extreme poverty in the village. In such situations it is, of course, very difficult to know what the best for the child is. However, it must be maintained that the sending of a child to an institution only should be done if all other possibilities have been carefully considered. Particularly, the possibility of securing the child by letting him live with a family not very far from his village should be looked into.

In many cultures education is viewed as an important enough reason for letting children grow up apart from their parents. In our view much caution should be exercised before such a decision is taken. The child's age and maturity, the strength of his relationship with his parents, the opportunities for maintaining the relationship with his parents while living away and the quality of care that he receives while living apart from his parents are all very important factors. Under no circumstances a child younger than seven years of age should be sent away from home to go to school in another part of the country. He should be mature enough to understand, at least to some extent, what it involves to live away from his

parents, and he should have some motivation on his own to do so. The relationship between the child and his parents should be of such quality that he does not doubt his parents' love for and commitment to him.

If such a child, aged seven years or more, is sent to school in another place, there should be regular contact between him and his parents through correspondence (letter or electronic mail) and/or phone calls, and the child should visit or receive visits from his parents at least twice a year. One of these visits should last at least six weeks (usually the summer holidays). The quality of care is also essential. The best option would be for the child to stay with a family. However, if he has to live in a children's home, then the quality of this home should meet the standards described in sections 5 and 6. The child's well-being should be evaluated thoroughly at least once a year, and the child's opinion should be taken into account (chapter 4.1, article 12). If he over time has a strong desire to return to his parents, he should be allowed to do so.

If one or more of these requirements (for living away from biological parents to get an education) are not met, then the need for education does not justify the sending away of a child from home. It should be remembered that an affectionate relationship with caretakers, usually biological parents, is very important to a child's learning and development of intelligence (chapter 3.2). A sorrowful child is a poor student (chapter 7.1). However, a loved and harmonious child will usually be an efficient student that sooner or later catches up with his peers, given the provision of possibilities to learn.

Finally, it should be an important priority to provide adequate schooling for children in their own village or as close to the village as possible. Non-formal education is an alternative to formal schooling. If sent away from home for schooling, it makes a tremendous difference for a child if he, for example, is able to visit his parents every weekend rather than twice a year. In some places hostels are built for children to live in while going to school outside of their own village. This may be a good solution for some. However, few poor families can afford to pay what it costs for their children to live in a hostel. Also, in some hostels the environment is not very good due to shortness of staff (particularly trained staff) or scarcity of food. Child well-fare organizations and faith communities should look into how they could improve and strengthen this solution. In some places relatives or church members in a town with schools open their homes to children from disadvantaged communities. If parents are able to, they pay for this service or donate rice, vegetables etc. This is also an initiative that should be supported.

4.2.5 The legal status of the child

When dealing with this topic, we will concentrate on the children staying long-term (that is, three months or more) in a children's home. These children may be divided into two groups, those living with you, and those "belonging to" you. Those living with you are the children who stay in your children's home for educational reasons. They should have regular contact with their biological parent(s) and feel part of their own biological family. They should not look upon you as their parent because you are not. In such cases you are the family's helper, assistant and servant. You should not exercise any authority over the child that is not clearly given to you from his parents. You should care for the child as well as you can, but always in accordance with his parents' will, and only for a defined period of time. That is, you have no legal right over the child that has not been given to you from his parents. Therefore we strongly recommend that you make a written contract that is signed by both the parents and your institution's director before the child is admitted. This contract should be legally valid and state the conditions under which the child is staying with you, in case of later disagreements or lawsuits.

The children “belonging to” you are those staying in your children’s home because nobody else can or will care for them. They have nowhere else to belong than to your institution and those working there. But do they really belong to you? You may feel that you have adopted them in your heart, and they may perceive you as their father or mother. However, if you have not formally adopted the child, he doesn’t really belong to you. Therefore it is very important, before admission, that you investigate as well as possible what the legal status of the child is: Where does he come from? Who are his parents? Are they or other close relatives alive? Why was he abandoned or sent to you? You should only accept the child in your children’s home if you know that there is no one else to care for him (that is, without mistreating or neglecting him), neither relatives nor other families. Then, if you are able and willing to adopt the child, you should get the adoption legalized as soon as possible. However, if you are not able or willing to adopt him, you should write a legally valid contract with the involved parts, to avoid problems later on. Thus, you should not receive the child on a permanent basis until the placement has been legalized, either by adoption (or by starting an adoption process) or by a contract. Some examples will illustrate the importance of this policy:

The best solution for an institutionalized child is adoption into a family. Sometimes children are adopted away to families living in or later moving to foreign countries. Current laws against child trafficking are stern, and will become increasingly so. The UN Convention (chapter 4.1) has an own article (11) dedicated this problem: “Governments should take steps to stop children being taken out of their own country illegally”. There are already a number of examples of children who have been adopted from children’s homes to families who have left the country or who live abroad, where the biological parents of the children later on have been traced and thereafter demand the adoption to be nullified because it was illegal. That is, they want their child back. In such situations both the institution and the adoptive parents run into huge problems. Foreign organizations sponsoring children’s homes are becoming increasingly aware of this problem, and usually make as a condition for further donations that the institutions do the admission process in a legally valid manner.

Another reason for stressing the importance of clarifying the legal status of the child is the fact that staff in children’s homes, although devoting their lives to the care of children in need, are also mere human beings. Although the feelings of love and sense of obligation towards a child may be very strong, situations may happen that we don’t handle optimally. Let us imagine that one of your 12 year old girls get pregnant – this represents an extremely difficult situation for most children’s homes. How do you respond in such a situation? Do you take care of her and help her take care of the baby, or do you send her back to her biological family or village? If you choose the last option, then you haven’t really adopted the girl in your heart, even if you thought so yourself. Another test is to ask yourself if you treat your non-biological children the same way as your own children. If you don’t, and you prefer to provide first and foremost for your biological children and their needs, then you have not really adopted the other children in your heart. What about inheritance – do you think differently about the rights of your biological and non-biological children? These examples should help us realize that although we really desire to treat all the children equally, “blood is thicker than water”, and is a strong reason for clarifying the legal status of the children in your care. A child should know his status, that is, who you are to him and what he can expect from you.

We are aware that it may be very difficult to get a child not one’s own legally registered by the authorities. However, if problems regarding birth certificates, we recommend you to contact UNICEF, as they are committed to help children obtain birth certificates.

4.2.6 Differences between ordinary homes and institutions

Let us now concentrate on the children described in 4.2.5 as “belonging to” you. Do they feel that they live in an institution or in a home? May be you find a discernment between a family and an institution irrelevant. May be you, your wife and your biological children live together with the non-biological children in your care, and you really feel that you are all one large family. May be your non-biological children call you “mom” (mother) or “dad” (father) and you really feel that you are, that in your heart you have adopted these children. Whatever the situation from your point of view, it may be that the children themselves experience things differently. The focus of this manual is understanding the child. Therefore let us reflect on the following question: The children “belonging to” you – do they experience that they live in a home or in an institution? Do they feel that they are brought up in a children’s home or do they belong to a family?

There are two main conditions for making a person feel that he belongs to a family: First of all, belonging to a family means that you have a parent, or parents. It doesn’t only mean that you call your caretakers “father” and “mother”, but that you feel in your heart that they are your parents. If you are adopted, you have the same rights as biological children, including legal rights. Thus, it is much easier for an adopted child to feel that he is belonging to a family. Your value in your parents’ eyes is the same as the value of their biological children. Of course you can feel that you belong to a family even if you are not adopted and given legal rights. However, it demands more of parents in such a situation to show clearly through attitudes and behaviour that they care as deeply for the child as for their biological children.

Secondly, the number of children in the home must not be too high. Of course it is not possible to give an exact number and contend that if there are more, then you live in an institution and not in a family. However, the more children, the stronger a child will feel that he lives in an institution. In our opinion nature itself teaches us about the natural size of a family. It is limited how many children a woman may give birth to. Exceptionally few give birth to 18 children or more. (According to the editor of Guinness Book of Records, the “world record” is held by a Russian lady who has given birth to 59 children!) Some get 10-12, while many are not able to get more than about five. Nature is wisely ordered. Children need attention, love and care. The more children there are, the harder it is to give them all that they need. Of course the oldest children can be of great help in caring for the youngest. However, both parental care and a limited number of children are necessary for feeling part of a family.

4.2.7 Is your lifeboat sinking?

Imagine that you are crew on a large passenger ship that is in the middle of the ocean. Suddenly there is a big fire on board, and you know that the ship will sink within a few minutes. You are in charge of one of the lifeboats, and you successfully lower your lifeboat into the sea. There are already a number of lifeboats around you, but the number of passengers swimming around in the cold water is far too high for all of them to be saved. You start to save those closest to you, but a sign in the boat reminds you that the maximum number of persons in the boat should be 12. If there are more, the lifeboat will easily sink, particularly when the sea is rough. What do you do in such a situation?

We have used this dramatic story to pinpoint a considerable problem in many institutions: People want to save as many needy children as possible, thinking that if these children get food, clothes and a bed, they will do well. However, children need more than that. Everybody has a limit regarding how many children they can take care of. It may be 12, it may be more, but nobody can care for a limitless number of children. If you receive too many in your lifeboat (i.e., in your children’s home), you will sink, and nobody will be saved.

Therefore, be realistic about how many you can help! And be aware that there will be rough seas, particularly when the children reach puberty! It is also a fact that the less love and attention a child receives, the more problems he will manifest (see chapters 6.2-6.4). The more children, the more difficult it is to give them what they need. Therefore, we often see that the seas are rougher in institutions with high numbers of children per staff.

A vicious circle often occurs in such institutions: Too many children → scarcity of love and attention → behavioural problems → harsh punishment methods → less love and attention → more behavioural problems etc.

4.2.8 Reunification and reintegration

From what has been said so far, it follows that as few children as possible should be brought up in institutions, and for as short time as possible. Before admission every effort should be made to support the biological family or another family to care for the child. For those admitted, a plan for reintegrating the child into society should be made from the time of admission. If the child has been abandoned, the staff should begin tracing efforts immediately, and when possible, make efforts to reunite the family.

Often the object of faith-based institutions is to provide education, discipline and religious instruction for disadvantaged or minority children from remote areas. Usually the leaders expect these children to go back to serve their own communities when they grow up. However, experience shows that this rarely happens. Most remain in the cities, finding jobs, doing religious work or staying on at the children's homes as staff, because they have had no contact with their communities while growing up in the institution. Particularly children staying in institutions where their language and culture are not practiced, are estranged from their own people and the thought of going back.

***4.2.9 References to the Bible**

Re: 4.2.2: In 1 Kings 3:16-28 king Solomon used his insight into the mother heart to find out who was the biological mother of an infant. The king knew that the real mother would do anything to save her baby from death and destruction. She would even be willing to let another woman mother him. That is, he knew about this God-given love between mothers and their own biological offspring.

Re: 4.2.4: James 1:27 teaches us that caring for orphans is something that God wants us to do. We know that orphans, as other children, are best cared for in families (chapters 4.2 and 4.3). In some Ethiopian churches where there are a lot of orphans in the society (due to the HIV/AIDS epidemic, poverty etc), each family is expected to adopt one or two orphaned children, because it is seen as a Christian duty to do so. Is this a challenge that should be passed on to your church?

"What good will it be for a man if he gains the whole world, yet forfeits his soul?" (Matthew 16:26). A lot of experience from many countries shows us that it is very difficult for children to grow up in institutions, and that many become embittered and leave their faith, even if they have been brought up in Christian children's homes. Sadly, few institutionalized children later "gain the whole world" (that is, are very successful). Even if they should do, it would be better for them to grow up with their biological parents and learn to love and respect God through their parents' influence. That is, the price of education and success can be too high. See also Proverbs 4:23.

James 1:27 also teaches us to care for widows. It is known that many of those who send their children to children's homes because of poverty are single parents, often widows or women having been left by their spouse. When the Bible teaches us to help widows, one important reason is that their children are also provided for in this way. In 1 Kings 17:7-16 we see the mother heart of a widow who shares all her resources with her son until death. The story also shows how Elijah helped the woman, and by that also helped her care for her family (v. 15). The author has found approximately 40 references in the Old Testament to the word "fatherless", usually together with the word "widows" (for example, Deuteronomy 10:18). Most of the verses talk about God's heart for these two groups and our responsibility to care for them. The fatherless are the children of widows. Thus, caring for widows also results in help for the fatherless. We recommend you to do a Bible study on God's heart for the orphans, fatherless and widows.

There is also another group that is very much on God's heart, namely the aliens (for example, Exodus 22:21). Often the fatherless and orphans that are worst off, are those living in an ethnic group not their own. They are often harassed and discriminated against. Believers should know that God "loves the alien", and we are told to do likewise (Deuteronomy 10:18-19). We should make every effort to give "alien" children the best care possible – God is watching us!

Re: 4.2.7: Our heavenly Father is omnipotent and omniscient and is well able to take care of us all. However, when Jesus wandered this earth 2000 years ago, he did not attend to everybody. He spent time in prayer (for example in Mark 1:35) to find out what God wanted him to do. Although he knew that he left people with different needs in Capernaum, he moved on to other places, led by his Father (Mark 1:32-39). Neither can we attend to every child and his needs – we have to be selective, guided by our Lord.

It should also be noted that Jesus "only" had 12 disciples. There are probably several reasons for this number, including the 12 tribes of Israel. However, Jesus put a high priority on being with his disciples (for example, Mark 9:30-31). Probably, even Jesus did not have the capacity to disciple more persons than the 12 as thoroughly as he did.

4.2.10 Suggestions to work tasks for improving the care of your children

We suggest that you, on the basis of this teaching:

1. Develop (in writing) admission criteria for your children's home.
2. Think through how many children you can take care of in your institution, and respect this upper limit.
3. For each child that already is in your care,
 - a) trace his family and original community
 - b) examine if he can return to his family or to others in his community
 - c) if he cannot return now,
 - think through how you can help him return to his family/community as soon as possible. For example, if he is staying with you for schooling, could he be provided with an education closer to his village?
 - consider how you can help him maintain the contact with his family/community while living with you
 - d) if he has no connections with his family/community, find out if he can be legally adopted into another family, or if he can be provided with a foster family

- e) if he has no other options than to stay in your children's home,
- consider how you can create as much of a family setting for him as possible within the institution
 - clarify the legal status of the child
 - make a contract with the parties involved.

4.2.11 References

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***4.3 Biblical perspectives on the child and the family**

4.3.1 Summary

God's heart for the children is clearly expressed in the Bible, particularly by Jesus. Being humble, trusting and helpless, children show us how to relate to God and his kingdom.

God created man as a relational being, in need of other human beings. Particularly children are vulnerable and dependent on others. God created the family to meet our physical, emotional, social and spiritual needs. God wants children to grow up in families. As believers we are adopted as God's children and part of his family. However, we are still part of our biological family, and God expects us to take care of our relatives, not least our children.

God is the perfect father and example. Towards us, his children, he is gracious and merciful (most clearly shown through the gospel), faithful, forgiving, slow to anger and abundant in kindness (Nehemiah 9:17b NKJV). Also in adopting us as his children, God is an example to follow: The need for children's homes would be small if each believing couple adopted an orphaned child.

Parents, particularly fathers, should do their best to treat their children with tenderness. Manipulating children with fear and gruesome threats should be avoided. The cornerstone of the family is the matrimony. The most important ingredient in child rearing is a strong love relationship between husband and wife.

4.3.2 Introduction

In chapter 4.2 we stated that the best option for most children is to live with their biological family (4.2.2) and that the best alternative is to be adopted into a family (4.2.3). Are these statements in accordance with biblical thinking? Shouldn't we, as believers, play down the importance of the physical family to the advantage of the spiritual family?

As believers we are part of God's family. He is our Father and we are His children. Does this divine family life have something to teach us regarding our physical life and how to care for children? In this chapter we will use some passages and principles from the Bible to throw light on these questions.

4.3.3 What God thinks about children

All human beings, including children, are created by God, in his image (Genesis 1:26-27; 2:7; 2:18-23) – we are wonderfully made (Psalm 139:13-16). Except from Adam and Eve, all human beings begin life as children. Even Jesus Christ was born into this world (Matthew 1:18-24; Luke 2:1-20) and had his childhood (Luke 2:21-24 and 39-52). Children are born fully human, with identity and purpose. The journey of childhood is part of God's plan for each of us. Let us take a look at how highly God esteems children, and how he wants us to treat them.

Children are a gift from God (Psalm 127:3-4) and a blessing to their parents (Psalm 128). They are also a blessing to God, bringing him praise by their mere existence (Matthew 21:14-16 and Psalm 8:2 - infants too young to be able to speak). Children are very dear to Jesus (Luke 18:15-17; Matthew 19:13-15). In Mark 10:16 (Amplified Bible) it says: "*And he took the children up one by one in his arms and fervently invoked a blessing, placing his hands upon them*". The kingdom of God belongs to children and "such as" them, i.e., we have to become like them to enter his kingdom (childlike, humble, trusting, needy and helpless, relational in contrast to being occupied with religion/rituals/legalism; Luke 18:17; Matthew 18:3; Mark 10:15). It is of note that the children who were brought to Jesus were mere babies (Luke 18:15). Children are our models regarding how to relate to God and how to behave in his kingdom (Matthew 18:1-4; Mark 9:35-37).

In Matthew 18:5-10 we see more of Jesus' love and concern for the children: whoever welcomes (accepts or receives) a little child on behalf of Jesus in reality welcomes Jesus himself (v 5; Mark 9:36-37). *"But if anyone causes one of these little ones who believe in me to sin, it would be better for him to have a large millstone hung around his neck and to be drowned in the depths of the sea"* (v 6). Further, *"See that you do not look down on one of these little ones. For I tell you that their angels in heaven always see the face of my Father in heaven"* (v 10).

It should also be noted that Jesus healed children (Mark 5:21-43) and that he used children to bless others (John 6:8-13).

4.3.4 In need of a biological family

Created by God – in need of others

As just mentioned, the Bible teaches us that we, as human beings, are created by God in his image. It was also God that laid down in our soul and spirit certain needs: *"It is not good for the man to be alone"* (Genesis 2:18). We need others to love, comfort and understand us and to fellowship with. We also need someone that we can share our love with. Therefore God said: *"I will make a helper suitable for him"* (that is, for Adam; Genesis 2:18).

During infancy and childhood we need to be fed and cleaned, and to be taught how to do things, such as how to speak, how to walk and how to behave. However, infants and children need more than being fed, nursed and trained. As shown in 4.2.2, they desperately need to be loved, comforted and understood, and they need the fellowship of other human beings.

It is not good for the man to be alone. It is not good for the woman to be alone. It is not good for the child to live a life where he feels that he is left on his own. Why did God make us vulnerable and dependent on others? If he had not, we would probably find it difficult to realize our "littleness" in relation to God. Also, we would probably not experience the blessings of fellowship as strongly as we now do.

God's solution to our needs: The family

To meet man's needs for love and fellowship, God created the woman (Genesis 2:21-22), equal to him in value (bone of man's bone, flesh of man's flesh; Galatians 3:28), but with different gifts and tasks. God also ordained the family (Genesis 1:24): *"For this reason a man will leave his father and mother and be united to his wife, and they will become one flesh"*. God had already blessed man and told him to be fruitful and increase in number (Genesis 1:20). By being united, man and woman were now able to reproduce, to get children. And, by being united to his wife and by multiplying, man would no longer be alone, but live in fellowship with other human beings.

That is, God wants men and women to marry, to be united, one man with one woman (e.g., 1. Timothy 3:2). God wants lifelong marriages – he hates divorce (Malachi 2:16; Mark 10:9). Secondly, God wants the two to leave their own parents and to start a new family unit. Thirdly, God wants the husband and wife to become one flesh. As we know, the natural consequence of becoming one flesh is to have children. Thus, from the creation of man, God has made it clear that he wants us to make families and to live in these families, because this is the best way of living for us, for men as well as for women, for children as well as for adults (see 4.2.2 and 4.2.9). No substitute can better provide for our physical, emotional and social needs. The family is also the ideal arena for discipleship. Our children are our most important disciples, and family living gives countless opportunities to train a child to love and serve the Lord.

4.3.5 Part of God's family and part of our biological family

Another fact that shows us some of the importance of the family in God's eyes, is that we as followers of Jesus are part of God's family! We believers are brothers and sisters, and even Jesus is our brother (Hebrews 2:11). As believers we are all God's adopted children. Paul says in Ephesians (1:4-5) that God, in love, adopted us as his children. That is, we were not God's children from the beginning. For those who don't know, let us take a look at how it is possible to become a child of God and part of his family.

How to become part of God's family

God, in his love, created man. He desired an intimate friendship with man, and in the beginning God and man enjoyed such a relationship (Genesis 1:26-2:25). However, man sinned and became separated from God because of his sin (Genesis 3). Ever since the fall of the first human being (Adam), sin has been part of man's nature. To sin is to break God's law, which is the righteous standard of conduct that he has given for our common good. "All have sinned and fall short of the glory of God" (Romans 3:23). For God's law to be truly law, there must be penalties (or consequences) for violations. Law without consequences would not be truly law, but merely advice. When we break man's laws, we must pay a penalty for our actions. In much the same way, God, in his justice, has given a just penalty for sin – spiritual death and eternal separation from him and his life. Thus, "the wages of sin is death" (Romans 6:23) - "death came to all men, because all sinned" (Romans 5:12). To sin even once renders us guilty before God (James 2:10). Sin is not only ungodly actions and words, but also ungodly thoughts (see for example Matthew 5:27-28).

God, in his love for each one of us (we are all unique and special in his eyes), devised a plan that would allow him to be merciful to us while at the same time maintaining his justice by upholding the righteous standard of his law. Because of the fact that "without the shedding of blood there is no forgiveness" (Hebrews 9:22), God the Father presented Jesus, his Son "as a sacrifice of atonement" (Romans 3:25) when he let him be tortured and killed on a cross for our sake. That is, he sacrificed his Son that we could be "justified by his blood" (Romans 5:9). Jesus took our death penalty for sin upon himself and gave his life as our substitute. If we trust and obey him, he promises to set us free from sin and its power and opens the door for us to be forgiven. That is, God gave his son "as a sacrifice of atonement, through faith in his blood" (Romans 3:25). Jesus Christ died and rose again to save us from the power and penalty of sin (Matthew 1:21). The apostle John summarizes the gospel in these words: "For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life" (John 3:16).

Then, what must you do to become a child of God? First of all, you must personally receive Jesus Christ (John 1:12) by placing your faith in his death on the cross for your sins, and in his resurrection (1. Corinthians 15:1-4). To have faith means "to be persuaded". God's plan is not to threaten you into submission nor is it to bribe you with the benefits of salvation. He simply wants you to believe his truth and trust him to save you. Allow the love of God that was demonstrated on the cross to persuade you to believe. When you receive Jesus, you are "born again" (John 3:3), "born not of natural descent, nor of human decision or a husband's will, but born of God" (John 1:13), of the Spirit (John 6:5-6). When you receive Jesus, it is also an invitation for his Spirit (The Holy Spirit) to dwell in you (Romans 8:9).

Secondly, make the choice to turn away from all known sin (Acts 3:19). This is called "repentance". To repent is to change your mind and attitude towards God and sin (Acts 20:21). It is to hate sin enough to stop doing it. Repentance means a change of direction in your life. It is as if you are walking down the street one way and Jesus is going the other. He calls you to follow him. Once you hear his call, you must choose whether to follow him or not. God promises his grace to help us repent (2. Peter 3:9).

Thirdly, determine to follow Jesus as your Lord and Master whatever the cost (Luke 14:25-33; John 12:26). To follow Jesus is to obey his word (the Bible) and thereby become his disciple (John 8:31). Jesus said, *“take my yoke upon you and learn from me”* (Matthew 11:28). If two oxen are yoked together they pull or plough together. If you need to train a young ox, you probably want to yoke him with an experienced ox. To the degree that we willingly submit to Jesus’ yoke and loving rule over our lives (by saying no to our sinful nature and letting The Holy Spirit lead our lives; Romans 8:1-17), we will be liberated from slavery to sin. Jesus came to set us free.

In conclusion, *“to all who received him, to those who believed in his name, he gave the right to become children of God”* (John 1:12) and thus part of his family. (A large proportion of the above is taken from Danny Lehmanns tract “The facts of life”.)

Isn’t our biological family important any more?

Now you may think: “When I have become part of God’s family, then my biological family is not that important any more.” Is this thought biblical? It is true that our first and most important commitment is to God. He is much more important than anyone else and anything else. However, the New Testament talks a lot about the family. God still wants people to marry, and he still hates divorce, also after the death and resurrection of Jesus Christ. That is, He still wants children to grow up in families.

If you read the letters of Paul, for example, you will find that he devotes pretty much space on family life. He doesn’t teach much on the relationship between parents and children, but what he does say, is very important. He devotes much more space on the relationship between husband and wife. Why? Because adults are more important than children? No, because the relationship between the parents is so important for the whole family, not least for the children.

Well, how important is our biological family in God’s eyes? Let us take an example: Paul says in his 1. letter to Timothy (5:8): *“If anyone does not provide for his relatives, and especially for his immediate family, he has denied the faith and is worse than an unbeliever.”* These are strong words. Our biological family is our God-given responsibility. Scholars (Gæbelein’s bible commentary, see reference) interpret the word provide as an expression of family affection. That is, we believers should look after and care for our biological family out of love and affection for them. (“Provide” literally means to “think of beforehand”, to “take thought for” - greek: pronoeo).

Parents should take care of their own children

The family is instituted by God. It is his will for children to live in families, whether they and their parents are believers or not. He wants us to take care of our own children. The only acceptable reason for parents not to care for their own child is when it is better for the child not to live with his parents! God gave everything for us, even before we became his children (Romans 5:8). Then we, as believers, should give everything for our own children, even if it should mean that we can not marry again, with the person we love. If believing parents don’t want to take care of their own children, for example because they have married again and the new spouse doesn’t want to care for any stepchildren, they should remember what the Bible says about our responsibility regarding our own children (1. Timothy 5:8).

The responsibility of the church

When neither parents nor other close relatives are able to care for a child, then the church has a responsibility (James 1:27).

4.3.6 God as father – our perfect example

How then should parents take care of their own children? Also in this area we are on safe grounds if we take God as our example. Let us take a look at some of the attitudes that God has towards his children, using Nehemiah 9:17b (New King James Version): *“But you are God, ready to pardon, gracious and merciful, slow to anger, abundant in kindness, and did not forsake them.”*

God is forgiving

God doesn't only forgive, he is *“ready to pardon”*, prepared to forgive, he stands ready to forgive when we approach him. He is urging me to confess my sins, so that he may forgive (Isaiah 1:18). Think about how Jesus portrays God the Father in the parable about the prodigal son in Luke 15:11-31: The father was watching for his son to return and saw him already when he was a long way off. And Jesus tells us that the father “ran to his son, threw his arms around him and kissed him.”

God is gracious and merciful

In no other way does God demonstrate his grace and mercy towards us more strongly than by accepting us as his children (see above). His sacrifice helps us believe that he will also be gracious and merciful towards us when we now are his children: *“He who did not spare his own Son, but gave him up for us all – how will he not also, along with him, graciously give us all things?”* (Romans 8:32) *“Which of you, if his son asks for bread, will give him a stone? Or if he asks for a fish, will give him a snake? If you, then, though you are evil, know how to give good gifts to your children, how much more will your Father in heaven give good gifts to those who ask him!”* (Matthew 7:9-11)

God is slow to anger

Do we really understand that deep in our hearts? God is slow to get angry! He is patient! Very, very patient! He is our example. How can we as mothers and fathers follow his example in being slow to anger? An angry caregiver makes his children afraid. If a caregiver easily gets angry, and particularly if he punishes his children harshly when angry, their primary emotion towards him will be fear, and they will have little confidence in his presence. God, however, wants his children to feel confident in his presence (Ephesians 3:12). If we live before God our Father with a sincere heart, *“having our hearts sprinkled to cleanse us from a guilty conscience”* (Hebrews 10:22) by confessing our sins and receiving his forgiveness (1. John 1:9), then there is no reason to fear: *“For you did not receive a spirit that makes you a slave again to fear, but you received the Spirit of sonship. And by him we cry, ‘Abba, Father’.”* (Romans 8:15) *“God is love...In this way, love is made complete among us so that we will have confidence on the day of judgment, because in this world we are like him. There is no fear in love. But perfect love drives out fear, because fear has to do with punishment. The one who fears is not made perfect in love”* (1. John 4:16b-18). How can we help the children in our care to feel confident in our presence?

God is kind

He is not only kind – he is abundant in kindness. His love and kindness towards us know no limits. He gave himself to us - he gave his life that we might live. Jesus says in Matthew (7:11): *“If you, then, though you are evil, know how to give good gifts to your children, how much more will your Father in heaven give good gifts to those who ask him!”*

That is, God is kinder to his children than any earthly father can be.

God is faithful towards his children

God does not forsake his children (Hebrews 13:5)! He says to the Israelites who were captives in Babylon (Isaiah 49:15-16a): *“Can a mother forget the baby at her breast and have no compassion on the child she has borne? Though she may forget, I will not forget you! See, I have engraved you on the palms of my hands.”*

Of course a mother that nurses a baby is not able to forget her baby. At least her engorged breasts will remind her about it! However, even if a mother should forget the baby at her breast, God will not forget his children. Why is it impossible for God to forget us? Because Jesus paid with his life for our lives, and he still bears the marks of the crucifixion on his hands – a remembrance of you and I, that he has bought us (1. Corinthians 6:20) and that we therefore belong to him.

This is one of the passages in the Bible where God is comparing himself with a mother – God is also mothering us.

Finally, let us take a look at three more characteristics of God as a parent:

God affirms His children

It is interesting to see in the Gospel of Mark how God affirmed Jesus, how he built Jesus up and prepared him, also emotionally, for the difficult tasks that lay ahead of him. (In 1:11) before Jesus was tempted in the desert by Satan, and before his ministry of teaching and healing started, God said to him: *“You are my Son, whom I love; with you I am well pleased.”* Can you imagine a stronger affirmation than this?

Later on (in 9:7), in the transfiguration scene on the mountain, as a preparation for Jesus’ ministry of suffering and death, God said again: *“This is my Son, whom I love.”*

We encourage you to meditate on these verses, and think about how we can affirm the children in our care. We should learn from God our Father to affirm them, at the right times, when they really need it and are able to receive it.

God understands his children

The heart of the Lord towards his children is clearly shown in Psalm 103:8-18. Verses 13-14 tell us that our Father in heaven has compassion with us, *“for he knows how we are formed”*. In 1 Corinthians 13:12, Paul states that *“then I shall know fully, even as I am fully known”*. Thus, God knows us, and this knowledge is one of the reasons why he loves us.

Also as we get to know and understand others, we will find that our love for and compassion with them increase. Therefore, if you feel that you lack love for a certain child, then get to know him! The name of this manual is “Understanding the child”, and it is our hope that getting to understand the children in your care will increase your love and affection for them. If so, “your” children will receive what is most important to them.

The God of adoption

God wants children to grow up in families. A family consists of a husband and a wife, and their biological, adopted or foster children. We should remember that we ourselves are adopted by God. As believers, as a church, we should follow God’s example and adopt children into our own families to a much larger extent than we do. In Africa there are high numbers of orphans, particularly because of the HIV epidemic. In some churches in Ethiopia all believing couples are expected to adopt at least one child, because the need is so large. If this example was followed by believers in other countries, the need for orphanages/ children’s homes would be dramatically reduced. Adopting an orphan is an excellent way of applying James 1:27: *“Religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress...”*

4.3.7 The importance of godly parenting

It is important to remember that parents are in God's place (they represent God) to their children (example: A three-year-old boy said, "My father is stronger than God"). Being their strongest example/model, parents have a tremendous responsibility in demonstrating to their children who God is. Therefore it is very important to parent in a godly way. We have seen a few examples of how God behaves towards His children (4.3.6). Let us also take a brief look at something Paul teaches fathers about how to treat their children. In Ephesians 6:4 he writes: "*Fathers, do not exasperate your children; instead, bring them up in the training and instruction of the Lord.*" Colossians 3:21 (The Amplified Bible) says: "*Fathers, do not provoke or irritate or fret your children – do not be hard on them or harass them; lest they become discouraged and sullen and morose and feel inferior and frustrated; do not break their spirit.*" The author has seen time and again how easy it is for fathers to be harsh on their children, especially their sons. Many fathers easily speak discouraging words, and often get angry and punish. And when they punish, they are often too harsh.

It is important to know that children have a well developed sense of righteousness, and that they understand when they are treated unjustly. And if they are treated unjustly, they will get bitter, not only at their fathers, but also at God. Many children with believing fathers turn against God in protest, because their fathers were too harsh. So, "*fathers, do not exasperate your children*"! Gæbelein's bible commentary summarizes Ephesians 6:4 in this way: "Children are to be treated with tenderness".

In Ephesians 6:9 Paul speaks to masters of slaves, and he gives them the following counsel: "*Do not threaten your slaves*". Experience shows that it is very common for parents to threaten their children: "If you do this, I will send you away!" "If you don't do this, I don't love you any more!" "If you do this, I will leave and never come back!" The child may change, but only for a while. (In chapters 7.3-7.5 we explain why threats are not very effective in changing behaviour in the long run.) What happens is that the child becomes fearful. But we want our children to be happy, joyous and full of life, as God wants his children to be free from fear (John 14:27) and to be full of joy (John 16:24). Thus, if God didn't want masters to threaten their slaves, we shouldn't threaten our children.

4.3.8 The importance of a good marriage relationship

The cornerstone of the family is the relationship between husband and wife. It is very important that the two love and respect each other and live according to the counsel of the Bible for married couples. There are many relevant subjects in the Bible for married couples, and those of you who are married should study this important area. We will not have the opportunity to deal with the subject here. However, remember that the best thing you can do towards your children, besides loving God, is to love your spouse. The best thing a mother can do to her child is to love and respect his father, and the best thing a father can do to his child is to love and respect his mother. It creates peace and joy in a child when the two most important persons in his life love and respect each other. And it gives him a good model for how to behave towards others.

4.3.9 Suggestions to work tasks for improving the care of your children

1. Consider your life, including your marriage relationship: Are there things God wants you to change? If yes, what are they, and what can you do to see a change in these areas?
2. Consider each of the children in your care. Are there specific things God wants you to change in your way of dealing with the individual child?

4.3.10 Reference

-Gæbelein FE. The expositor's bible commentary. Grand Rapids, Michigan; Zondervan Publishing House, 1978.

5 Organisation of the children's home

5.1 A family-like environment

5.1.1 Summary

The best way of making good children's homes is to make them family-like. The largest need of an institutionalized child is a constant and loving caregiver. The caregiver must be gifted in the area of personal relationships and be willing to commit for at least three years.

It is particularly important for the child to have a dear caregiver around when getting up in the morning, going to bed at night, at meal times, when ill or scared, and at his birthday. The staff-child ratio should be as large as possible, particularly for infants. The children should be divided into family groups with maximum six children per group. One or more caregivers should be assigned for each group, making sure that the child always has a close and dear adult available. The group should consist of children of different age groups and should not be broken up – a sibling-like relationship should be fostered. Each family group should have its own room. Twice a day they should meet there for family hour. The “families” should also have their meals together.

The children should be encouraged to keep in touch with their relatives, through visits and mail. Staff should view relatives as a resource, and prepare for their visits and cooperation. They should also respect the need for children and relatives to communicate without being supervised. The children should have some personal space where they can keep their personal possessions. After growing up and leaving the children's home, the youngsters should know that they are welcome to visit and that their caretakers still care about them.

5.1.2 Introduction

In chapter 4.2 we stated that most children are best cared for in their biological families, and that the best alternatives are adoptive families and foster families. The younger the child is, the more important it is to live in a family. To live in an institution is dangerous, because it is so difficult to provide for the needs of a child in such a setting, to give him all the love, respect, individual training and other things that he needs. Whenever a placement in institution is necessary, it should be as short as possible. However, sometimes long term placement in a children's home is inevitable. In such cases the essential question is: How can I provide the best care possible for this child in my institution? The answer is family thinking. Research and experience agree that if you want to make your institution as good as possible for children, then it should reflect family life as much as possible. Therefore, the focus should always be, as it is in this chapter: How do we create a family-like environment in a children's home? We will give you some guidelines from professional authorities in the area of institutional care.

5.1.3 A constant caregiver

Nothing is as important for a child as his relationship with his caregivers. Usually these are his biological parents, but in a children's home it will, of course, be different. However, the need for a caregiver is not less for institutionalized children than for other children. The relationship between the child and his caregiver is crucial for a healthy development, both emotionally and socially. To have a sound personal development the child needs an on-going relationship with one or several adults who are stable and available, from early in life and onwards. The caregiver should be responsive, caring and warm. That is, the caregiver should care for the needs of that particular child, and be there with his love and support when the child needs it. The caregiver must be able to “read” the child's signals. This means that he should understand him enough to know how he is doing and what he needs. For example, it

may be that the child is sad and needs comfort and love. Then it is important that the caregiver understands this. However, it is also necessary that he is able to help the child in this situation. The most important element of this help is his love and affection for the child.

To understand the desired attitude and behavior of a caregiver, consider how you think and act towards your own, biological children, how you treat them and meet their needs. Then ask yourself what you need to change in your way of caring for the institutionalized children in your care, in order to care for them more like you care for your own biological children.

The fewer children there are in a children's home, the better it is, because it is difficult to create a family-like setting if the number of children is too high (see 4.2.6). If there are many children in the institution, it is important to divide the children into family groups (FGs). Each FG should have as few children as possible. However, to be able to divide into FGs, you need enough caregivers. Scientists recommend that the proportion of caregivers to children is as high as possible. The reason is that each child should have a caregiver, a parent figure, that is able to keep a close relationship with the child.

When children are organized into FGs, each group should have their own caregivers. The caregivers should be stable and spend time with the children daily. In this way they can be parent substitutes for the children in their group. Again, the point is to have continuity of care, so that the caregivers can build strong relationships with the children. Therefore, what is needed, is a constant caregiver that is there every day, caring for a small group of the same children - not different children every day, but the same small group of children.

All children need individual care and stimulation. For those of you who have biological children, think about how you treated them when they were babies. You probably "talked" with the baby even if you knew that he didn't understand much. You kept him close to you, touched him and caressed him. You talked to him at times of feeding and changing diaper, etc. In this way he gradually learned to trust your love and to understand and speak your language. Also institutionalized babies need this love and care. As your biological children need a parent figure from infancy and onwards, so do institutionalized children.

Picking caregivers for the children's home

When you need new caregivers for your children's home (not staff primarily for cooking or cleaning, but staff that will be parent figures for the children), who should you pick? The most important thing to consider is the psychological aptness of the caregiver. Not everyone is apt to work with children. Imagine that your own biological children became orphans and that they had no relatives to take care of them. Which adults do you think would do a good job in caring for your own children? Persons who are not gifted in the area of personal relationships should not work as caregivers in a children's home.

Another very important demand is that the potential caregiver should be willing to commit himself to the work for at least a three-year period. A large turn-over of caregivers is detrimental to the development of children (chapter 7.7) and should be avoided. Children who every once in a while have to deal with new caregivers easily stop trusting in and bonding with other people, resulting in serious relational problems that last for the rest of their lives.

What about adults that you like very much, but who themselves have a lot of emotional problems? If they have serious emotional problems they should work through these problems before they become caregivers in an institution.

Experience shows that those who themselves have grown up in an institution, usually have difficulties as caregivers. We believe that very, very few of those who have been raised in a children's home themselves should work in an institution as caregivers. The reason is that the most important aspect of caregiving is to be a parent figure for the children and to teach them the values of family living. A person who himself has not had a parent figure or a family can hardly give the children these experiences and values.

In many institutions there are only women working. It is important for children also to have male models. However, there is another reason why there shouldn't only be female caregivers in a children's home: In many cultures men have more authority than women. Particularly adolescent boys find it easier to respect and obey male staff. We have seen examples of children's homes with mere female staff that run into big problems when the children reach puberty.

In our opinion, the best option regarding caregiving staff is to employ a married couple. In addition to the advantages of having a male parent figure present, a couple is much more likely to stay on with the children compared with single caregivers. Also, they more naturally model family living for the children. Preferably, the couple should have raised their own biological children with success. This would show that they are apt to raise children. Also, the experience they have gained will be useful when raising the new children, who probably will be more demanding to raise than were their own biological children. The couple's biological children should be older than the other children. The reason is that the latter will demand a lot of time and attention, which is difficult to give them if the couple has small children their own to care for. Also, older and mature biological children may represent a tremendous resource for their parents in running the children's home. The couple should live in a separate house and include the children in their home/family. By organizing the home in this way, it is usually possible to care for more than six children at a time (see 5.1.4 and Family groups), often as many as 12, particularly if the children are received while being young and are integrated one by one.

Special situations

Many children's homes are busy places. Few children have their special caretaker available for them 24 hours a day. However, there are certain times when it is very important for the child to have his caregiver with him. We call these times special situations. Daily situations that are special situations for the child are when he gets up in the morning, when he has his meals and when he is going to bed at night. In such situations it is important that he has his parent figure with him. Other examples of special situations are when he is ill, when he has to go to the doctor or to the hospital (and is worried) and when he has his birthday. In these situations the child needs special attention from his caregiver. To make this possible in a busy institution, things need to be planned and organized.

5.1.4 Organization into family groups

Staffing: Needs and organization

How many staff is needed for the number of children in your care? Only those working in the institution as caregivers should be included in the staff-child ratio. People whose primary task is cooking, cleaning and other things than caregiving should not be included, neither should teachers. (Teachers' primary task is teaching, not caregiving. In addition, they often stay in the work for a rather short period of time.)

For children 0-3 years of age a staff-child ratio of 1:4 is assessed to be necessary. For older children and adolescents, a slightly lower ratio is acceptable. It should be noted that adolescents also need a rather high ratio – they need to spend time with their caregivers, and they need more time than younger children to open up and share their hearts with their parent substitutes (see 6.3.6). If the ratio is low, you will not be able to spend sufficient time with each of them, and they will tend to do and behave worse. In addition, having the responsibility for many, it is difficult to keep sufficient control over their lives, and the adolescents may get themselves and the institution into a lot of problems. Thus, the ratio should never be lower than 1:8 for any group of children. The ratio for children with disabilities usually needs to be

higher than for children without disabilities, but depends on the type and severity of the disability.

You may object that such a high staff-child ratio is completely unrealistic. Then it is important to remember that these are recommendations from authorities on the subject. The guidelines illustrate how demanding it is to run a children's home in a satisfactory way, because of the need of a child to be sufficiently cared for over time by the same caretaker(s). It is extremely difficult to replace a family.

How should the caregiving be organized? As mentioned above (5.1.3), an apt married couple may be able to take well care of as many as 12 children in their home, being able to make all the children feel part of one large family. However, in children's homes without a married couple as primary caregivers, and in all institutions with more than 12 children, the children should be divided into family groups (FGs) with no more than 6 children per group (see Family groups, below). It is common in rather large institutions that children are placed according to age, and that they "graduate" from one age group to be placed in another. This also means a change of caregivers. "Graduations" of children to new caregivers should be avoided! It is particularly important to avoid a change of caregiver during the first two years of a child's life.

You may object that it is worse for a child to have his "own" caretaker(s), because he will have a hard time every time his caretaker has to leave him and the group for the day or for the weekend. Many children will find it difficult to be left by their "mothers" or "fathers", and this may be particularly difficult to handle when the children are too young to understand that their parent figure will soon be back. However, this longing on behalf of the children is a good sign, because it means that they have bonded to their caregivers. In institutions short of staff many children don't bond to any particular staff, a phenomenon that should raise considerable concern (see chapter 7.7). This being said, much of the children's longing (for their caretaker) will be avoided if it is made sure that there always is one caregiver present who the children know well. The person(s) going on duty and the one(s) going off duty should have some time of overlap to make the separation from the leaving person(s) easier for the kids to handle.

What do you do if your institution doesn't have enough staff?

This is a serious situation (see 4.2.7 Is your lifeboat sinking?). Consider a) hiring more staff or asking for volunteers; b) whether it is possible to send some of the children home (particularly if one of their parents is alive, see 4.2); c) whether it is better to send some of the children to a children's home that is better staffed; d) whether some of the oldest children could be trained to function as caretakers for the younger children until the situation improves.

Family groups

As have been repeatedly stated, the children need parent substitutes. However, to make the setting in the children's home as family-like as possible, it is also important to provide for sibling-like relationships between the children. That is the second reason why the children should be organized into "family groups". As mentioned, the maximum number of children per group should be 6; up to 8 may be accepted in special cases.

Further, it is recommended that each FG has its own room. It doesn't need to be large, but the important thing is that it should only be used by this group. It should be private area, or family area, for the group. It should be used for having meals together, for playing and for having fellowship with other members of the group in different ways. Most institutions have limited space. Therefore we suggest that larger rooms are divided into smaller, to give each group a room. In this way a certain degree of privacy is secured for the children. The optimal

solution is one small house (or unit) with bedrooms, kitchen, living room and bathroom for each of the FGs.

The FGs should consist of children of different ages. Newly arriving children tend to be young, and should be placed in the group that has a vacancy. The group should be stable, and should not be broken up. In this way it becomes more like a family, with sibling-like relationships between the children. That the children are of different age makes it easier for them to spend quality time alone with their caregiver. For example in the evening, when the smallest children are sleeping, the caregiver can play with the older children.

A newly arriving child should not be placed in a group where he becomes the oldest or most dominating child, unless you know on beforehand that he is very cooperative and will influence the other children in a positive way. Letting a new and rather unknown child become the strongest in an existing group easily creates a lot of problems between the children and between them and their caretakers.

Above we introduced the concept of special situations, and said that the daily special situations are getting up in the morning, meal times and going to bed at night. In such situations a child needs one of his caregivers around. The logical way of meeting this need is to make sure that the children and caregivers of each FG have their meals together, and that the children in the group sleep in the same area. In many children's homes, caregivers and children eat separately. We do not recommend this practice, since the sharing of meals is an excellent tool for building a family identity and for teaching the children important social rules.

The Family Hour

The Family Hour is a practical tool that helps the FGs become more family-like. The purpose is to build relationships within the group, between the children themselves, and between them and their caregivers. This is done by providing a regular time and place for the group. The Family Hour should be held twice a day, one hour in the morning and one hour in the afternoon. Each FG should use their own private room. Only caregivers and children belonging to the group should be allowed to participate. Visitors are not permitted! Not even the orphanage administration or specialized professionals. That is, the Family Hour is for the family! How should the group use their Family Hour? They should spend the time doing what family members do when they want to enjoy themselves, for example playing and chatting.

5.1.5 Other family-related needs

Including the biological family

Biological siblings should be placed in the same children's home and the same family group! This arrangement usually has a tremendous significance for these children. There should be very serious reasons to circumvent this rule.

Many children in children's homes have one or both parents alive, and few are without any relatives. It is very important for the children to stay in touch with their relatives while they live in the institution, for several reasons: Firstly, they may eventually be able to return to their homes to live there; secondly, their biological family is a very important part of their identity; thirdly, keeping in touch may protect them from serious emotional and behavioural problems; fourthly, keeping in touch will make it more probable that they as adults return to their home area in order to be a resource person there. In 4.2.4 we stated that a child living away from his parents (or other close relatives) should be allowed to visit or receive visits at least two times a year. It is an obligation for the children's home to make sure that this is carried out.

It may be a challenge for some caregivers when contact with biological family seems to be very important to a child. For example, the child may cry and be sorrowful for some days after a visit from his relatives. This could make the caregiver feel that he himself is not important to the child. Then he should remind himself about the importance for the child of maintaining a good relationship with his family, and also know that such sorrow is normal and a sign that there is an attachment between the child and his relatives. The caregiver should also know that the child's love and affection for him will grow if he allows the child to be strongly attached to his relatives.

Before sending a child alone to his home, it must be ascertained that he doesn't risk any abuse or neglect during his visit. If doubt about the situation, the child should be followed by a caregiver, or the relative(s) should be encouraged to visit the child. Generally, relatives should feel welcome at the children's home. It is important that the staff see them as a resource for the child. There should be a proper place for relatives to stay in the children's home while visiting.

The children and their relatives should be encouraged to keep in touch also through mail. It is important that the staff respect the relationship between a child and his relatives. They should therefore not read the letters unless the child (or the relative) clearly expresses a wish in that direction. If the parent sends money or other things to the child and the staff find this problematic (for example, because the child suddenly has much more money to spend than the other children), then the child's caretaker should contact the parent and discuss the problem with him. It is very important that the parent has opportunities to show affection towards his child, and should not be refused to give money or presents. However, sometimes the staff needs to make some guidelines for giving.

If some of the children are unable to keep in contact with their biological family (for example, because all of their close relatives are dead) while the others receive visits, letters, phone calls or gifts from their family, it is advisable that the children's home provide some compensation for those who lack this form of contact with their relatives (for example, the caregiver could spend some extra time with them when their friends have their family visiting).

Personal space and belongings

One part of living in a family-like setting is to have some personal space. This makes it possible for the child to have and keep some personal possessions and toys. This space doesn't have to be large. What we recommend as a minimum is that each child has his own box with a locker attached. This makes it possible for the child to guard and take care of his own things, which, in turn, is important for teaching him stewardship. Owning something inspires us to be responsible. Mundhenk refers how the girls in a Myanmar institution changed when each of them were given their own trunk with lock as well as their own bags with shampoo, toothpaste, toothbrushes etc. This resulted in less stealing and fighting between the girls as well as better hygiene. It was noted that the girls didn't have to be reminded any more about taking baths and washing their hair.

It is also important to help the child remember important happenings in his life. In some children's homes in Asia and Africa each child is given a personal album. This album contains snapshots and descriptions of the child, along with significant people, significant events, meetings, holidays and birthdays. This helps the child to feel unique, important and loved.

Still belonging somewhere after growing up?

In fact, a very high percentage of ex-institutionalized youth do very badly after having to leave the children's home at the age of 18. Many are left alone without any support.

And many end up as drug addicts, prostitutes or criminals. One of the reasons is that they have not been sufficiently prepared for adulthood while in the institution. Another reason is that, in many cases, all bonds are broken between a youth and the staff once he leaves the institution. In our opinion it is therefore very important that the children experience to have a home even after growing up, much in the same way as a person belonging to an ordinary family still belongs to the family after reaching adulthood. Also institutionalized children have a need to belong somewhere after growing up. They should know that they are allowed to live in the children's home at least up to 18 years of age. And after leaving, they should know that they are welcome to come back and visit, and that their "family" in the institution still care about them. In our opinion each children's home should have a follow-up system for youth who have left because of age, to ensure that they feel cared for and to give them an opportunity to receive help if they run into some kind of trouble.

***5.1.6 Biblical references**

Re 5.1.5: As followers of Jesus we believe in the power of prayer. Therefore, we should pray for the children in our care, as we pray for the members of our biological family. As caregiver you should pray for "your" children daily. And you should continue to pray for them as they grow up and leave the children's home. They should know that they are prayed for, because your prayers show them that you still love and care about them.

5.1.7 Suggestions to work tasks for improving the care of your children

Consider the organization of your children's home, and answer the following questions:

1. What is the staff-child ratio? If it is not high enough, how do you solve that problem? (For those who care for too many children, the first thing to do is to reject new admissions!)
Could you hire some more caregivers? Could you use those you have in a better way?
2. Which criteria will be helpful for you when hiring new caregivers?
3. How can you organize to meet each child's needs for
 - a) a constant caregiver?
 - b) a family group?
4. How can you provide a private room for each family group? If you are able to divide your institution into smaller units fitted for family group living, that would be the best option!
5. How can you help the children to keep in touch with their relatives?
6. How can you give each child some personal space?
7. How can you be a resource to those who have grown up and already left the institution?

5.1.8 References

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5.2 Ensuring some important rights

5.2.1 Summary

A children's home should be as family-like as possible. However, institutionalized children also have other needs that the children's home, according to the UN Convention on the rights of the child, is obliged to ensure:

Institutionalized children should be protected against neglect and all forms of abuse, particularly physical and sexual abuse. The institution should have a Code of conduct for the staff, teach the caregivers how to discipline and punish, and develop procedures for reporting and investigating abuse and other breaches of children's rights. Staff having been or being involved in paedophilia should be fired. The staff-child ratio should be sufficiently high to prevent child-to-child abuse. Sleeping arrangements should be safe and appropriate.

All the children should be treated fairly - no prejudice should be tolerated. Children from ethnic minorities have the right to keep and practice their own culture, including their language and religion.

The institution's most important long term goal should be to prepare the children for adulthood and self-reliance. To accomplish this, they should be given a proper education. Playing and the enjoyment of peer interaction are not only rights that children have, but also represent an important preparation for adult life. Caretakers playing with "their" children help them develop strong affectionate relationships with their caretakers. The children should be encouraged to build relationships and participate in life outside the institution. Another important part of preparing the children for life after institution is to teach them citizenship skills through participation in the running of the children's home (practical work, decision making, discussion meetings etc). The children should also be encouraged to own and manage their own money and things.

A children's home is obliged to ensure that the children get enough nutritious food, that the hygiene is satisfactory, that the children are appropriately clothed, that the institution is safe, and that the children get enough sleep.

Every children's home should have a board of management. Each child should have his own Intake Form, Health Form and Personal File, including an Individual Plan. It should be aimed at obtaining a birth certificate for every child.

To be able to meet the needs of the children, it is necessary to provide for the staff's needs, including regular training and supervision and a meeting structure that allows for exchange of information and discussions.

We highly recommend that you carefully study the check list of 5.2.11 based on Tearfund's Guideline for institutional care.

5.2.2 Introduction

Chapter 5.1 dealt with how we could organize the children's home to make it as family-like as possible, because the more the institution reflects family-life, the better it is for the child. In this chapter we will talk about other needs that a child has and how they can be met in an institution. Most of these needs are usually met by parents and should have the status as children's rights. We have wanted to underline this, and have therefore made referrals to the UN Convention on the rights of the child. The reason is that we, by experience, know that institutions often fail to meet these needs, although children's homes according to the UN Convention are obliged to ensure that "their" children are provided for in these areas (see chapter 4.1).

Of the resources used, we particularly refer the reader to Patel's book (most of the specifics about symptoms/signs of abuse, how to investigate possible abuse and how to help abused children is cited, referred or adapted from his book), Tearfund's guideline for children

in residential care (see also 5.2.11) and Mundhenks two papers made for UNICEF (see 5.2.14 References).

5.2.3 Protection against and handling of abuse

Please read 4.1 The UN Convention on the rights of the child, articles 19 and 32-40 before you continue. They are all relevant for the topic. Sadly enough there are many examples of children being neglected or physically or sexually abused in children's homes. It is of utmost importance to protect children against such things. Most of the content of this manual speaks about the importance of not neglecting the children in your care and how you can love, care for and stimulate them. Chapters 6.4 and 7.3-7.6 teach on how to discipline and how to handle behavioural problems in children without using corporal punishment. The information below deals with emotional and physical abuse and, particularly, sexual abuse. However, we will start with some recommendations for preventing and dealing with neglect and abuse in general:

Every children's home should have a Code of conduct that all the staff should sign to show that they have read and will abide by it. Some of the items in this code should be: There will be no tolerance for any form of abuse such as beating or other physical harm, verbal abuse, depriving children of meals, locking up children in small rooms, forcing children to remove their clothes in public or any other shameful practice. Also, there should be no form of exploitation of any kind, such as child labour or using the children as a way of receiving humanitarian aid for benefiting oneself. The children should be informed about the staff code of conduct and who to report to if a staff breaks the code.

All caregivers should be taught how to discipline a child, and particularly how to punish. It should be made very clear that corporal punishment is not tolerated. Only a child's caretaker should be allowed to punish the child, because it cannot be expected that other caregivers/staff know the child sufficiently to give him the right punishment in the specific situation.

Caretakers and other staff should observe the children and react if they develop any problem that could be related to abuse. Common symptoms of all kinds of abuse are emotional problems (anxiety/fear and sadness/depression), concentration problems, learning problems, withdrawal from other children and reduced interest in playing. The following symptoms and signs should arise the suspicion of physical abuse: The child appears fearful, is aggressive or bullies other children, runs away from the children's home or school, or is lying or stealing. Bruises and marks after burning or cutting may be highly suspicious.

Suspect sexual abuse when a child shows sexualized play or behaviour, particularly seductive (for example, if he is over-friendly with adults in a manner that was not usual for him) or exhibitionistic (for example, touches or plays with his sexual parts in public) behaviour, knows more about sex than you would expect, is preoccupied with sexual themes, starts bed-wetting or soiling after having achieved control, attempts suicide, is fearful of caregiving adults for no clear reason, does not trust others, starts misusing alcohol and drugs, or has repeated urine infections, pain while passing urine or other infections or inflammation of the sexual organs.

Emotional abuse and neglect should be suspected if the child is not developing or growing properly, is losing weight for no obvious reason, is constantly falling sick, has poor language development, is passive and does not react like other children, has feeding problems, goes back to behaving like a younger child (for example, when a seven-year-old starts behaving like a four-year-old), tries to hurt himself, runs away from home, or appears dull, with little energy and cries very little.

It is important to note that none of the symptoms listed for physical, sexual or emotional abuse prove that such abuse has happened. However, it may have happened, and these symptoms and signs should therefore be taken seriously.

Staff should know who to report to if such suspicions arise. It is very important for the children's home to have a reporting system that makes it safe for both children and staff to report their concerns. Generally, children should know how to complain if they are unhappy with any aspect of care! However, most children are afraid to tell about their experiences with violence and sexual abuse, often because they have been threatened to shut up ("if you tell anyone, I will kill you" etc). Therefore it is necessary, also in institutions, that it is the adults that have the responsibility for finding out about such things. (It may be difficult also for staff to report suspicions or evidence of abuse, because it may be a colleague and friend that is the guilty person.)

In addition to a reporting system, it is also necessary to have a procedure for how to investigate allegations of abuse and other breaches of children's rights. One important part of this procedure is to interview the child. Interviewing a child about possible abuse is often a difficult task. Ideally, an experienced health worker (who has worked with abused children) should talk to the child. Alternatively, the director or somebody else with a lot of experience with children could do the interview. If you are the person doing the interview, do not ask questions about abuse until you have established an O.K. relationship with the child. If this means spending some time with him, then you need to do so. Using toys can help the child relax. Speak to the child calmly, and make it clear that he is allowed to ask questions about anything. Interview the child in the presence of a dear caregiver or another adult who is definitely not a suspect abuser and whom the child trusts. Do not make accusations or threats against anyone, because you may frighten the child. Assure the child of your intention to help and that he will not run into trouble by answering your questions, whatever the content of the answers. Then you could use the following questions: "Sometimes children can get hurt by a grown-up person. Has anyone grown-up hurt you recently?" If yes, "who was it?" If the child is scared to answer, do not force him, but move on to the next question: "How did he hurt you?" "How often did it happen?" "How do you feel about this?" "Have you told anyone else?" If yes, "who?" "What did they say to you?"

Another part of the investigation procedure is to have the child examined physically by a health worker, preferably a doctor. An abused child is likely to be very sensitive to such an examination, and it is important to respect his privacy. He should be explained what the health worker is doing and why. A trusted caretaker should be present during the examination. The findings should be documented in detail, because they may be needed in a police investigation. A thorough physical examination should be done, including weight and height (to look for signs that the child is not growing properly), any injuries on the body, and any injuries or inflammation of the sexual organs. The anal region should always be examined as well, particularly in boys.

The director must make sure that the abused child receives help. First and foremost, the child must be protected against further abuse and assured that he is safe. Secondly, the child should be told exactly what to do if he again should feel threatened by someone. Thirdly, the child should receive help to feel positive about himself (reassurance that he himself is not responsible for the abuse, positive feedback about his behaviour and emotions, and participation in enjoyable activities such as playing with friends). Fourthly, make sure that you or another staff help the child trust adults again, by being someone he can talk confidently to, by spending time with him, and by showing him love and affection. However, remember to be careful about physical touching! Fifthly, help the child to identify and express emotions. This could be done by having the child play games that involve the naming of feelings and emotions, by reading books that involve emotions, by talking about what

emotions the child is experiencing and why, and by teaching the child ways to deal with anger. Sixthly, check if the child shows symptoms of post-traumatic stress disorder (PTSD; see chapter 7.2). If so, you should teach him techniques to handle disturbing symptoms. If these don't help and he suffers considerably from PTSD symptoms, you should consult a professional helper.

Before hiring a staff person, the director has to obtain a background child protection check for him. The reason is that paedophiles and persons with certain other deviating personality traits are attracted to jobs with access to children. If it is found out that a person has been involved in paedophilia before, he should never (again) be allowed to work in a children's home. The reasons are that most of them will continue to have this weakness, and that sexual abuse has a detrimental effect on a young person's life. For the same reasons, if one of your staff has been involved in sexual abuse of children recently, he should be fired immediately and never be allowed to visit your institution or any of the kids again. The person should be reported to the police, and other institutions working with children should be informed (to prevent that he tries to get a job in another institution).

The Code of conduct (see above) must include a rule about the way staff should touch children, a practice that must be in line with what is considered appropriate in the local culture. In many institutions it would be sensible to include a rule that forbids male staff to enter the dormitories/living quarters of adolescent girls.

In institutions with a low staff-child ratio, it is common that the older children have rather much responsibility for the younger ones. For example, often they wash the younger children and put them to bed at night. Sadly, particularly in such cases child-to-child abuse occurs, but these episodes are rarely reported. If a child in your institution is found to be abusing other children sexually, he should be replaced to a group where there are no other children that are in danger of being abused. He should be observed very carefully and obliged to undergo treatment for his problem. If 16 years or more, and it is found necessary for the protection of the other children, he should be dismissed from the children's home and found another place to live. This sounds hard, but we remind about the serious consequences of sexual abuse and the importance of protecting exposed children.

Regarding sleeping arrangements for the children, this should be thoroughly discussed among the staff. Institutionalized children should never sleep in the same bed, not even siblings. We recommend children of the same Family group to sleep in the same area in the same way as siblings in an ordinary family do (see chapter 5.1). However, it must be ensured that the sleeping arrangements are proper in a cultural context. Adolescents should not be allowed to sleep in the same room as children of the opposite sex, regardless of age. If adolescents share bedroom with younger children of the same sex, the caregivers have to be observant and take the necessary measures to prevent sexual abuse.

Finally, we recommend that the children's homes have access to an objective counselor for children to report to and talk with about problems in general. We believe that such an arrangement would make it more probable that abuse and other serious problems are discovered and handled in an acceptable manner.

Mental protection – ensure a wise use of television and video/games

TVs, VCRs, DVD players and computer games are becoming more and more common, also in children's homes. Often the children are watching programs or videos together, with no regard to the children's age or the appropriateness of the film. We know that TV and video is a very strong medium that make a heavy influence on a child's mind. Violent television and computer programs increase children's aggressive play and fights with others. Since the 1980's, US and British military have used violent video games for training, reportedly to desensitize soldiers to the suffering of their targets. In particular, young children have

difficulty distinguishing between real and artificial life when playing computer simulation games.

Too much television or computer time can foster bad cognitive habits. Because they are not given time to interact cognitively with such fast-paced content, children learn to sit back and passively absorb what is presented to them. Television watching and computer games foster passivity and discourage other learning activities, interfere with conversation and discussion, and discourage physical play.

Television viewing and computer games can be addictive, not only for the children but also for their caregivers, since it keeps the children busy and quiet. Television can become a convenient and regular baby sitter.

The institution should have guidelines for which video games, movies and TV programs that are acceptable as well as how much time the kids should be allowed to spend in front of the screen. When the children watch a film or TV program, a staff should always be there with them, watching and discussing the film/program. Movies and programs (including cartoons) that are violent or have an inappropriate sexual content should not be allowed. The following guidelines are given by Webster-Stratton (5.2.14 References) for how to get the most out of television and computers:

- Set limits on extent of exposure (one hour daily is plenty, especially for preschoolers). If the children are having problems at school, homework should be completed first. Or, you might decide to limit your children's home to weekend watching. Be firm and consistent about the rule you set.
- Supervise (i.e., carefully select) and monitor the type of programs watched. Teach the children to be selective in their viewing, and encourage them to schedule ahead of time what to watch. If possible, use filters for your TV and computer.
- Encourage other physical and social activities and reading.
- Set a bedtime that is not altered by television programs or computer games.
- Praise the children for good viewing habits.
- Watch television and computer games with the children to mitigate their effects. Talk with them about characters, themes etc. With preschoolers, help them to understand the difference between the world of fantasy, or make-believe, and the real world.
- Set a good example.
- Strive for a balance. What is important is that you take control over what the children are watching and how much they are watching. Help them achieve a balance between screen time activities and other activities.

5.2.4 Fair treatment

Please read 4.1 The UN Convention on the rights of the child, [articles 14, 20, 23 and 30](#) before you continue. We should be careful to treat the children fairly and to have no prejudice, whether based on gender, age, parentage, ethnicity, caste or social class, religious background or disability.

In most children's homes, one or more of the children belong to a different ethnic group than the majority of the kids. These children often forget their own language, because they don't practice it. It is important that these children are encouraged to speak their own language and follow their own customs. If there are no other or very few in the institution that speak the same language, these children should have regular times to meet with others in the community from their own ethnic group. If there are more children with the same minority background, these children should be placed in the same family group. In general, there should be staff that speak the languages of all the children. If a child is considered for

admission and none of the staff speak the child's language, it would probably be better for this particular child to live in an institution where they speak his language.

Sometimes children from a different ethnic group differ considerably also culturally from the other children. For example, some children are not used to being at school and sitting still for longer periods even if they have reached puberty. In such situations it is important to help the child adapt to his new surroundings, but also to encourage him to continue with those of his old activities that are healthy and positive.

It is very important to respect the child's religious faith. Therefore, we should not put any undue pressure on children to convert them to our own faith! This may be challenging for the many caregivers who work in children's homes because they feel called by their god to do so.

5.2.5 Education, play and peer interaction

Please read 4.1, articles 15, 28, 29 and 31 before you continue. We will not go into depths about educational issues, because it is our experience that staff are very concerned about giving the children a proper education. However, we will give some recommendations:

Most of the teaching should be carried out in the child's mother tongue. There should be tutors available to support the children's learning. These tutors should have some training in child-centered education methods. They should particularly bear in mind that fear is a bad teacher! (That is, don't beat or threaten the child if he doesn't do well at school.) A child that feels loved and accepted, on the other hand, learns easier and is a better student.

There should be a room available for children to study in that is quiet and has good lighting. We also recommend that there are some books and magazines available in this room, particularly in the children's mother tongue.

Always remember that your most important task is to prepare the child for adulthood and self-reliance. Therefore, vocational training, as a part of the child's education, is very important and should be given a high priority. However, it must be ensured that there is no form of exploitation of the children of any kind (i.e., child labour).

Play is very important for the development of a child, from infancy and onwards (chapter 3.2). As the UN Convention's article 31 shows, it is also a children's right to play. In our opinion, children should be encouraged to play at least one hour every day, and even more on weekends. Part of the play should be free play, which means that they play according to their own ideas and choice. If possible, they should also get the opportunity to participate in organized sports. We suggest that your institution allocates time for playing in the daily schedule. This would also make it easier for staff to supervise and be involved in the play, which is necessary to a certain extent. Being present and sometimes participating in the play gives the staff much information about the children, and gives them many opportunities to improve their relationship with the kids, which is particularly important in relation to those children they are caregivers for (see also 6.5.6 Playing with children).

It is not insignificant which adults are involved in the children's play. In some institutions mainly volunteers are used for such activities. This may be a good solution, if the caregivers are much pressured regarding time, and if the volunteers are willing to come regularly for a period of at least one year (the children should be able to count on the volunteers and to build a relationship with them). But we are convinced that most of the adult input should come from the staff, since playing is such a useful tool for relationship building.

Simple art material (such as paper, crayons, paint, glue, scissors, chalk and chalkboards, and clay) should be available for the children to use. There should also be some musical instruments available for the children. It would be a great asset for the children's

home if there were staff, or teachers from outside, that could give the children lessons in how to play an instrument. In some institutions the children are given lessons in traditional dance and music, which also may help them maintain and build their identity (particularly children from minority backgrounds that are taught their own ethnic culture).

This emphasis on playing means that the children's home needs to provide suitable and safe places to play, either within or outside its own property.

Children should be taken to excursions and picnics whenever possible. Such happenings represent more than diversion and fun - children often make developmental leaps when they experience new and exciting situations.

Generally, institutionalized children should have opportunities for peer interaction, as other children have. Playing together is very important, but they should also be allowed to be together with peers in other ways. This is particularly important for girls from the age of 10 years and onwards and adolescents of both genders, since they have a great need for just hanging out together and talk. Peer interaction is an important part of their personal development (see chapters 3.3 and 3.4). According to the UN Convention's article 15, they also have the right to join groups and organizations. Thus, they do not only need time with the other children in their family group - they should also be allowed to play and spend time with children from other groups and with children living outside of the institution. Contact with people from the "outside", not least with peers, is also an important part of preparing them for life after the institution.

5.2.6 Child participation

Please read 4.1, [articles 12 and 13](#) before you continue. The main purpose of the institutional stay should be to prepare the children for life after the institution - that the children should become harmonious, industrious, self-reliant, trustworthy and concerned adults. The challenge is therefore to help the children develop these traits while in the institution. One major part is education, including vocational training (see 5.2.5). However, it is also very important for them to learn different citizenship skills. The most effective way to teach them these skills is to make sure that they are active participators in the running of the institution and other things that have to do with their own lives. Unfortunately it is our experience that few institutions allow children a say, and that they therefore become passive spectators instead of being active participators in their own lives. Therefore it is no wonder that ex-institutionalized children fare very poorly (see 5.1.5). Here are some recommendations to increase child participation:

First of all, the children should be made aware of their different rights and responsibilities, including the UN Convention on the rights of the child, their status in the institution (see 4.2.5), house rules and other rules. Further, the children should be given responsibilities in the running of the home, in the same way as you gradually give your biological children more responsibilities at home as they grow and mature. They should be involved in decision-making. This involvement should increase as they get older and more mature. In addition to the training that this represents for the children, the institution will also become a better place to live for both staff and children, because children often have some very good ideas about how things should be done.

Practical ways of including the children in decision making is to make house rules together with them, including consequences for breaking the rules (see chapter 7.5). There should be regular meetings, for example monthly meetings to discuss the chores that have to be done to keep the institution clean and safe (which chores and who should do them). However, the staff must make sure that the chores are given to the children according to their age and developmental ability. Another suggestion from UNICEF's Quality indicators paper that we endorse (see 5.2.14 References) is to have a Discussion Box placed in a convenient

place for children to write down any issue or problem they want to discuss. Then the different notes could be discussed in a weekly meeting. The participating staff should actively listen to the children and discuss with them how to solve the problem or issue.

The children should be given responsibility, according to their age, to care for their own possessions. They should be given pocket money to buy their own personal toiletries, clothes etc., with the help of their caretakers. This is an important part of the preparation for reintegration into the community. To have money and things to one's own disposal also stimulates stewardship and increases cooperation and well-being (see 5.1.5). Children should participate in the decorating of their family rooms and the communal rooms.

5.2.7 Basic needs

Please read 4.1, articles 24 and 27 before you continue. Although being very important, we will only briefly deal with these aspects of institutional life. However, we strongly recommend you to carefully study UNICEF's Quality indicators paper (see 5.2.14 References).

A children's home is obliged to ensure that the children get enough nutritious food. The hygiene must be kept on a satisfying level. Further, the clothing and shoes should be appropriate according to the children's age and gender as well as the weather conditions. For example, the clothes should not be perceived as strange, and they must not be too large. Regarding the building(s), it should be safe (also from fire!), and there should be no uncovered wells or other hazardous conditions on the compound.

There is one basic need that we need to mention in particular: Experience shows that institutionalized children often get too little sleep. The children usually have to get up very early in the morning. This phenomenon may particularly be a problem in big institutions. It is important to ensure that children between three and five years of age get the opportunity to sleep about 12 hours of sleep a day. Children between the age of five and 12 years usually need 10 to 11 hours of sleep, while adolescents, aged 13 to 18 years, usually need between eight and 10 hours (for more details, see 7.10 Problems related to natural functions).

5.2.8 Individual plans

The chapters of sections 3 to 6 give a lot of recommendations for how to care for the individual child. To be a caregiver in a children's home is usually busy, and it is difficult to remember the specific needs of every child. We therefore highly recommend the use of individual plans. The use of individual plans would raise the standard of care considerably. The caregivers of each family group should allocate time to make individual plans for all the children in their group. It is difficult to make realistic plans, particularly in the beginning, and it is therefore important to cooperate. However, it is also important that the child gets a chance to participate. If he knows that you want to make an individual plan for him in order that he develops as much as possible in as many areas as possible, and that he also has his say, he will hopefully get a tremendous inspiration to make progress! The older the child is, the more input the child should have (see 4.1, article 12). Each child's individual plan should be evaluated regularly, the first time after three months, thereafter every six months.

An important part of the planning is to help the child express desires and dreams about future career and life. These desires and hopes should be respected! However, it is important that the caretakers, as the child grows older and they get to know his strong and weak sides, gradually help him to make realistic plans and discuss with him how he can carry out these plans. However, a caretaker should take much care not making his own career plans for the child.

5.2.9 Management and documentation

Also management and legal issues are important if the children's needs and rights are to be met. We will only mention some important aspects of this topic, but refer the reader to the checklist of 5.2.11 and UNICEF's Quality indicators paper (see 5.2.14 References).

Every children's home should have a board of management. This ensures the right of access by outsiders to every part of the institution's program, which in itself may prevent the development and maintenance of unfavourable conditions. Scandalous and detrimental conditions usually happen in institutions lacking correction from the outside. Thus, one of the board's most important assignments is to be actively involved in regular monitoring and evaluation of the institution. This includes ensuring some degree of financial accountability, preferably with a regular audit.

There must be a proper recording system for the children, including Intake Forms, Health Forms and Personal Files. This information should be kept confidential. The Personal File should include information on the child's development in all areas – physical growth, health, hygiene, mental, social, emotional and spiritual – and any necessary intervention. The file should also include information on the child's family and community, an individual plan and plans for reunification and reintegration. (In some cases groups of children have been brought from remote ethnic areas, and the only recorded information on these children is their names and possibly their birth dates and villages of origin. Such conditions should be avoided, particularly because you really don't know if it is legal to keep such children in your institution. See chapter 4.2). A complete health check should be carried out when the child arrives. All relevant information on the child's health should be recorded in his Health Form.

Although very difficult in some countries, the institution should try its best to obtain birth certificates for the children. This is often necessary to secure the children their citizen rights. In Myanmar, for example, children cannot obtain a National Identity card without a birth certificate, and therefore they cannot prove their Myanmar citizenship and are not given common legal rights. The identity card is also necessary for attending school. In Myanmar it is very difficult for private institutions to obtain a legal document as there are many steps to follow. If problems regarding birth certificates, we recommend you to contact UNICEF, as they are committed to help children obtain birth certificates.

5.2.10 Staff needs

To care for the children's needs also involves providing for the staff's needs, since the destiny of institutionalized children depends so heavily on their caretakers' attitude, knowledge and well-being.

It is difficult to care for children that are not your own. The staff working in a children's home need training and supervision on a regular basis. This will increase their knowledge. However, they will also become better equipped for the job due to a better attitude and more well-being, because it is highly motivating and satisfying to learn new things and develop professionally. Of course we hope that this manual will be a tool for professional development.

One of the most important skills in which caregivers should be taught and trained, is how to be responsive to children. That is, how should we react to the individual child in a warm, caring and respectful way, and in a way that helps the child grow and mature? To do this well, it is necessary to have some knowledge about children in general and to know the particular child well, as well as to practice the art of responsiveness.

Caregivers should regularly have the opportunity to discuss subjects related to the children in their care, organization etc. We recommend that there are regular meetings for the

whole staff to discuss issues of common interest. However, there should also be regular caregiver meetings that allow for discussion of the individual child.

5.2.11 A check list based on Tearfund's Guideline for institutional care

The relief organization Tearfund has made a very thorough and useful guideline regarding children in residential care (see 5.2.14 References). The Guideline has been an important resource when writing chapters 5.1 and 5.2. We realize that we have not been able to cover every important aspect of the topic in these chapters. Therefore, based on the Guideline and with the permission of its authors, we present a check list that we recommend you to study:

-Identifying needs and priorities

- How are children's (and parents') needs identified? How have children and parents been listened to and involved? What experience and training do the staff have in communicating with children and their families and facilitating children's participation?
- Family aspects
 - What preventive measures are being explored to keep children out of institutional care? Are the needs of the family being addressed (through collaboration and/or support)?
 - Are children only separated from their parents/primary caregivers if absolutely necessary? Tracing of parents (e.g. in war) and restoration of relationships if at all possible!
 - Are there active measures to involve, and be accountable to, parents, family or other caregivers, so as to be able to re-integrate the child wherever possible?
 - Before discharging the child back into the family (or community), how are the needs of the family identified?
- Children
 - Does each child have a consistent, caring adult-child relationship?
 - Are all the dimensions of children's development (physical, emotional/ mental, social and spiritual) taken into consideration? Is developmentally appropriate play and education and other forms of stimulation, good diet, health and spiritual care provided?
 - Does each child have its own plan of care which is subject to formal, systematic and regular review with input from parents (if possible) and the child itself?
 - Are realistic vocational training opportunities provided as well as life education to be able to re-integrate into society once adulthood is reached?
 - Are clanship, language ability and/or ethnic identity of children recognized as important and maintained where possible?
 - How does the program take into account children's abilities and needs?
 - Do adults collaborate with children, according to their age and ability?
 - Is there any prejudice based on gender, age, parentage, ethnicity, caste or social class, religious background or disability?
 - Are the institutional rules rational to children and written down? Are controls firm but benign?
 - Are measures taken to protect children from all forms of physical or mental violence, injury or neglect including sexual abuse?
 - Are there internal and external mechanisms for investigating allegations of children's rights? Do all staff know what to do if they observe or have reported to them possible evidence of abuse?
 - Do children know how to complain if they are unhappy with any aspect of care? Do they feel able to?
 - Do children have the opportunity to learn citizenship skills through decision-making and responsibility for activities within the institution? Are they encouraged towards self-reliance and given direction for the future to lessen dependence on the institution?
 - Are relationships between children encouraged, both to provide consistent 'sibling' type support (not always possible with adults) and also so that they can participate collaboratively?
 - Does each child have a physical area that is identifiably their own, such as a locker?
 - What follow-up system is in place to ensure that someone is concerned for children who have left care?

- Community
 - Are there initiatives to create bridges with the local community and wider society from an early stage to enable children to move successfully out of institutionalized care? E.g. do children attend school (and church) locally rather than within the institution, so as to avoid isolationism?
 - Are at least minimal standards of hygiene, diet, recreation, education etc achieved? Is there awareness of the conditions of local children when comparing the material level of care?
 - Is there an awareness of any traditional approaches to foster care and adoption in the community? What are the traditional ways of child care in the community and how do these impact policy and programming and institutional responses?

- Institution
 - Is there a written statement of purpose and function?
 - Are there measures to prevent institutionalization becoming a permanent solution?
 - Does the institution have adequate resources to cater for the needs of the children and its staff both in the short term and over the long term?
 - Is the institution small or in small sub-units? Do the sub-units reflect a traditional family unit within that culture? Is it child- rather than institution-centred?
 - Are there measures to ensure that the home is in good, safe repair and that steps have been taken to ensure that children are safe from fire and other hazards?
 - Is there effective management and good relationship-orientated support to staff?
 - Are staff properly accountable for their actions? Is there a set of criteria for recruiting and vetting staff?
 - Does the home provide formal, recorded supervision of staff?
 - Is there in-service training for staff in how to communicate with children and their families? Are staff trained to facilitate children's participation and to be child- rather than task-oriented?
 - How is the cultural and religious context of the child, family and community taken into consideration?
 - In what ways are links developed (networking) with other local, national and international agencies/organizations (e.g. social workers, tracers, schools, health centres, churches and lawyers)? Is there external accountability with an experienced outside organization that will link you with resources and networks, and give feedback both positive and negative?

- Advocacy
 - In what ways does the program lobby with or on behalf of children and their families at local, national or international level?
 - Are the program staff aware of the importance of the UN Convention on the Rights of the Child and other human rights issues and conventions?
 - What are the barriers to advocacy work? How can these be overcome?
 - Is it necessary to maintain and/or lobby for the legal rights of the child, for example the right to inheritance, a fair trial for offenders or delinquents, or the same rights as other children?
 - Are the root causes for institutionalization addressed?
 - Is the church aware of the issues surrounding institutional care practices? What role does the church have in maintaining and setting up residential institutions?
 - Is the church encouraged to respond to the physical and spiritual needs of children and families, through prayer and in action, e.g. adoption, foster care, visiting, lobbying government, working with the media to inform the public?
 - Is policy on gate-keeping and care within residential institutions influenced at local and national levels?

- Child-sensitive indicators
 - How does the program measure the impact of its work on children and their families?
 - Do the indicators measure quantitative as well as qualitative impact?
 - Is the data broken down into age and gender groups?
 - What indicators are used for assessing the social, emotional, intellectual, physical and spiritual developmental progress of the children?
 - How are parents, caregivers and children (according to their age and ability) involved in the evaluation process?
 - How does the program reflect on and use the results of impact evaluations?

***5.2.12 Biblical references**

Re 5.2.3: Sexual abuse should be dealt with immediately and reported to the appropriate authority, usually the police. Should we have no mercy on such persons? Shouldn't they be forgiven and given a new chance? It is very important to understand that this sin has detrimental effects on children's lives. Matthew 18:6 is not least relevant in this situation. For example, sexually abused children and adolescents often become sexually active with other persons than the perpetrator, and many end up living a promiscuous life. Sexual perpetrators, including paedophiles, should be forgiven, but should also be reported to the police, amongst other things to help them understand the graveness of their sin. See Romans 13:4-5.

Paedophiles should not be trusted with children any more, because they usually keep their weakness for the rest of their lives. Both the children and they themselves should be protected against new incidents. However, if they have a sincere desire to serve God, they can serve him in other areas than in children's ministries. Also paedophiles need fellowship and support, but they should receive it from mature adults, not from children. Perpetrators who repent and have a desire to change, should get help from mature and wise Christians to receive God's healing, through Bible study, prayer and counseling.

Re 5.2.4: God does not have any favourites. Neither Jesus nor the Father show any favouritism (Matthew 22:16, John 15:9 and 17:23 and Galatians 3:28), neither should we (James 2:9). To God each of us has equal value, which is the life of Jesus (1 Corinthians 6:20). The Father is particularly preoccupied with the weak, such as the fatherless, the widow and the alien (Deuteronomy 10:18). Jesus several times stressed the value of children (for example in Matthew 18:4-6 and 10, 19:13-14). He also fellowshiped with the social outcasts (Mark 2:15), made them heroes in his stories (Luke 10:25-37) and even made one of them his apostle (Matthew 9:9 and 10:3).

We should be very careful not to pressure or manipulate children to confess a Christian faith! A living faith comes from God (John 3:5-6), and cannot be forced upon a person (not even a child!). Manipulating a child or adolescent to "faith" does not represent the heart of God, and will backfire: When the child later on realizes that he has been pressured or manipulated, he will probably react with resentment and may distance himself from God. It is much better to win his heart for God by demonstrating the Father's love for him through loving care and godly behaviour, and by praying for him.

Re 5.2.8: Many believing caretakers want "their" children to become pastors or evangelists. However, it may be that a particular child is not fitted for such tasks (see for example 1 Timothy 3:1-7 and Titus 1:9) or that he has no desire himself to become a pastor or evangelist. Most importantly, maybe God has another plan for him! Therefore, do not make any plans for the child's future that run contrary to God's will and the child's resources and gifting. Instead, help the child to make the most of his strong sides, listen to his desires about the future, teach him to talk to God about his plans, and listen to and pray God's will for the child.

5.2.13 Suggestions to work tasks for improving the care of your children

This chapter contains a number of recommendations. We realise that the reader may easily be overwhelmed and discouraged and find it difficult to know where to start the process of improvement. We suggest that you work through each part (protection, fair treatment, education, play and peer interaction, child participation, basic needs, individual plans, management and documentation, and staff needs), doing the following:

1. Take a clean sheet of paper and make three columns. On the top of the columns, write “working well”, “partly working” and “lacking”, respectively. Then put the different recommendations in the appropriate column. Regarding protection, for example, start with Code of conduct. If you have one already, then place it in “working well” or “partly working”. Then add the statements “children informed about the Code” and “children now how to report breaches of Code” in the appropriate column (“working well”, “partly working” or “lacking”).

2. Take another clean sheet of paper and make a column on the left side that you call “priority list”: The lacking (or partly working) recommendation that you are most concerned about, you put on top of the list. What you need to work on secondly, put it below the first point etc, until you have listed between 15 and 25 recommendations that you need to do something about.

3. Return to the list from point 2. Make three new columns, naming them “responsible”, “deadline” and “done”. Then, for each of the recommendations on the priority list, fill in who is responsible for doing something about the problem (“responsible”) and the latest date for implementation (“deadline”). When the recommendation is implemented (not before!) you fill in the last column (“done”). Please make sure to be realistic when you decide the deadlines. For the more complex issues several persons should be involved (it still is advisable to give the responsibility to one particular person).

When doing this work, you will identify recommendations that don’t demand much time or other resources to implement. These recommendations should be implemented very soon (for example, informing the children about the UN Convention on the rights of the child), even if they don’t have the highest priority. For the more complex issues (for example the making of individual plans) you need to plan in more detail how to go about the work.

4. Evaluate the progress of the work after three, six and twelve months. Do the necessary modifications during the process. Update the list of prioritized recommendations. After 12 months, go through the process of 5.2.13 again (make a new priority list with “responsible”, “deadline” and “done”, carry it out and evaluate the process again).

In large institutions, we recommend that the leadership group has the responsibility for doing the work suggested above. However, all the staff should have the opportunity to give input in the process. For smaller institutions, most of the staff should be actively involved in the work. In all institutions the director is the main responsible, and should be enthusiastic, encouraging and active in the process.

5.2.14 References

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6 The basics of child rearing (how to love the child in your care)

6.1 Introduction

The teachings of section 6 apply to all children in all situations, not only children in institutions. Hopefully you will find the presented principles applicable when raising your biological children as well as the non-biological children in your care. It should be remembered that children in institutions have the same needs as other children, including your own biological children.

When studying these teachings you may think that some of the aspects are not valid in your non-Western setting. Cultural differences are very real, and principles and ideas should always be adapted before being implemented in a new culture. However, it should also be recognized that each culture has its weaknesses as well as its strengths. That something has been practiced for centuries in a certain culture does not mean that it is the best thing to do. The author realizes that these teachings are coloured by his own cultural background. However, we do believe that most of the principles presented are of a universal character, because both science and experience, also from non-Western countries, have shown them to be valid. Therefore we will encourage you to particularly reflect on the parts of these teachings that differ from your culture's and your own ideas.

Child rearing is an extensive subject. Therefore it has been necessary to make a selection of topics and principles. This means that there will be a number of important things that will not be treated. The teachings should be relevant for children of all age groups. However, the specific needs of infants and adolescents are also treated elsewhere (chapters 3.2, 3.4, 7.4 and 7.5). The bearing principle of child rearing is to provide the best for the individual child by meeting his needs, so that his chances of developing into a harmonious and constructive fellow human being are as good as possible. Thus, child rearing does not primarily deal with the needs of the parents or caregivers but with the needs of the child.

In this second edition, chapter 6.5 has been extended by including two important themes: Playing with children (6.5.6), and how to stimulate reading skills (6.5.7). A new chapter, on the teaching of problem solving, emotional regulation and friendship skills to young children, has also been added (6.6). The source of these additional teachings is Webster-Stratton's excellent book "The incredible years. A trouble-shooting guide for parents of children aged 2-8 years." (Seattle, Incredible years, 2006) Also chapters 6.2-6.4 have been somewhat revised and extended.

***References to the Bible**

The Bible has much to say about child rearing, not least through the way God, our heavenly Father, treats us. Thus, there will be quite a few references to the Bible throughout this section. Those of you who have the Bible as your indisputable authority will hopefully find that the teachings presented are in agreement with biblical principles.

6.2 Some basic rules

6.2.1 Summary

All children need a home and adults to protect and care for them. Harmonious relationships between a child's carers are a strong foundation for child rearing. Children are different and therefore need individual treatment and care. To give a child what he needs, his carers must invest their interest and time to get to know him. Do not look down on a child, but treat him with love and respect, and be a good example to him. Speak encouraging and appreciative words to him. Make life more predictable and secure for him by being predictable in the way you are, by providing good routines and rituals in the home, and by preparing him for things ahead.

6.2.2 The foundations

All children are in need of a home, a base, a "haven", a place to come back to, for food, sleep, security and care. Most importantly, they need to know that there is a person available for them and caring for them (chapter 5.1). Security also includes protection against violence, physical, sexual and verbal abuse as well as neglect (chapters 4.1 and 5.2).

A harmonious marriage relationship is a strong foundation for child rearing, be it biological or institutional children. This relationship is even more important than that between the parents/caregivers and the child, because the love between the parents is the best nutrition for the child's emotional life. Adult caregivers are also the child's most influential example regarding how to live life, including how to behave towards others. It is therefore of great importance that the relationships between the staff in a children's home are harmonious.

6.2.3 Children are different.

Children are very much alike in how they are and in what they need. For example, all children need love and boundaries. But still, they are very different in many ways, even from birth. In chapter 3.2, for instance, we mentioned how infants have different temperaments. Some are easier to rear while others are more demanding. Some need less sleep than others, and so on. Two children can react very differently to the same situation. Therefore, when dealing with children's needs and child rearing in general, it should be remembered that each child is special and has his special needs.

Thus, it is important to learn to know the specific child that you have in your care. To know him is necessary for giving him a fair and appropriate upbringing. However, to get to know him it is necessary to be a student of the child, to be curious and ask yourself some questions: Who is this person in front of me? How does he think? What can I expect of this child (that is, how old, intelligent and mature is he? I should not expect too much of him!)? How can I reach his heart? Is there a way in? What are the things that this boy or girl is concerned about? What are his strong and weak sides? How can I help him develop his talents and potentials, and how can I help him from being hindered by his weaknesses? To get to know a person is a process, particularly a child, who is growing and developing continually. Therefore, to really get to know a child takes many years.

Having stressed the importance of knowing the child individually, the focus will now be needs that all children have.

6.2.4 A few do's and don'ts.

Below are some helpful advice regarding child rearing. Most of the principles will be elaborated on in the rest of this and the following chapters.

1. Do not expect the child to always be happy and content. Children have many feelings and need to have the opportunity to express them. A happy “mask” is heavy to carry. If you teach them to handle their difficult feelings, it will be much easier for them to experience real joy.
2. Let the child feel that he is important to you. Children grow on love and challenges.
3. Be true to the child. Children often find it difficult to distinguish between truth and lies. If you tell children a lie, they get confused, and they stop trusting you. And they also stop trusting others.
4. Keep your appointments with the child. Children feel powerless if you break your appointment without having a good reason. If they can't trust you, who can they trust? Remember that what you do today is part of the shaping of the child and his future.
5. Do not frighten or scare the child unnecessarily. Sometimes it is necessary to warn a child against dangerous situations. However, spare the child for disturbing information about things that they cannot do anything about. Also, children should not be threatened or scared to become obedient.
6. Laugh with the child, don't laugh of the child. Children are proud, and they can be deeply hurt if they feel ridiculed. Laugh with the child – humour is a nice thing. Don't laugh of the child – the mask of the clown can hide much sadness.
7. Remember to praise your child. Speak encouraging and appreciative words to him by pointing out the good things that he does, by thanking him for the favours he does to you etc. Encouragement and nice words motivate the child to cooperate and do his best. According to “the attention rule”, children will work for attention from others, especially parents, whether it is positive (praise) or negative (criticism) in nature. If children do not receive positive attention, they will strive for negative attention through misbehaviour since that is better than no attention. Therefore, praise and encourage the child when he is exhibiting positive behaviours.

Positive support also strengthens the child's self-esteem and creates a go-ahead spirit. Life is full of new challenges. When facing them, it is important that the child believes that he is capable of handling them.
8. Remember that you are an example to the child. If he feels loved, he will feel attached to you, he will love you deeply and admire you. Thus, his desire will be to become like you: What you do, he will do; what you say, he will say; what you mean, he will mean.
9. Children will live up to or down to their caregivers' expectations. Children recognize their caregivers' expectations for them much quicker than most people realize. Therefore, make sure that your expectations are positive.

6.2.5 Predictability

Predictability signifies that it is possible to know on beforehand what will be going to happen. We all have a considerable need for predictability. If we know fairly well what will happen, we experience more control over our lives. If we don't have this control, it is easy to get sad and depressed. Children have a great need for predictability. The possibility of predicting something gives security. Rule number 4 above as well as much of the rest of the teaching in section 6 has to do with predictability. However, this topic is so important that we will dedicate an own paragraph to it.

These are some of the areas where it is important that children experience predictability:

Parents' way of being

As a parent or caretaker you can be predictable by the way you are, if you:

- keep your appointments with the child
- keep your promises to the child
- let there be agreement between what you say and what you do (that is, don't say one thing and then do another)
- let there be agreement between your words and your body language, for example, don't say that you are happy if you are struggling to keep your tears back.

Routines and rituals

Children like routines and rituals. For example, they prefer to be put to bed in the same way every night. Not only do they like it and feel secure - it also works much better: If you have good bedtime rituals, it is much easier to get him to bed and make him quiet down and get to sleep.

Limits

Consistent limit setting helps children learn self-control and to balance their wishes against those of others. As long as children behave appropriately, they may be given some control; when they behave inappropriately, their parents have to assume control. Parents must avoid being too permissive or authoritarian, and they need to be consistent in their limit setting.

Preparations

If something new is going to happen, either pleasant or sad for the child, it is very important to prepare him on beforehand, to explain to him in advance what will happen. In this way he can prepare himself for what will come. Children need time to get used to the thought of something new. They need time to work themselves through it and adapt to it. If they are given sufficient time, it is often amazing how much they are able to accept. Therefore, prepare the child before new things happen. That brings security.

If, for example, the child's mother is terminally ill of cancer, should the child be told that his mother is going to die? Yes, he should, but it is important to tell him in a way that corresponds to his age and maturity. The older and more mature the child is, the more information he needs. What about a mother who fears that she has cancer, but doesn't know yet – should she inform her children? 6.2.4, rule number 5 says: "Spare the child for disturbing information about things that they cannot do anything about". So, she should not tell her children until she knows. And then, if she has cancer, she should tell them as much as is helpful for them to know, neither more nor less.

Unfortunately, it is rather common for children in children's homes to experience that their caregiver is leaving permanently. In such situations it is very important to tell the children in advance, to give them a chance to prepare for the loss and to say goodbye to the

caregiver. These children have already experienced losses of persons that are dear to them and need help to get over this new loss. Not least do some of them need help to understand that it is not because of their own person the caregiver is leaving – they easily take the blame for it themselves (see chapter 6.3). Also when staff are leaving temporarily, for some days or longer, the children need information about when they can be expected to come back.

***6.2.6 Biblical references**

Re: 6.2.2: For a disciple of Jesus Christ, the most important thing is to know him, his character and will. This is the most important foundation for everything, also for child rearing. We should remind ourselves about how God, our Father, has treated us, his understanding, knowledge, care, grace, patience, faithfulness, admonition, correction, discipline etc. God wants us to remember his example when we have children in our care: “As I am treating you, you should treat these children.” Remember how Jesus blessed the small children (Mark 10:13-16) and warned us against looking down on them (Matthew 18:1-6 and 10).

Re: 6.2.3: For a follower of Jesus it is also important to ask, and find out, what God says about children in general, and what God says about a particular child. We should not say: “I wonder if this child will ever become a decent person”, because God has his plans for him, and we should assist God in getting his will for the child. A staff at a Christian children’s home may wish for “his” children that they all become pastors or evangelists. However, it is not certain that this is God’s will. Maybe he wants them to become farmers, mechanics, nurses, teachers or other things. Thus, we should take care not to force children to become something that God has not intended for them (Ephesians 2:10).

Re: 6.2.4, # 5: Remember that God’s main way of changing and inspiring us is his love, as Paul said in 2 Corinthians 5:14: “*For Christ’s love compels us.*”

Re: 6.2.5: God, the perfect parent, is predictable: He is “*the same, yesterday, today and for ever*” (Hebrews 13:8). Knowing this gives us a great sense of security. We recommend you to have God as your example in being the same person for the child (that is, the same person in a positive way).

6.2.7 Suggestions to work tasks for improving the care of your children

1. How can you improve the relationships between the staff in your children’s home?
2. Consider if you ever, in your own life, have received a word of affirmation from a parent or a teacher. What was the occasion, what was said, and how did it influence you? How can your affirmation of a child, giving him the feeling that you believe in him, help him?
3. How can you get to know each of “your” children in a deeper way, to know more about their hopes, dreams and fears etc?
4. Go through rules 1-9 of 6.2.4 and pick out two of them that you are weak on. Make a plan for how you can improve in these two areas.
5. Go through 6.2.5 and find one area where you need to improve regarding predictability.

6.2.8 References

- Campbell R. How to really love your child. Cook Communication Ministries, 1992. ISBN 0896930661.
- Skard Aa G (reference not given).
- Webster-Stratton C. The incredible years. A trouble-shooting guide for parents of children aged 2-8 years. Seattle, Incredible years, 2006.

6.3 How to fill the child's emotional container

6.3.1 Summary

Unconditional love (love without conditions), is the most important need of every child and the cornerstone in all child rearing. However, it may be difficult for a caregiver to convince a child that he is loved unconditionally, because he easily misinterprets the caregiver's words and actions. Telling him that you love him is important, but not enough.

Every child has an emotional container that needs to be filled with unconditional love. It is only if this container is kept full that we can expect the child to achieve his best. The most effective ways to fill this container is by:

- eye contact (looking the child lovingly/tenderly in the eyes)
- physical contact (embraces and kisses; older boys: "bear hugs", a slap on the shoulder etc)
- focused attention (giving the child all your attention in a way that makes him feel special and the most important person in the world for you then and there).

Filling the child's emotional container takes an effort, but certainly pays off. If you emphasize the child's particular love language, you will be even more effective in keeping his emotional tank full.

6.3.2 Introduction

Also this teaching deals with children in general, what their needs are and how to show them love. Hopefully it will be helpful for you when caring for the children in your institution as well as your own biological children. The principles presented are most clearly expressed by the American child psychiatrist Ross Campbell (see 6.3.10 References), who is referred to several times. They have been found to be valid and useful in different cultures, including in Asian countries.

This teaching is relevant not only for children, but also for marriages and for families in general, in religious congregations and in schools. We all need to be shown love, and we all need eye contact, physical contact and focused attention.

6.3.3 Full emotional container

Unconditional love

Unconditional love means love without conditions. It is love not because of a child's positive qualities (well behaved, handsome, intelligent and attractive) but in spite of his negative sides (quarrelsome, dirty, irritating etc). Unconditional love is the largest need of every child. It is as a lighthouse in child rearing: Without it we operate in darkness, without any landmarks that we can use for navigating. Unconditional love is the cornerstone in all child rearing.

However, it is not enough that parents (or other caregivers) love their child without conditions. The child needs to feel, to experience, that it is true. That is, the caregiver must be able to communicate this love to the child. It is said about children that they are the world's best recorders: They pick up most of what is happening, not only what their caregivers say and do, but also what they feel. Children are born with a phenomenal ability to perceive things through their feelings. This is necessary for them, because they have no knowledge and no language at birth. Gradually they become less dependent on what they perceive through their feelings. But throughout their whole childhood they continue to be very sensitive, and perceive feelings, emotions and moods in their caretakers. Your children perceive when you are angry or depressed, actually many times before you understand it yourself. And many times they are more aware of your feelings than of their own.

However, children are also the world's worst interpreters: For some reason they have a strong tendency to misinterpret. It is typical for them to see themselves as the cause of all

problems. We don't talk about children having lived most of their lives in bad institutions or in homes where they have been seriously neglected, because these emotionally deprived children often have problems seeing and admitting to their own wrongdoings (see section 7). However, we talk about most children, who have grown up with their families or in well-functioning children's homes. If something bad happens, they tend to take the blame on themselves and think that "now mom (or dad) doesn't love me any more".

The question that a child repeatedly asks his caregiver, is this: "Do you love me?" He doesn't ask this question by words, but by his behaviour. (This does not mean that all misbehaviour is due to the felt need for love - there are other causes. But this is the cause we should look for first). And the answer to this question is the most important answer in the child's life. However, how can a caregiver be able to persuade the child that he is loved? It is very important to speak encouraging and appreciative words to him (6.2.4, #7) and to express repeatedly that you love him. But words are not enough. Action is necessary, because action speaks much stronger than words, particularly to children.

Let us take an example: A family father spends the night in a hotel because of his work. He calls his wife in the evening, telling her that he loves her and misses her. She responds by becoming happy and excited and by telling her husband that she loves him too. Then the father gets his three year old son on the phone, and he tells his son that he loves him. His son responds: "I am playing with my car" or "I am watching TV." His father's loving words do not communicate very strongly to him in this situation. What he wishes from his father is that he was there with him at home, spending time and playing with him, and in this way showing his son that he loves him.

The emotional container (the love tank)

Every child has an affective or emotional container. This container is nothing that we can touch or feel. But still it is very real. One of the most important tasks for a caregiver is to fill this container with unconditional love and to make sure that it is kept full, because the fuller it is, the more positive the emotions of the child, and the better he will behave. It is only if the emotional container is full that we can expect the child to achieve his best. Therefore it is so important that the caregiver keeps on filling the container.

Dr. Campbell gives an example from his own life: He had been away for three days, and when he returned, his 5 year old son was very irritating. He was very demanding, was teasing his brother and was whining every once in a while. Dr. Campbell suddenly realised that his son, in his immature and illogical way, asked his dad if he still loved him, even after having been away for 3 days. The father took his son aside so that only the two of them were in the room, and looked him tenderly in the eyes. He embraced him and held him close. The first couple of minutes the usually active little boy was quiet and peaceful, as if he was just drinking in his father's love. Then he started to talk as he used to do, trustful and happy. The rest of the day he behaved very well, playing happily with his brother.

You may be observed that Dr. Campbell did three things: He used
-eye contact
-physical contact, and
-spent a moment alone with the boy, giving him all his attention.

These three "methods" are the most important ways of filling the emotional container.

Some water tanks are like this emotional tank: They have to be full for the water to enter the narrow cylinder that leads the water to the places where it is used (the bathroom, the kitchen etc). Usually such a water tank is placed on the roof or in another high place, and the way of getting the water into the tank is by pumping it up. Pumping takes an effort. And it must be done every once in a while, because the water will not flow if the tank is not full.

If you put water into a tank, water will come out. If love is put into the emotional container, love (in the form of good attitudes and good behaviour) will come out. But remember that the tank has to be full for love to flow.

6.3.4 Eye contact

Without knowing it, we use eye contact as our main method of giving love, especially to children. Through eye contact with his caregivers the child receives emotional nourishment. It is impossible to exaggerate the importance of looking your child in the eyes with unconditional love.

A child starts to fix his eyes on things when he is two to four weeks old. One of the first things that draws his attention, is faces, and he is particularly interested in eyes. When he is about 6-8 weeks old, the eyes of the child are constantly searching for something, like radar antennas. They search until they find another pair of eyes. As early as two months of age he can fix his eyes in another pair of eyes. That is, he is capable of real eye contact. In this way he receives emotional nourishment, already while he is so young. (Actually, young babies do not often smile without having eye contact with their caretaker.) For even at this age he needs that his emotional container is being filled. This need continues throughout childhood. He takes in emotional nourishment through his caretakers, who look him in the eyes with unconditional love.

Eye contact should mainly be used to express love, and not as a means of disciplining the child. It is easy to use eye contact primarily when you want to make a point, particularly a negative one, when you find it necessary to rebuke the child. However, it should mainly be used to give love. Thus, it is important to be very careful not using eye contact too often to rebuke the child. However, it is even more important not to punish the child by avoiding eye contact. That usually hurts more than corporal punishment, and should not be done!

Most of us have experienced the power of eye contact. For example, we can often “feel” it when someone is watching us from behind. In many cultures, there are persons who get control over and claim to be able to hurt others through an “evil eye”.

6.3.5 Physical contact

All children need physical contact, including boys. In the first years of childhood the boys' need for physical contact is not less than the girls'. In the beginning they need a lot of caressing. The younger they are, the more they need that the physical contact includes caresses, such as embraces, hugs and kisses. When they grow older, it becomes more important with “bear hugs”, a slap on the shoulder, wrestling for the fun of it etc. But the need for physical contact does not diminish.

Girls are often kind and well behaved, and don't always show that they need tenderness. For girls, the importance of physical contact increases by the years, particularly the tender kind of contact, such as embraces, hugs and kisses. This need reaches a peak when the girl is about 11 years old. At this age, a girl has almost a desperate need for eye contact, physical contact and focused attention. The reason is that she is preparing for her youth. And the best preparation is a strong and healthy self image and sexual identity. Thus, she needs her father, or a father substitute, to provide such love and affection and in this way confirm her worth, as a person and as a woman. Then she doesn't have to look for this confirmation outside of the home. Many girls get engaged in sexual relationships very early, attempting to get their worth confirmed (see 3.4.5: Girls may “buy” love and affection from boys by giving them sex). Thus, a wise father figure may protect a girl from such unhealthy relationships by showing her affection. It is important to underline that this has nothing to do with a sexual or sensual relationship between the girl and her father (figure); it has nothing to do with the satisfaction of sexual desires, neither in the girl nor in the father. It should be done in all purity. The father should make sure that he gets his sexual desires satisfied through his wife, and not through his relationship with the girl.

Although the father figure is important for both boys and girls when it comes to confirming their sexual identity and their value as males and females, it is important to

remember that the most important thing for a child is to receive love. In this respect, mothers and mother figures are, of course, as important as fathers.

6.3.6 Focused attention

Focused attention is to give the child all your attention, in a way that he doesn't doubt that he is fully loved. Focused attention makes the child feel that "I am all alone with mom (dad), I have her all alone. In this moment I am the most important person in the world for my mom."

A child needs to feel that he is unique, that he is special. Only focused attention can make this real for him. The experience of being special to a caregiver has great importance for our self image. It is also very important for our ability to give ourselves to others and love others as we grow up.

The need for focused attention is the most urgent need that the child has, because it is so difficult for parents to recognize this need, not to mention to satisfy it. It is tempting to give the child candies or money or other things instead, because it is easier and demands less time. But nothing can compensate for focused attention. However, to get it done, it is necessary to plan it, to get it into our time schedule.

Every child has the same need for focused attention. Some show their need by behaving badly or by telling their parents that they miss spending time with them. However, also the quiet children, those who do not demand much, those we tend to forget, need this special time with their parent, as much as other children do.

The best way of giving a child focused attention is to allocate time to be with him alone. Many times, and particularly with young children, it is enough with a few moments. However, longer periods are also necessary at regular intervals. The older the child is, the longer time he needs to spend alone with you. Older children, particularly teenagers, need to be warmed up, so that they can put down their "weapons of defence" and feel free to share their inmost thoughts, particularly the things that they worry about. It is smart to suggest an activity that you know that the child likes to do. This communicates that you care, because you know what he likes. It also helps him to open up his heart to you.

When a parent gives a child focused attention, there is a unique opportunity to use eye contact and physical contact. It is exactly in these moments, when you give the child your whole attention, that eye contact and physical contact may make the deepest impression on him.

Many caregivers in children's homes are worried that giving special attention to a child will make him feel superior (better and more loved) compared with the other children. However, we don't talk about having favourites, but about the importance of giving all the children their share of focused attention. If this is practiced, they will all feel special and loved, they will feel secure in their caregiver's love and will be less prone to jealousy.

How can you give focused attention to each of your children? The busier you are, the more important it is to make use of daily tasks. For example, you could ask one (or two) of the children to come with you to the market, because you need some strong hands to carry the goods. You could also make him feel important by discussing with him what you should buy and how much. (Such a discussion would also help the child develop administrative/stewardship skills.) On the way you give him your total attention and use the opportunity to give him eye contact and physical contact. Many children like to help, and when you cook you could ask one of the children to help you, paying him some special attention while being together. Maybe you could take a break together for a minute or two, just enjoying each others' company.

6.3.7 The five love languages

We have now mentioned the three most important ways of filling a child's emotional container. It certainly takes a caretaker both commitment and discipline to apply these principles, but it is equally certain that this investment will pay off, many times.

Now we will take a look at more ways of showing love. There are basically five ways children (indeed, all people) speak and understand emotional love. They are eye contact/physical touch, focused attention (or quality time), words of affirmation, gifts, and acts of service. Typically, two children need to be loved in different ways. Whatever love language your child understands best, he needs it expressed unconditionally. Although we have stressed the importance of eye contact, physical contact and focused attention, a child will benefit from all five ways of receiving love. Therefore, whatever your child's love language may be, remember that it is important to speak all five languages. However, most children will perceive love best from one of the five languages. The supreme value of discovering a child's primary love language is that it gives you the most effective means of communicating emotional love.

Over time, a child's primary love language may change. This is particularly true for children under age five, and it is also the case during adolescence. Words of affirmation are important to all children (see 7.3-7.5), but particularly so for children with this love language. When the child's primary love language is gifts, he still needs to feel that his caretakers genuinely care. For this reason, the other love languages must be given along with the gift. A gift is not deserved (then it is payment). This language has little to do with the size and cost of the gift. It has everything to do with love. Showering the child with gifts as substitutes for the other love languages or to alleviate a bad conscience, will probably be perceived by the child as bribery. Also, he will become emotionally dead to receiving gifts.

When the child's primary love language is acts of service, remember that as caregiver, your primary motivation is not to please him, but to do what is best for him – to help him emerge as a mature adult who is able to give love to others through acts of service. Therefore, be sensitive to the child's requests - each request calls for a thoughtful, loving response. Don't use acts of service to manipulate him. An example of what you can do: Make a list of several of the child's favourite things he does with you. Then periodically do one of his favourites when he least expects it.

How to discover your child's primary love language

1. Observe how the child expresses love to you.

Particularly children between five and ten years of age tend to speak their own love language. However, this is often not the case for older children and those who know how to manipulate.

2. Observe how he expresses love to others.

3. Listen to what he requests most often.

4. Notice what the child most frequently complains about.

If the complaints fall into a pattern so that more than half the complaints focus on one love language, then they are highly indicative. The frequency is the key.

5. Give the child a choice between two options.

You will probably need to offer twenty to thirty choices before you can see a clear pattern emerging.

Discipline and the love languages

The most effective way to communicate love is by using the child's primary love language, so speak it even when you must correct or punish the child. But respect his love language by not selecting it as a method of discipline. Such discipline will convey the message of painful rejection, not of loving correction. On the other hand, a reward system may be especially effective for children if you consider his primary love language (see 7.3-7.5).

***6.3.8 Biblical references**

Re 6.3.3: The apostle Paul shows us the importance of love (1. Corinthians 13:1-3) and how it manifests itself (1. Corinthians 13:4-7). Such an unconditional love, or agape love, should be the dominating attitude that caregivers have towards "their" children. Again, let us remember that God is our example and model also when it comes to parenting. He loves us without conditions. He even loved us before we became his children, when we were still sinners (Rom.5:8).

A child needs to be shown, in action, that his caregivers care for him, because action speaks stronger than words. John says in 1 John 3:18: *«Dear children, let us not love with words or tongue but with actions and in truth.»*

Some staff are afraid to show institutionalized children love because they think that they become arrogant towards the other children. However, God thinks differently. In John 17:3 Jesus prays, *"may they (that is, all believers) be brought to complete unity to let the world know that you sent me and have loved them even as you have loved me."* Jesus wants all people to know that they are loved.

In some cultures, children are not taught to love their parents but to fear them. This attitude will continue to dominate also in the churches if believers are not taught the biblical view of parenting (see 4.3.6).

"If love is put into the emotional container, love will come out." See Luke 6:45: *"The good man brings good things out of the good stored up in his heart..."*

Re 6.3.4: In one of the English versions of the Bible (The Amplified Bible), Psalm 32:8 says: *"I, the Lord, will instruct you and teach you in the way you should go; I will counsel you with My Eye upon you."* God lets his Eye rest upon us. Some of us have experienced his abundant and unconditional love through having his Eye rest upon us, and we know how important this "eye contact" has been in our lives.

Re 6.3.5: Mark 1:40-41: *"A man with leprosy came to him and begged him on his knees, "If you are willing, you can make me clean." Filled with compassion, Jesus reached out his hand and touched the man. "I am willing," he said. "Be clean!"* Nobody touched lepers, who were unclean and despised. Jesus didn't have to touch the man to heal him - he did many healing miracles without touching the persons he healed. But Jesus touched the leper out of compassion. That is, he expressed his love through physical contact as well as through the healing. Jesus also touched and embraced the children, see for example Mark 9:36 and 10:16. See also Luke 15:20, where the father (i.e., our heavenly Father) *"ran to his son, threw his arms around him and kissed him"* when his son returned after having sinned against his father (v. 18).

When stressing the importance of fathers confirming their daughters by giving them physical contact, we must never underestimate God's role as a father. He is *"a father to the fatherless"* (Psalm 68:5). Although we cannot physically feel his touch, he loves all his children (i.e., all those who put their trust in Jesus, John 1:12). Actually, he loves each of us as much as he loves Jesus (John 15:9 and 17:23). It is very important to communicate these

truths to the child and to help him receive the love that his heavenly, perfect Father has for him. However, as caregivers we should always remember that we are the child's image of God - it is the child's parent figure(s) that through his own lifestyle expresses God's character to the child. Therefore, to help the child believe what the Bible tells about God's love for him, it is very important that his caregiver(s) leads a godly life.

Re 6.3.6: In John 15:9 Jesus says: *“As the Father has loved me, so have I loved you. Now remain in my love.”* To remain in his love means to constantly remind ourselves about and rejoice in Jesus' love for us. By doing this we will experience his focused attention.

In his book *“The Purpose Driven Life”* (2002), the acknowledged pastor and writer Rick Warren states that the most desired gift of love is focused attention. Whenever I give my time, I am making a sacrifice, and sacrificing my desires and needs for the benefit of someone else is the essence of love.

A particular way of showing a child focused attention is to pray for the child and speak blessings over him and into his life, in the same manner as the patriarchs did with their sons in the Old Testament (for example, Genesis 27:1-40 and 48:12-49:28). This is more than praising the child and giving him focused attention – it is to help him see God's perspective on his life and future.

6.3.9 Suggestions to work tasks for improving the care of your children

1. What is the happiest memory from your own childhood? (Actually, for most people this would be an episode where their parent's/caregiver's love for them was demonstrated.)
2. Think through your relationship with each of the children in your care: Do you love the particular child unconditionally? If not, why? How do you think that practising the three ways of filling the emotional container can improve your relationship with each child, both those you do love unconditionally and those you still not love in such a way?
3. Practise the giving of unconditional love through eye contact with the children in your care. Share your experiences with other caretakers and discuss how you can improve.
4. Discuss with the other staff how you can give physical contact to the children in your care, particularly male staff to adolescent girls, in a decent, proper and safe way.
5. Practise the giving of physical contact, considering the gender, age and maturity of the child. Share your experiences with other caretakers and discuss how you can improve.
6. Think through and discuss with other caretakers how you can show each child focused attention. “Divide” the children between you, make a plan for giving focused attention to each child, carry it through and evaluate it.

Don't give up! Remember that the task of showing a child unconditional love in a way that convinces the child of your love, is your most important task.

6.3.10 References

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6.4 How to discipline the child

6.4.1 Summary

To discipline a child is to train his mind and character with the purpose that he obtains self control and becomes a positive member of the society. Disciplining is much easier when the child feels loved. Discipline should be done in love and in the most positive way possible. The more disciplined a child is, the less punishment is needed. Being the child's most important model, it is very important that the caregiver controls his own temper. Uncontrolled anger is destructive to the child and his relationship with you.

To make a child obey, use the mildest remedy possible. That is, use a request if sufficient, and if that doesn't work, use a direct instruction or command. If the child still doesn't respond appropriately or he misbehaves in other ways, you need to consider punishment. However, before you punish it is important to

- a) examine if he needs you to fill his emotional container (love tank)
- b) examine if he has a physical problem
- c) try to understand him and the current situation (by focused listening)
- d) assess if he is repenting his misdeed. If he does, don't punish!

If you need to punish, use the mildest form possible to make him change his behaviour. Never use corporal punishment!

When disciplining a child, always remember to ask yourself: “What does the child need in this situation? What is the best for him?”

6.4.2 Introduction

It is very important to see this teaching in connection with chapter 6.3. The reason is that if we don't keep the child's emotional tank full, discipline will constantly be perceived as punishment. (As we will soon see, punishment is not the same as discipline.) Many doctors have experienced the following children: While being young, they are well-behaved although overly quiet, somewhat sullen, and withdrawn, with lack of spontaneity, curiosity, and the childish exuberance of a love-nurtured child. However, as they approach and enter adolescence, they develop behaviour problems because they lack a strong emotional bond with their caregivers. Their emotional tank has not been kept full.

As in 6.3, most of the material is drawn from the books of Ross Campbell, particularly “How to really love your child” (see 6.4.10 References).

6.4.3 The starting point

First of all, discipline and love cannot be separated. Love is a very important part of discipline, and discipline is an important part of love. Secondly, discipline is not the same as punishment. Most of discipline has nothing to do with punishment. Punishment is just a small part of discipline, one of many ways of disciplining, and a necessary evil. The less punishment, the better it is. Disciplining a child is to constantly ask oneself, “What does the child need in this situation? What is the best for him?” and then give him what he needs.

Discipline has to do with the word disciple. And a disciple should learn to live as the disciple-maker, i.e., a child's caretaker, lives (regarding the importance of being a good example to the child, see also 6.2.4, principle 8). To discipline is to train the mind and character of the child with the purpose that he obtains self control and becomes a positive member of the society. Discipline involves training him in the way he should go. It is much better to guide and direct the child so that he acts rightly and has sound attitudes, rather than to wait until he does something wrong, and then punish him. It is important to remember that the more disciplined the child is, the less punishment is needed.

Disciplining is much easier when the child really feels loved. The reason is that the child has a desire to identify with his caretakers, their will and their values. But he is only able to do so if he knows that he really is loved and accepted. If not, the child will react against any guidance with anger and opposition. Therefore, first give the child unconditional love, then discipline. And when you discipline, do it in a loving way, giving guidance in the most positive way possible.

6.4.4 Control yourself

When it comes to disciplining children, it is important that the adult controls himself, that he (or she) doesn't lose his temper. All of us lose our temper once in a while. But we should be quick to ask the child for forgiveness when it happens. We should remember that we are his most important model. If we want him to control his temper, we need to control our own temper.

The worst enemy caretakers face in child rearing is their own uncontrolled feelings, especially anger. Uncontrolled anger will scare the child in the beginning. Therefore it may look as if he is improving his behaviour, but that is only temporary. In the long run, a caretaker's uncontrolled anger often has some very sad effects: It will be more and more difficult for the child to respect his caretaker. He will gradually become bitter at his caretaker because of all the unfair treatment (a child knows when he has not been treated fairly). Then it will be more and more difficult for him to obey his caretaker. But, he will learn one thing from his caretaker, namely to react to problems himself with uncontrolled anger. Thus, it is very important for a caretaker to control himself.

Be aware of the following situations in which it is difficult to control one's anger:

- 1) When you feel depressed
- 2) When you are scared
- 3) When you are not well physically, for example when you have a flu
- 4) When you are tired/drained, emotionally or physically
- 5) When your spiritual life is not good.

Thus, it is of great importance that caretakers take care of themselves and make sure that their physical, emotional and spiritual needs are being met, because uncontrolled anger is damaging for good discipline.

Caretakers must take responsibility for their own anger. We remind you that others are responsible for their actions, but you are responsible for your reactions. Therefore, never blame a child for your anger! Learn to identify your anger, and learn the best way of handling it, i.e.,

-verbally (do not attack persons physically or destroy things)

-pleasantly (do not scream, shout, use derogatory words or sarcasm – control your voice and be constructive when you talk)

-directly with the person with whom you are angry (i.e., avoid displaced anger. For example, if you have been unfairly treated by your boss, you should not dump your anger at your wife or children).

Avoid punishing when you are angry. If you punish while being angry, you will usually punish too harshly. Be calm or regain your calmness before you punish. Remember, if you punish, it should be for the best of the child, not to take revenge on him! If you are firm but pleasant with the child, you will experience that “true intimacy comes from resolved conflict” – that conflicts with the child improves your relationship instead of ruining it.

6.4.5 Try to understand

Whatever you do as a caretaker, children will sometimes behave badly. That is inescapable. Perfect caretakers do not exist, nor do perfect children exist. Then, how should you handle a child's bad behaviour?

Firstly, we must understand how unreasonable children think. All children need and wish to be loved, but the way they seek love is immature and often illogical. The more immature the child is, the more illogical he is. A child communicates mainly through his behaviour. Instead of winning our love and attention by behaving well, it is natural for the child to test us through his behaviour, and in this way repeatedly ask the question: "Do you love me?" Therefore we shouldn't continue correcting his behaviour until we have met his emotional needs. We should always begin by asking ourselves: What does the child need now? Does he need eye contact? Does he need physical contact? Does he need focused attention?

Secondly, we should ask ourselves: Is the problem physical? The younger a child is, the more physical needs are influencing his behaviour. Is he hungry or tired? Is he ill, is he about to get a flu? Does he have pain? Small children are usually very whining and demanding when they get a fever.

Thirdly, make an effort to understand the child and the current situation. To really understand, the first thing you have to do is to practice focused (active) listening. Focused listening means to listen to the child in such a way that he is certain that you understand what he tries to tell you. When he knows that you understand what he feels and wishes, he much more easily reacts positively to the discipline, especially when he doesn't agree with you. Nothing is more frustrating for a child than to be disciplined or punished when he feels that his caretakers don't understand the situation. This does not mean to give in to the child's demands or bad ideas. It simply means to listen to the child so that he doesn't get the feeling that you have overlooked what he thinks and feels when you use your authority. A good way of making sure that the child understands that you understand him, is to repeat what he has explained.

Thus, punishment may be appropriate when the child is behaving badly, but first we have to make sure that the emotional and physical needs of the child have been met, and that we as caretakers understand the child and the current situation.

Now then, how can we know when punishment is appropriate, and when it will make more damage than good? Because we should not punish just to punish. Our concern should be the best of the child. Therefore we need to consider if punishment will help the child to understand and to mature.

6.4.6 Repentance is punishment enough

The situations in which it causes most damage to punish a child, are those where he is sincerely sorry for what he has done. Punishment, especially corporal punishment, will remove the feeling of guilt and repentance and will therefore increase the possibility that the child forgets how uncomfortable it was to have a bad conscience. One thing is that he feels that he has paid for his sin. Another thing is that he will remember the punishment better than the bad feeling of having done something wrong. In such a situation we are in danger of causing exactly the thing we wanted to avoid, namely that the child repeats his act. This is because a sound conscience is the strongest protection against a repetition of bad behaviours.

However, punishment in such a situation may also create a grudge against the caretaker. When the child sincerely repents the wrongdoing, his conscience does the necessary work. He punishes himself. What he needs in such a situation is to know that he is

accepted, even if he did something wrong. Dr. Campbell gives an example in one of his books: He was coming home from work, tired, when his nine year old son came running towards him. He wanted to talk with his father, immediately. The father saw that his son was anxious and was feeling bad. When they walked towards the house, Dr. Campbell saw that one of the windows was broken. So he realised why his son wanted to talk with him. The father was irritated, but managed to control himself. His son then told him how he and his friends had played baseball close by the house, and how one of them had hit the ball, which by accident broke the window. Dr. Campbell understood that his son was very sorry, that he had a very bad conscience. So he put his son in his lap, embraced him and held him for a moment. Then he said: "It is OK, David, such things happen. We will get the window repaired. But please remember to play farther away from the house next time. OK?" David was very relieved. He wept a little, and rested in his father's arms for a few seconds. Dr. Campbell could feel how love was streaming from his son's heart. Then David was the same, happy boy again. He jumped down from his father's lap and was gone.

When children receive forgiveness for the wrong things they have done, it does not mean that they should not carry the responsibility for the consequences. For example, Dr. Campbell could tell David to pay for the broken window, fully or in part. But then he had to make sure that the compensation was appropriate, in light of David's age, maturity and abilities.

In situations like the one with David and the window, we as adults, must learn to forgive. A main reason is that it is important for a child to learn to receive forgiveness while being young. If he doesn't learn it then, he will find it difficult later on to handle guilt, to forgive himself and to receive forgiveness from others.

6.4.7 How to make the child obey

a) Requests

To make the child behave properly, we first make a request, for example we ask him: "Could you please get me the towel?" A request gives the child the feeling that he himself has a certain responsibility. The caregiver shows him confidence, something that will inspire him and create growth. However, a request presupposes two conditions: That you can expect the child to cooperate, and that you can live with a "no" from the child.

b) Direct instructions or commands

However, if you know the child, and know on beforehand that it is too big of a challenge for him to respond positively to a request in the current situation, you shouldn't use a request. For example, if a child has severe behavioural problems, and one of the things he doesn't want to do is to go to bed at night, you shouldn't ask him: "Could you go to bed now, please?" If you do that, both you and the child will suffer a defeat. In such situations it is much better to use a command.

Sometimes we use a request because we think that it will be sufficient, and then it turns out that it wasn't. For example, we ask a child to go to bed, and he doesn't do it. Before we as caretakers do anything else, we should make sure that we gave the child a proper challenge. That is, we need to make sure that we didn't ask him to do something that was too difficult for him. (For example, it is very common for caretakers to ask their four-year-old to tidy things up. However, if there are more than two or three things, it is impossible for most four-year-olds to do that, if not one of the caretakers do it together with the child.) However, if you have given a proper challenge and the child does not respond appropriately to the request, you should use a direct instruction or a command to make him obey.

Always remember that the important thing is to control the behaviour of the child in the mildest, most loving way possible. We shouldn't crack nuts with a sledgehammer. If he obeys requests, then you can save orders for more important situations, for example when you see that he is in danger of being run over by a truck, and you need him to get out of the road immediately. Then, when you give him a command, he will understand that he has to react at once, because you wouldn't order him if the situation didn't demand it.

In chapters 7.3 to 7.5, when we will study how to cope with behavioural problems, we will go into details about how to give instructions/commands, because it is very important to give instructions in the right manner for them to be effective. However, often caretakers get into a vicious circle where they give all too many commands, and often scold the child in addition. Experience shows that the more caretakers order and scold, the less effective these methods are. To order and scold too much is not an effective way of getting the child to obey, and by using these remedies you easily get on the wrong track. Scolding will soon run off the child as water runs off a duck's back. Then you will be forced to use harder methods to make him obey. However, the right use of commands, without scolding, is an effective strategy to cope with behavioural problems.

c) Defiance

Defiance is to openly resist and challenge the authority of the caretaker. It is to stubbornly refuse to obey. Defiance is one of the few signs that punishment is needed, because when a child defies his caretaker, punishment is often needed. Such situations will happen once in a while, no matter how well the caretaker does his job. However, it is important to try to avoid such unpleasant clashes, not by giving in to unreasonable demands and wishes from the child, but by always checking our expectations to him - by making sure that our expectations are reasonable and considerate for a child of that age and maturity.

Suppose that the child is defiant in a certain situation and that his behaviour doesn't change even if his emotional container is full. Neither is he tired nor hungry nor ill. He does not listen to requests or direct instructions. You realise that the child must be punished. Then, how do you do that?

d) Punishment

Now we will present a few basic principles for punishing. For more practical advice, see chapters 7.3-7.5.

A punishment must be in accordance with the bad deed. Children have a strong sense of justice. They know when their caretaker reacts too strongly, but also when the caretaker tolerates too much. They immediately discover when you treat siblings/children differently. Therefore caretakers must be decisive and firm with the children and always demand good behaviour. Caretakers must be firm. But to be firm and have clear guidelines and boundaries does not mean to be unpleasant, and it is no hindrance for showing affection.

Caretakers must also be flexible, especially when it comes to punishment, because sometimes they make wrong decisions. They must be flexible enough to change the punishment when that is the right thing to do - and to ask for forgiveness when that is appropriate.

Again, it is important not to use a sledgehammer to crack a nut. If an explanation or a command is enough to break the defiance, then why punish? And when you need to punish, it is important to use the mildest punishment possible to achieve what you want. If it is sufficient to use Time Out, then why choose a more severe punishment? It is important that the punishment is strong enough to break the defiance. However, if we use the strongest punishments to handle the small problems, then we risk running out of the more heavy ammunition, with the consequence that we have no method to solve the really difficult

situations. Remember that your task is to find out what the child needs in the current situation, i.e., what is the best for him. Punishment is not revenge. Neither should the disciplinary action give the child the feeling that he stands trial in a court. Discipline, including punishment, is for the best of the child.

e) Corporal punishment

The use of corporal punishment in the disciplining of one's own (biological or adopted) children is usually not recommended any more, and in some Western countries it is even illegal to apply this form of punishment. When caring for children not our own, corporal punishment should be banished. Some of the reasons for this stand are that corporal punishment in such a situation (particularly in institutions) often is applied

-in a destructive way (too often and too harshly)

-to children whose need of love, care and respect has not been met (see chapters 6.2 and 6.3)

-to children who need help with their problems rather than punishment (see section 7).

As chapters 7.3-7.5 show, there are much more effective forms of punishment than corporal. However, if you, contrary to our clear advice, should choose to use corporal punishment as a last resort, you have to be very, very careful not to inflict any physical damage on the child. And, you should never use corporal punishment for children that have reached puberty. For them, corporal punishment is felt very degrading, and very easily creates bitterness and more opposition. That is, it just makes things worse.

***6.4.8 Biblical references**

Re 6.4.3: Discipline has to do with the word disciple. And a disciple, Jesus says, should “learn to keep...”. It is important to “*train a child in the way he should go,*” because “*when he is old he will not turn from it*” (Proverbs 22:6). Our heavenly Father wants to train us, his children: “*I will instruct you and teach you in the way you should go; I will counsel you and watch over you*” (Psalm 32:8; see also Isaiah 48:17-19). We ought to think about how Jesus made and still makes disciples to get the right thoughts about how we should discipline the children in our care. We should also remember Paul's words in Ephesians 6:4: “*Fathers, do not exasperate your children; instead, bring them up in the training and instruction of the Lord.*” Time and again we have seen that fathers/male caretakers tend to treat their children harshly. Meditate on how our heavenly, perfect Father treats His children (Nehemiah 9:17b, New King James Version): “*But You are God, ready to pardon, gracious and merciful, slow to anger, abundant in kindness, and did not forsake them*”. God is slow to get angry! And when we do something wrong, He stands ready to pardon us (Isaiah 1:18; Luke 15:11-32)!

Re 6.4.4: The Bible states several times that it is important to get rid of and control one's anger. See for example, Proverbs 25:28; Matthew 5:22; Galatians 5:19-24 (“*the acts of the sinful nature are...fits of rage...but the fruit of the spirit is...patience, gentleness and self-control*”); 1 Cor 13:4-5 (“*Love is patient...it is not easily angered*”); Ephesians 4:26 and 31; Colossians 3:8. Instead of anger, we should pursue self-control. When we get angry, we need to be careful not to sin, for example by being physically or verbally abusive. This is not least important towards the children in our care – we should treat them with the respect that Jesus showed them (Matthew 18:2-6, 10, 14).

Re 6.4.6: We wrote: “In situations like the one with David and the window, we as adults, must learn to forgive. A main reason is that it is important for a child to learn to receive forgiveness while being young. If he doesn't learn it then, he will find it difficult later on to handle guilt, to forgive himself and to receive forgiveness from others.” Here we add: If he

doesn't learn to receive forgiveness from his caretakers, he will also find it difficult later on to receive forgiveness from God. As believers we know how crucial it is to be able to receive God's forgiveness, and as caregivers we should do our best to help the children in our care also in this area.

Re 6.4.7: In section e) we took a clear stand against the use of corporal punishment in children's homes, and we gave some arguments for our view. However, what does the Bible say about corporal punishment for our own biological or adopted children?

One of the most cited verses in this context is Proverbs 3:11-12: *“My son, do not despise the Lord's discipline (Hebrew: **mûwçâr**) and do not resent his rebuke (Hebrew: **tôwkêchâh**), because the Lord disciplines those he loves, as a father the son he delights in.”*

The word discipline is also used by the Revised Standard Version (RSV)/the New RSV and the Message. In the New King James Version it reads: *“do not despise the chastening of the Lord, nor detest his correction”*. Also the Amplified Bible uses the word chastening. The word **mûwçâr** is found at least 28 times in Proverbs. Two places in this book where the reader is told to discipline his son, the Hebrew word **yâcar** is used. Verse 3:11 is the only place in Proverbs where **tôwkêchâh** is used.

According to the New Strong's Exhaustive Concordance of the Bible, **mûwçâr** is derived from the word **yâcar**. **Yâcar** means to chastise, either literally (with blows) or figuratively (with words), the latter alternative meaning to instruct. It is usually translated bind, chasten, chastise, correct, instruct, punish, reform, reprove, sore or teach. **Mûwçâr** may be translated chastisement, which means punishment, discipline or correction. It is often used figuratively to express reproof, warning or instruction. It is usually translated bond, chastening, chastisement, check, correction, discipline, doctrine, instruction or rebuke. **Tôwkêchâh** means chastisement and is used figuratively, meaning correction, refutation, proof, rebuke or reproof.

According to Keil and Delitzsch, authorities on the Old Testament, Proverbs 3:11-12 could be translated: *“My son, do not despise the Lord's school, and do not resent his correction. Because the Lord corrects the one he loves, as a father the son he delights in.”* Thus, the meaning of this verse and other related verses in the Old and New Testament is that -we should view the Lord's discipline and correction as an expression of his love for us -loving and wise parents discipline their children and correct them whenever necessary.

In one of the key passages in the New Testament, Hebrew 12: 5-11, the word discipline is mentioned several times. The words used in the Greek are **paideuo** (verses 6, 7 and 10) and **paideia** (verses 5, 7 and 8; our “pedagogy” stems from this word). According to Vine's Expository Dictionary of New Testament Words, these words primarily denotes to train/the training of children, suggesting the broad idea of education. **Paideuo** may also mean to chastise with blows or to scourge (Luke 23:16, 22). **Paideia** includes instruction and is often translated discipline/correction or chastening, suggesting the Christian discipline that regulates character. The word **mastigoo**, translated punishment in verse 6, literally means scourge, but according to Vine it is used metaphorically in this verse.

Thus, the Bible tells us to discipline and correct our children. However, does it teach us how to do it? Yes! First of all by showing us how God, the perfect Father, treats us, his children. He should always be our example (Ephesians 5:1), also in child raising! Actually, the whole Old Testament is the story about a faithful God who never gives up on his unfaithful people, Israel, and how he loves and disciplines them to get them back to him (see for example Hosea 11:1-9). Therefore, studying the Old Testament gives much insight into God's heart for his children. Remember Nehemiah 9,17b, a verse that expresses some key thoughts about God in the Old Testament: *“But You are God, ready to pardon, gracious and merciful, slow to anger, abundant in kindness, and did not forsake them”*. Such is our

heavenly Father! Jesus, being the exact representation of the Father (Hebrews 1:3), shows us more clearly than anyone God's heart towards us. Studying Jesus' life, not least how he disciplined the twelve apostles, is a tremendous resource for those who are disciplining children.

Secondly, there are a few verses in the New Testament that give very clear information about how we should and how we should not discipline our children. Paul says in Ephesians 6:4: "*Fathers, do not exasperate your children; instead, bring them up in the training and instruction of the Lord.*" In Colossians 3:21 Paul says (the Amplified bible): "*Fathers, do not provoke or irritate or fret your children - do not be hard on them or harass them; lest they become discouraged and sullen and morose and feel inferior and frustrated; do not break their spirit.*" That is, don't treat them in a way that makes them angry, bitter or discouraged! But teach them in a way that the Lord Jesus would teach them, and teach them how he told us to live. Thus, the methods we use, including punishment, should not disagree with these very important instructions. We recommend that you reflect and pray about the way you discipline the children in your care, and that you change the things that the Lord wants you to change.

The Roman culture of New Testament times was very harsh in the area of discipline: Child beatings were the common form of "training". Paul's words of loving nurture and training were radical and striking in a way hard for us to imagine. His concept of parenthood implied an uncommon respect for the personhood and dignity of children.

What about other passages in Proverbs which talk about the importance of using the rod (for example, Proverbs 13:24, 22:15, 23:13-14 and 29:15)? In a footnote to 13:24 (which is also referred to for these other passages) in the NIV Study Bible, it says: "rod. Probably a figure of speech for discipline of any kind." One of the characteristics of Proverbs as a poetic book, is the use of figures of speech and "exaggerations" to make a point. However, whether we understand these verses literally or not, it is important to remember that we don't live in the Old Pact (Testament), and that New Testament teachings should have the greatest authority when we have problems reconciling different passages. Some instructions given in the Old Pact about the relationship between parents and children are obviously not meant for us. For example, in Leviticus 20:9 it is said that "*if anyone curses his father or mother, he must be put to death*", and Deuteronomy 21:18-21 states that a stubborn and rebellious son that is not willing to be corrected should be stoned to death.

We agree that the instructions of Proverbs seem to be of a much more timeless character than some of the laws given in the Old Testament. However, it is still important to put most weight on New Testament teachings. Also, it is necessary to read the more difficult passages in light of those who are clear and easy to understand. Finally, also passages in Proverbs reflect discipline with tenderness (4:3-4, 10-11 – these last two verses show what disciplining a child means: to guide and lead him on the right paths. God has given us an example of how to discipline: By giving us the Bible, He has left us with instructions, or a "user's manual", showing us how to live), and clearly state that the reason for disciplining should be love (3:12).

6.4.9 Suggestions to work tasks for improving the care of your children

1. Think through how you can be better able to control yourself and your own behaviour towards the children in your care. Particularly reflect on the five situations in 6.4.4 that can make self control difficult. Make a plan for how you can improve in the area of self control.
2. In conflict situations with the children, practise each step of the following procedure, and in the given order:
 - a) examine if the child's emotional container is full
 - b) examine if the child has a physical problem
 - c) focused/active listening
3. For each child in your care, think through and discuss with others who know the child well:
 - How do you know when he sincerely repents something that he has done wrong, and how do you best help him to grow in such situations?
 - In what situations can you use requests, and when do you need to use direct instructions or

orders?

-If you have to punish the child, what would be the best ways of doing this? We suggest that you come up with three different alternatives for each child. Remember to always use the mildest form of punishment that is sufficient to help the child change his behaviour.

4. What do you have to do to take a clear stand against corporal punishment in your children's home?

6.4.10 References

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6.5 How to stimulate young children

6.5.1 Summary

It is of great importance for a child's later development that he receives appropriate stimulation during the first few years of life. This chapter gives principles and practical advice as how to stimulate young children. The first four principles for "Guided Interaction" show how to relate to the child emotionally, principles that make up the foundation for the interaction between a child and his caregiver(s). The last four principles deal with how to help the child focus, how to help him make sense of his experiences and how to help him learn self control.

Suggestions to a stimulation program for children aged 0-3 years are given. The elements of this program are closely related to the eight principles mentioned above. Then, information about the capacities and characteristics of infants aged 0-6 months are presented, as well as practical suggestions as how to stimulate these youngest children. Remember that most of the eight principles for "Guided Interaction" are valid for the whole age span 0-6 years, while most of the program taught in 6.5.4 are applicable to all children aged 0-3 years. It should also be remembered that some of the suggestions given in 6.5.5 may be useful for infants older than six months if they linger behind developmentally.

Some guidelines are given regarding how to play with children. By playing with the child in your care, you strengthen the emotional ties between you and the child, and help him improve his self-confidence and develop his problem solving skills, social skills, vocabulary and creativity. "Tune in" to the child, be attentive and encouraging, and use the opportunities that arise to coach him in developing important skills.

Last but not least, reading skills are crucial for academic development. We give some instructions on how to stimulate reading motivation and skills in young children – principles that also are applicable to older children.

6.5.2 Introduction

In other chapters we have stressed children's need for living in a family-like setting (chapter 4.2), how children's homes should be organized to be more family-like, and the importance of having a caretaker available for the child as much and as long as possible (chapter 5.1). We also described the qualities of a caretaker: He should be loving, caring and responsive, and he should stimulate the child. A caretaker with such qualities is very important for the child's development of intelligence, language, emotions and social skills (chapter 3.2).

However, by experience we know that it can be difficult to know how to stimulate young children, particularly the youngest, and especially in a busy children's home. Therefore we have included this chapter, to teach on the needs of infants and young children and how these needs can be met. We will begin with principles valid for the whole age group 0-6 years, then narrow our focus to children aged 0-3 years, and thereafter concentrate on the youngest children, namely infants from 0-6 months of age. The last two sections, which are summaries of Webster-Stratton's *The incredible years*, Chapter One and Problem Fifteen, respectively (see 6.5.9 References), show how we can promote children's emotional, cognitive and social development through playing with them, and how we can promote their reading skills.

6.5.3 Age 0-6 years: Eight principles for "Guided Interaction"

The International Child Development Programs (ICDP) are programs intended to help adults take care of children in an adequate way. The founders of ICDP are authorities in child psychology with extensive experience from different cultures. The work of ICDP has been taken up by the Mental Health Program of the World Health Organization in a special

program.

ICDP have eight principles for what is called guided interaction. This assumed interaction between the child and his caregiver is guided by the caregiver. The caregiver can be a parent, a foster parent, or a staff member in a children's home. However, as will be clear, the interaction demands a certain amount of time and attention. The guidelines are designed for infants and children up to school age, that is, from birth and up to about 6 years of age.

1-4: Emotional themes

1. Show positive emotions – show that you care about the child.

Even young infants that are too young to understand ordinary speech are able to perceive emotional expressions of love and rejection, joy and sorrow. For the child to feel secure, it is important that you

- show the child that you are emotionally available
- show that you care about him
- hold him lovingly in your arms
- caress him and show him pleasure and enthusiasm.

2. Adapt to the child and follow his initiatives.

When interacting with the child, it is important that you are attentive to him, to his wishes and actions, his situation, feelings and body language. It is also important that you to a certain degree try to adapt to the child and concentrate on the same thing as the child is engaged in. Then he will feel that you care and respond to his initiatives. It is also important to the child's development that he, within certain limits, is allowed to pursue his own initiatives instead of being forced into activities by others. Make sure that you don't move too fast and "run over" the child. Give him time to come up with his own initiatives.

3. Talk to the child about things that he is interested in, and try to initiate "an emotional conversation".

Even shortly after birth it is possible to have an emotional dialogue with the child, by using eye-contact and smiles, and by exchanging gestures and expressions of pleasure. The caregiver comments positively what the child does and is focused on, and the child "answers" with sounds of pleasure. This early, emotional "conversation" is important to the child's ability to attach to the caregiver. It is also important to the development of social and language skills.

4. Praise and acknowledge the child for what he accomplishes.

In order for the child to develop normal self confidence and go-ahead spirit, it is important that the caregiver communicates to him that he is valuable and competent. It is important to be positive and approving to the things the child does well, and to explain him why it was well done. Then the child will develop a realistic self confidence.

These first four guidelines give us an understanding of how we should relate to children in our care in general. That is, they should characterize our interaction with "our" children in every situation, not least when practicing the guidelines 5 to 8.

5-8: Mediation and impartation

5. Help the child to focus, in order for you to have a common experience of things.

Infants and young children often need help to focus on things. You can help them by calling on and guiding their attention to things. You may say: "Look here..." and show him what you want him to experience. Alternatively, you may shift focus yourself and start to focus on the

same thing as the child is engaged in. Without a mutual experience of things in the surroundings it is difficult to talk and act together. Experience shows that a child often is focused on one thing while the parent is engaged in another. Common mutual attention is a prerequisite for good contact and communication. It is therefore important to be aware of this principle, and to practice it.

6. Give meaning to the child's experience of his surroundings by describing what you experience together and by showing feelings and enthusiasm.

By describing and giving names to things and showing how things work, and simultaneously showing emotions for what you experience together, this experience will “stand out” for the child, and he will remember it as something important and meaningful. It is not enough that children see things and act towards them. For the child to experience meaning, there must be a communication through the caregiver's descriptions and emotional reactions. Children need an interpreter to create a world that is experienced as meaningful.

7. Amplify and give explanations when you experience something together with the child.

You can do this for example by comparing what you experience together with something that the child has experienced earlier. You could for example say: “Do you remember when we went to town last time? Then we also saw...”

When the child grows older, you may tell stories, give explanations, ask questions, point out similarities and differences, count and so on. In this way we go beyond and transcend what the child is experiencing here and now. All this is important to the intellectual development of the child.

8. Help the child control himself by putting limits for him in a positive way – by guiding him, showing him positive alternatives and by making plans together.

Children need help to train their self control and ability to plan. This training happens to a large extent through interaction with a caregiver who in a positive way guides the child, helps him plan step by step and, when the child gets older, explains why certain things are not allowed. In stead of giving prohibitions and saying “no” to the child all the time, it is important to guide him in a positive way and show him what he is allowed to do.

6.5.4 Age 0-3 years: Suggestions for a stimulation program

Sparling et al (6.5.9 References) have described a program that was successfully used in a Romanian orphanage to stimulate young children. It should be easy to implement in most settings. The program consists of three parts that all should be applied. As you will see, there are a number of parallels between the eight principles of 6.5.3 and this program, and the two programs also complement each other. Please note that each element of Sparling et al's program is applicable also for children above the age of 3 years.

When the corresponding principle(s) of 6.5.3 is mentioned (in brackets), we suggest that you read through that principle again and reflect on the parallels between the two programs. As mentioned in relation to the last four guidelines in 6.5.3, the first four should form a foundation for how we relate to the child, and should characterize our interaction with the child in every situation. Thus, although not referred to specifically, they should be kept in mind when applying the different elements of the program presented below.

The elements of this current program may also give you some ideas about how to apply the guidelines of 6.5.3.

1. Enriched caregiving

This first part consists of four elements, all of which should be applied several times a day, and at least during the daily routines of bathing, dressing, feeding etc.

a) Making eye contact (see guidelines 1 and 3)

This is one of the most effective ways of showing a child love and affect (see 6.3.4). From the child is a few weeks old and onwards, it has a particular interest in faces and eyes, and receives much of its emotional strength from eye contact with his caregivers.

b) Touching the child (see guideline 1)

Physical contact is also very important (see 6.3.5). Children need to be held, touched and caressed.

c) Talking directly to and touching the child at the same time (see guidelines 1 and 3)

When talking directly to the child it is natural to have eye contact. Thus, this task in reality includes three parts: eye contact, talking and touching. This combination of stimuli is very effective.

d) Pointing to objects and naming things the child sees during bathing, dressing, feeding and other daily care procedures (see guidelines 2 and 3. Also guideline 4 is relevant)

Pointing to and naming things that the infant sees every day and several times a day makes the child familiar with the words. He gets to understand them, which gives him a basis for understanding language in general. The first words that he becomes familiar with will also be some of the first words that he will be able to express himself. In addition to language learning, this procedure also helps the child become familiar with the world around him.

2. Common events with educational value

Sparling et al mention three examples of common activities that represent important ways of stimulating the child. For many caregivers it will be a challenge to carry them out, because they will demand extra time – time in addition to the ordinary daily care procedures.

Nevertheless, they are very important to the child's development (see chapter 3.2) and should be done regularly.

a) Reading a book (see guideline 5. Also guidelines 6 and 7 are relevant)

Reading for the child from a book with illustrations is a very effective means of stimulating the child to acquire language skills. It is also an effective way of training the child to focus on the same things as you do, in order for the two of you to have a common experience of things.

b) Going for a walk (see guidelines 2, 5, 6 and 7. Also guidelines 4 and 8 are relevant)

To take a walk together is important for several reasons: First of all, it stimulates the child's development of motor skills such as walking. It also gives you a nice opportunity to stimulate the child's language acquisition. For example, you can point to objects and name them. This will also train the child to focus on the same thing as you do (guideline 5). In addition, experiencing things together while you are out walking will give you the opportunity to give meaning to the child's experience of his surroundings by describing what you experience together and by showing feelings of enthusiasm (guideline 6). You may also amplify and give explanations when you experience things together (guideline 7).

c) Mutual verbal play (see guideline 3. Also guidelines 2 and 4 are relevant)

By this we mean playing together with words and sounds. Probably most of you do that with your own biological children without reflecting on it. For example, you may point at a cat and ask the infant what a cat “says”. Or you may play games such as “hide and seek” (where you for example make the infant hide his face with his hands and ask him: “Where is (name)?”). Most parents also sing children’s songs to/together with the child, songs where certain movements represent an important part of the song. These are just a few of innumerable things that you can do. It is smart to make things playful, because then the child will experience that it is fun to learn words.

3. An individualized program of educational games and interactions

This third part is the most demanding, because it first of all implies that you know the individual child’s strong and weak sides, secondly that you take the time necessary to make a plan for how you can stimulate him, and thirdly that you implement the plan. However, carrying out such a program will be very rewarding: The child will make progress and your relationship with him will improve considerably.

The child’s individual program must be designed according to his developmental level and skills. A practical tool is to use cards. Such cards can be bought (e.g., the curriculum cards of the “Partners for Learning” curriculum by Sparling, Lewis & Ramey, 1995). However, they are also easy to make. The illustrations on the cards may be very simple – the important thing is that the child understands what he is expected to do. Then, how do you use the cards? Let us take an example: One child needs to practice motor coordination. Therefore he is allowed to draw from a collection of cards that deals with this subject. In this case he draws a card showing a child throwing a little ball into a basket. The training task is then to throw things into a basket. In this way the child not only practices motor coordination but may also learn to clear things up.

Of course you don’t need cards to make and implement the training program. They are just tools to make the training a little more exciting for the child.

6.5.5 Age 0-6 months

Giving adequate stimulation to the youngest infants may be the most challenging task. It is very important to remember that most of the principles given in 6.5.3 and 6.5.4 also apply to these youngest ones. However, we would like to give you some specific information about the capacities of children aged 0-6 months and how you can stimulate them. We suggest that you put the information listed below on a sheet of paper and attach it to the bed of the child, so that those caring for him are reminded about what they can expect from the child and how they can stimulate him. It should be noted that this stimulation program also should be applied to children older than 6 months of age if they are lingering behind developmentally. We are indebted to the staff at the children’s home “Mother’s Choice”, Hong Kong, for sharing this stimulation program with us.

Capacities and characteristics	How to stimulate
One month	
<ul style="list-style-type: none"> -Focuses on things within his eye-sight -Reacts to sudden strong light -When he is quiet with his eyes open, he moves his hands and legs sporadically -Holds both hands tightly -Moves neck and head while lying face down -Wakes up when hungry -Feels satisfied after being fed and having nappy changed -Interacts with helper with his eyes and facial expressions 	<ul style="list-style-type: none"> -Hold him affectionately and talk to him -Smile to him frequently -Sing cradle songs to him -Encourage him to relax his fingers and help him spread out his fingers one by one -Encourage him to turn his neck by moving your fingers, toys or other objects within his eye-sight
Two months	
<ul style="list-style-type: none"> -Can open his tightly closed fist -Looks at both hands -Can gradually turn his head towards light and sounds -When putting him face down, he wants to raise his head -Looks at people's face -Later on, his eyes will follow a moving object 	<ul style="list-style-type: none"> -Make lively expressions with your face -When talking to him, look in his eyes and make lively expressions with your face -Hold up his hand and let him look at it -Respond to him when he responds to you. This "conversation" may encourage him to keep on "talking"
Three months	
<ul style="list-style-type: none"> -Neck is getting strong enough to hold head up -When lying face down, he will try to use hands, feet and chest to raise himself up -Reaches out his hands to touch toys -Sucks his fingers -Finds out from what direction a sound comes -Responds to human voices and other sounds -When being talked to, he may look at his caregiver's face 	<ul style="list-style-type: none"> -Do simple exercises with him such as bending legs and stretching arms -Encourage him to stretch out his hands to grasp objects, for example toys -Encourage him to lean forward to grasp objects -When feeding him, look at him and talk quietly to him
Four months	
<ul style="list-style-type: none"> -Neck is getting quite strong -Can sit up when helped -Shakes toys -While sitting he can stretch out his hands towards things to pick them up -Starts to utter sounds like "Ah", "Koo", "Loo" -Searches for direction of human voices and other sounds -Uses mouth to explore toys -Can clearly show his emotions -Can laugh when teased 	<ul style="list-style-type: none"> -Talk to him: Tell him what you see, what you are doing etc and be as detailed as possible. -To strengthen his muscles, play games with him so that he moves and turns over and over again -To encourage him to use his hands, hand him different kinds of sound-making toys

Five months	
<ul style="list-style-type: none"> -While lying down, he can roll his body over -Can turn from face up to face down position -Reacts to his own image in the mirror -Begins to distinguish between old and new things -Can recognize familiar people -Engages in simple hide and seek games; laughs -Drops one object in order to be able to grab another one -Can pat on toys that he keeps in his hands 	<ul style="list-style-type: none"> -When he makes sounds to attract your attention, please turn around to look at him and be close to him -Call him by using his name -Change the tone and volume of your voice in order to imitate a child's voice
Six months	
<ul style="list-style-type: none"> -When lying down, he can turn from face down to face up position -Can maintain sitting position while reaching out to hold on to support -Bangs toys on table -Uses hands and mouth at the same time -When facing strangers he either stares or cries -Moves his body to find out where a sound comes from -Finds out about a partially covered object -Looks towards a person who calls out his name 	<ul style="list-style-type: none"> -Play "give and take" games such as "drop an object and pick it up" -Call out his name repeatedly -Show him how to transfer an object from one hand to the other -Let him stand on your legs, then raise one of your legs slightly and then put it down. Repeat the procedure with the other leg, and so on (this teaches him to use his legs to support his body and prepares him for walking)

6.5.6 Playing with children

Why play with children?

It is important that you play with the children in your care. Play benefits children in many ways by providing opportunities for them to learn who they are, what they can do and how to relate to the world around them. The instinct toward creative play gradually disappears without adult intervention to stimulate its development. Playing with the child helps building a warm relationship and strong attachments and to create a bank of positive feelings and experiences that can be drawn upon in times of conflict. Through play, you can help your child to solve problems, test out ideas and explore his imaginations. As well, playtime with adults encourages the development of vocabulary so that the child learns to communicate his thoughts, feelings and needs. It also helps him to interact socially by teaching him how to take turns, share and be sensitive to the feelings of others. Moreover, play is a time when you can respond to your child in ways that promote feelings of self-worth and competence. Studies have shown that children tend to be more creative and have fewer behaviour problems if their caretakers engage in make-believe and fantasy with them when they are young.

Some guidelines for playing with children

1. Follow your child's lead

Follow their lead, ideas and imagination rather than imposing your own. Don't structure or organize activities for them by giving commands or instructions. Don't try to teach them anything. Instead, imitate their actions and do what they ask you to do.

2. Pace the play to suit your child

Children need to rehearse and practice an activity in order to master it and feel confident about their abilities. Be sure to pace the play according to your child's tempo. Allow plenty of time for him to use his imagination. Don't push him simply because you are bored.

3. Be sensitive to your child's cues

Don't expect too much of your child. If he is not interested in playing with a puzzle or learning a game, it may very well be that he is not developmentally ready for the activity. Therefore, move on to something he does want to do. You can offer new activities periodically, and when he shows interest, you can respond supportively. No matter what play involves, the important thing is for you to give your child time to think, explore and experience.

4. Avoid power struggles

Avoid power struggles over who won a game, what the rules are, or which picture is best. Don't compete with your child. The basic importance of play is to foster children's feelings of competence and independence and provide them with opportunities for legitimate control and power. Play is one activity where they can have legitimate control and can, to some extent, set their own rules. Toddlers and preschoolers don't really understand the rules and sequences of board and card games. Not until they are seven or eight do they begin to show signs of cooperative interaction and even then, their understanding of rules may be somewhat vague. If they come up with rules that allow them to win, this should be permitted. You don't need to worry about your children not learning to lose. If you cooperate with their rules and model acceptance, then they are more likely to go along with your rules in other situations.

5. Praise and encourage your child's ideas and creativity

Don't judge, correct or contradict your children while playing with them. Creating and experimenting are what is important, not the finished product. Keep in mind that children's play does not have to make sense to you. Cars can fly and horses can talk. Think of ways to praise your children's ideas, thinking and behaviour. You can reinforce a variety of skills, such as concentration, persistence, inventiveness and cooperation. As an exercise, try to praise something your children do every two or three minutes.

6. Encourage emotional understanding through fantasy and pretend play

Parents are encouraged to engage in pretend play with their children. Pretend play, in addition to build children's imaginary worlds, creative thinking and story telling, also helps children learn about regulating emotions and sharing feelings. Most healthy youngsters are enjoying pretend play by the age of three, and some as early as 18 months. Imaginary companions are common among four-year-olds. Play that involves fantasy steadily increases into middle childhood and then begins to disappear. Fantasy helps children to think symbolically and gives them a better idea of what is real and what isn't. Role-play allows them to experience the feelings of someone else, which helps them to understand and be sensitive to the emotions of others. Children may be more likely to share painful or scary feelings with their parents in the context of puppet or fantasy play.

7. Be an attentive and appreciative audience

When you play with your children try to focus on them instead of getting involved in what you are doing. Sit back and watch whatever your children create and praise their efforts with enthusiasm. (If you really want to make your own fantastic castle or create an artistic masterpiece, you can do it once the children are in bed!)

8. Use descriptive commenting

By asking many questions, parents usually intend to help their children learn: “What animal is that?” “How many spots does it have?” “What are you making?” and so on. However, all too often questions cause the child to become defensive and silent. The reason is that question-asking, especially when the parents know the answer, is really a type of command since it requires children to perform. The emphasis ends up being on the product rather than the process of play. If you do ask questions, be sure to limit the number and to follow the responses with positive and noncritical feedback and encouragement. However, better than asking questions is to show your interest by simply describing and providing supportive comments about what they are doing. This approach actively encourages language development. For instance, you might say, “you are putting the car in the garage. Now it is getting gas,” and so forth. Soon you will find that your children spontaneously imitate your commenting. You can then praise their learning efforts and they will feel excited about their accomplishments. Descriptive commenting is a running commentary on your children’s activities and often sounds like a sports announcer’s play-by-play description of a game. Your children will love this kind of attention (noises such as frog croaks, dog barking and pig grunting also constitute a type of descriptive commenting).

9. Use academic coaching to promote school readiness skills

In addition to describing what your children are doing in their play, you can also describe attributes of the objects they are playing with such as their colours, shapes, numbers, sizes (long, short, tall, smaller than), and positions (up, down, beside etc). For example, you might say, “you are putting the blue block next to the yellow square”). This kind of language will help your children understand academic concepts and build the vocabulary they need for school-related activities.

10. Use emotion coaching to promote emotional literacy

The coaching strategies used for teaching children emotions parallel the strategies for teaching them about academic concepts. First of all, identify, name and describe your children’s feelings when you play with them. Notice and comment on times when they seem calm, happy, curious, relaxed, excited, confident, proud, frustrated, or tense. This will help the children associate their feeling state with the word. Eventually they will be able to independently express feelings to others. It is also helpful to pair comments about negative feelings with positive coping statements, for example “you look frustrated that your blocks fell over, but I see that you are staying calm and trying again.” Parents can also share their own feelings of enjoyment with their children. Laugh, have fun and share your feelings! This will strengthen the bond between you and your children. Moreover, this emotional sharing on your part is modelling appropriate expression of feelings.

11. Coaching positive peer play

If your child has siblings or friends who have come for a “play date” you can use this opportunity to coach your children’s social skills. This time you will describe their social behaviours such as sharing, waiting, taking turns, helping another, saying thank you, asking before taking another’s toy, and giving a friendly suggestion. This approach will strengthen your children’s friendships. For example, “That is so friendly. You are sharing your blocks and waiting your turn.” You can also prompt certain behaviours such as saying thank you, for example “your friend shared his blocks with you. Do you think you can thank him?” and then if your child says thank you, you can praise him.

12. Encourage your child's independent problem solving

Giving too much help or taking over an activity decreases a child's sense of accomplishment and self-esteem, and fosters dependence on adults. Since youngsters are struggling between independence and dependence, they often give conflicting messages to their parents because they aren't sure of what they want. During play you can encourage your children's ability to think, solve problems and play independently. Instead of telling them that you will put a puzzle together for them, suggest doing it together. Provide just enough support, praise and encouragement to keep them working. You may also prompt them or offer guidance that helps them to accomplish a task. In this way, the child can still feel a sense of accomplishment. The key is to help without taking over and to encourage independent problem solving. Remember, sometimes your children ask for help when that is not what they really want. They just want your attention. Often, all you need to do is sit back and give them the message that you are confident in their ability to find a solution on their own.

13. Give attention to play

When children are playing quietly, most parents naturally seize the opportunity to take care of their own business. In so doing, they may fail to let their children know how much they appreciate quiet play. The result is that youngsters feel ignored when they play quietly, appropriately and independently, and only get attention when they are noisy or deliberately do something to attract attention. A child will work for attention from others, particularly parents. If your children don't receive positive attention for appropriate behaviour, then they will work to gain negative attention by misbehaving. You should therefore value appropriate play and actively participate in play activities with your children. For example, try to give your children a regular half-hour dose of play each day. Many have found that this makes it possible for them to take some personal time for themselves later on.

14. A word of caution

Be prepared for times when your child plays inappropriately or misbehaves. If the behaviour can be ignored, turn away and begin to play with another toy as if it were very interesting. Once the child behaves appropriately, you can turn back. However, if the behaviour is destructive, the play period should be stopped with a simple explanation such as, "when you throw the blocks, we have to stop playing." Sometimes children may make a big fuss when parents want to stop playing. The solution is to prepare the child for the end of a play session. Five minutes before the end of a play period you could say, "in a few minutes it will be time for me to stop playing with you." It is important to ignore any protests or arguments, and to do your best to distract your child by focusing on something else. When five minutes have passed simply state, "now it is time for me to stop playing. I enjoyed this time with you." Walk away and ignore any pleading. Once your children learn that they cannot manipulate you into playing longer, the protests will subside. And when they realize that there is a regular play period every day, they will have less need to protest. Remember, playful adults help develop playful children.

6.5.7 How to stimulate reading skills

In this section you will learn ways to enhance a child's learning and love of reading by using an "interactive reading" approach that encourages the child to be active, to practice, and to be the teller of the story. Using this approach, especially in the pre-reading years (ages 3-7), has been shown to build the foundation for formal reading. However, the principles are applicable also for children above this age span.

These are the four key reading with CARE building blocks.

Building Block C: Commenting, connecting and describing the pictures on the page

As you look at picture books with the child, name the objects and describe the story depicted on the pages. Comment on what you see on the page while pointing to each picture as you describe it or word as you read it. Name the pictures, describe actions, colours and sizes of things. Use prepositions as you describe. Try commenting or describing the feelings of the characters in the story. This approach is especially helpful for young children with few language skills and will build their vocabulary as well as their reading skills. To practice this, start with picture books that have few or no words.

Another way to comment is to make a statement that connects the story to another story your child knows.

Building Block A: Ask open-ended questions and predict what comes next

Ask the child what he thinks is happening on the page of pictures. This will encourage your child to make up a story and increases language fluency. Before turning the page, see if he can guess what picture might come next, or what will happen next in the story. This has the effect of helping the child to imagine or make up his own story and to become actively involved in the story telling. You can have fun taking turns predicting what might be shown or happen on the next page. Or, you can guess what the character in the story is feeling and why he might be feeling that way. This reading approach makes a magical game out of the story reading, which will be enjoyable for you and the child.

Building Block R: Respond to the child's responses with praise and encouragement

Praise will increase the child's self-confidence and motivation to read. Praise any attempt to read or name the pictures. Praise his interest in the book as well as his patience with trying to read. Praise with enthusiasm and positive affect in your voice and show interest in his ideas. This will contribute to his continuing motivation to read and sustained attention. Encourage him to tell you what he is thinking or feeling about the story or to ask you questions. Remember that one of the most encouraging things you can do is to listen to him when he reads. As you listen, remember that your reactions are important. Listen without interrupting and be enthusiastic in your response. Give the child time to figure out difficult words.

Building Block E: Expand on what the child says

You can expand on what the child says by simply repeating his words and by adding an extra descriptor to his comment. For example you might say, "Yes you are right, that is a tractor, and it is a big, red tractor." A second way you can expand is by following the child's lead into his imaginary world. For example, perhaps he is reading a book about dinosaurs who are playing together. You join into his imagination by talking about how much fun the dinosaurs are having playing soccer or eating ice cream.

It is also expanding the child's understanding when you relate his comment to some other meaningful event in his life. For example you might say, "Yes that is a red tractor and it reminds me of Uncle Ralph's tractor on his farm. You like to ride that tractor, don't you?"

A fourth way to expand for an older and more articulate child is to ask if he agrees or disagrees with the author, and why.

Other suggestions

- Choose books with topics of interest to the child.
- Set up a predictable reading time daily.
- Encourage him to act out stories.

- Make reading fun (perhaps the most important aspect of reading).
- Be patient. Remember learning to read doesn't happen all at once. Give your child time.
- Model reading.
- Tell family stories.
- Read everything (cereal boxes, street signs, poems, comics, recipes, newspaper articles, maps, greeting cards, and email messages).
- Talk to the child's teacher. Use him as a resource to find out about the child's reading level and books and authors that he would recommend. Ask about reading strategies he uses.

6.5.8 Suggestions to work tasks for improving the care of your children

1. Make a plan for each child aged 0-6 years that you have in your care, based on the teaching in this chapter. Ask for input and help from others that know the child well, particularly from other caretakers. Make sure that you cover all the eight guidelines in 6.5.3. If the child is 0-3 years old, make sure that all the principles of 6.5.4 are included in the plan. If the child is less than six months of age, please include the suggestions for stimulation given in 6.5.5. Also include playing and reading with the child in your plans!
2. Evaluate your plan for each of these children, the first time after no more than three months. Later, when you get used to the making and implementation of plans, it should be sufficient to evaluate and adjust each plan every six months.

6.5.9 References

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6.6 Teaching problem solving, emotional regulation and friendship skills

6.6.1 Summary

Social skills such as problem solving, emotional regulation and friendship skills are very important for general well-being and success in life. This chapter gives some guidelines for how to teach young children these skills. A somewhat modified version of this teaching will also be applicable for older children and adolescents.

The process of problem solving can be divided into six steps: 1. Defining problem and feelings; 2. Brainstorming solutions; 3. Considering consequences; 4. Choosing the best solution (in terms of safety, fairness and good feelings); 5. Implementation; 6. Evaluation. Model problem solving for the child. Make sure that you understand the child's view of the problem before trying to solve it.

Some important aspects of teaching children emotional regulations, are: Provide stability and consistency; accept children's emotions and emotional responses; model emotional regulation; encourage children to talk about feelings – avoid directives about feelings; teach children positive self-talk strategies; identify typical situations that result in emotional explosions and use them as springboards to teach problem solving; teach techniques for managing anger; help children recognize stages in the build up of tension; use Time Out for destructive behaviour; teach and encourage appropriate expression of feelings; praise children's efforts to regulate their emotions.

When teaching children friendship skills, remember that you, as a caregiver, can give considerably help, by: teaching and modelling friendship skills, particularly through play; setting up and monitoring play dates; helping the child to keep his friends; collaborating with the child's teachers; encouraging participation in activities in the community; empathy training; reinforcing the child's self image.

6.6.2 Introduction

Social skills such as problem solving, emotional regulation and friendship skills are very important for general well-being and success in life. Many children learn these skills by picking up how parents, siblings, friends and teachers relate to others. However, there is also a lot of children who struggle in these areas, either because of a challenging temperament (for example, hyperactive, impulsive, inattentive and aggressive children) or because of lack of good models. The principles in this chapter are useful to teach all children, even if they seem to do well in the social arena. However, they are particularly important to teach to children who struggle in these areas. Also, teaching children these skills will often prevent, reduce or eliminate many of the problems handled in section 7, not least a considerable proportion of behavioural problems.

Problem solving, emotional regulation and friendship skills should be taught the children while they are still young. Therefore, this chapter shows how to teach the skills to children up to eight years of age. However, the same principles are applicable for all children, including adolescents, but some adaption of the content is necessary when teaching older children.

The content of this chapter consists of a summary of chapters eight to 10 in Webster-Stratton's excellent book, *The incredible years* (See 6.6.7 Reference).

6.6.3 Teaching children problem solving

Young children usually react to their problems in ineffective ways. Research shows that they use these inappropriate strategies either because they have not been taught more appropriate ways to problem solve or because their inappropriate strategies have been reinforced inadvertently by parents or other children's responses.

For children, the process of problem solving can be divided into six steps:

1. What is my problem? What am I supposed to do? (Define the problem and feelings involved)
2. What are some solutions? What are some more solutions? (Brainstorm solutions)
3. What are the consequences? What happens next?
4. What is the best solution or choice? (Evaluate consequences in terms of safety, fairness and good feelings)
5. Am I using my plan? (Implementation)
6. How did I do? (Evaluating the outcome and reinforcing efforts)

Be positive, creative and humorous while working with the children, and model effective problem solving yourself! For children between the ages of three and eight years, the second step is a key skill to learn. While implementation and evaluation are more easily done by older children, youngsters first need to consider possible solutions and to understand that some solutions are better than others. The ability to think ahead to possible outcomes for each solution is a big developmental step and will be particularly difficult for young children or children who are hyperactive and impulsive. Therefore, for preschool children, focus on generating many solutions, while for primary age children, focus on helping them think through to the various consequences of different solutions.

1. Discuss hypothetical problems

A fun way to begin problem solving discussions with children is to ask them to pretend being 'detectives' who are trying to solve a problem. Then, through the use of games, stories, books or puppets you can create problem scenarios that give them an opportunity to practice.

The first step in helping children understand if they have a problem is for them to be aware of their feelings. If they are feeling uncomfortable (sad, angry or worried) this will be an important clue that there is a problem to solve. Therefore, help the child to identify the feelings of the persons involved in a situation. Once they are able to recognize and label feelings then you can help them learn how to accurately define the problem. For example, "so you feel angry because your classmate won't share the football with you." Another aspect also involves trying to help the child think about the feelings of the others in the situation. For example, "how do you think that the boy who has the football feels?" Urge them to consider the other person's point of view in the situation.

Raise the question about how he might discover what someone else feels or thinks. "How can you find out if she likes your idea? How can you tell if she is sad or happy?" This will help your child to be more empathetic, and, because he tries to understand other people's feelings and viewpoints, result in more willingness to problem solve, compromise and cooperate.

It is also important for parents to be aware of their own feelings. You would need to gain control of difficult emotions before trying to help your child with his feelings about the situation.

2. Brainstorm solutions

Help the child come up with as many different solutions as he can in order to solve the problem. Avoid criticizing or ridiculing any of his ideas. Be sure to praise him for his attempt

to solve the problem. In particular, it is helpful to praise him for his different solutions (e.g., ‘great job, that is a different idea’) because it will encourage a broader variety of solutions. The goal is to increase his likelihood of generating numerous ideas.

If, and only if, the child needs a few ideas to get started, then you may offer examples of solutions. Urge him to think of as many solutions as possible, and to let his imagination run free.

If he has a short attention span or becomes bored, not all the solutions have to be looked at in detail regarding the possible consequences (see 3, below). Instead, focus on two or three of the most promising ones.

3. Think through consequences

Look at what would happen next if each solution were carried out. Once the consequences have been discussed, help the child to assess which solution or choice may be the best one. Often, children are surprised or upset when things don’t go according to their plan. Part of this can be avoided if they stop and predict several outcomes that might result from their behaviour.

Be honest with the child and explore both the positive and negative consequences. If hitting works in the short run, the child then needs to think about what effect such behaviour might have on his friend’s desire to play with him in the long run.

4. What is the best solution or choice?

Help the child decide what one or two might be the best choice to try. By phrasing it as a choice it gives him the responsibility for the problem. Choosing the best solution involves children asking themselves three questions:

-Is the solution safe?

-Is it fair?

-Does it lead to good feelings?

If the solution meets these criteria then the children are encouraged to try it out. You might ask them to act it out with you.

5. Implementation of problem-solving skills

Make the child think of a situation where he might use the agreed upon solution. Then later in the day if you observe a similar real-life problem occurring, you can help him use the solution to try solving the problem. You can respond to his reaction by following the problem solving steps outlined above. While it may be tempting to tell him what to do, it is more effective to help him think about solutions. Also, help him anticipate what to do next when a solution doesn’t work.

Problem solving in the midst of a conflict is much harder than in a hypothetical or neutral situation. Children may be so angry and upset that they cannot think clearly. You may be able to calm them through discussion, so they can come up with some solutions. Sometimes children may be so emotional that they need to go for a brief Time Out (see chapter 7.3) until they cool off. Occasionally a problem is so distressing that it is best discussed later.

6. Evaluating outcome

Some children lack the skill of using the past to inform the future. This is why this step is important because it will help a child learn how to evaluate how successful he was in solving a problem and whether he might use it again in the future. Ask the same three questions as above:

-Was it safe? Was anyone hurt?

-Was it fair?

-How did you feel about it and how did the others feel?

If the answer is negative to any of these questions then encourage him to think about different solutions. Finally, the most important aspect of this step is to reinforce your child for his efforts at problem solving. Praise him and get him to pat himself on the back for his own good thinking – regardless of the quality of the solution that was proposed.

Some recommendations when trying to teach problem solving to children

Discover the child's view of the problem first

This is your first task. You will usually need to ask questions like, “What happened?” “What is the matter?” or “Can you tell me about it?” This kind of question not only helps the child to clarify the problem in his own mind, but also ensures that you won't jump to the wrong conclusion about what is going on. (Avoid questions that result in a yes or no answer or a closing off of the discussion because the child feels defensive or blamed.) Once you are sure you understand, you might say, “Now I understand what the problem is...” (paraphrase the problem!). Paraphrasing or reflecting back on what the child is saying also helps him feel listened to and valued for his ideas. (Another advantage of paraphrasing is that you can rephrase some of the child's statements to more appropriate language. For example, when he is asked how he felt, and he responds, “he is a real dummy”, this can be paraphrased as, “You sound really angry with him.”) In order for a child to learn anything from a problem, it is important that the solution be relevant to his perception of the situation. Believing that you understand his point of view is likely to increase his motivation to deal with the problem cooperatively.

Model your thinking out loud

Children learn much of their behaviour by observing how their caretakers react to life's daily hassles. You can help them considerably by thinking your positive problem solving strategies out loud. For example, you might say, “How can I solve this? I need to stop and think first. I need to stay calm. What plan can I come up with to make this successful?”

Focus on thinking and self-management

The real purpose for going through this process is to teach the child a thinking strategy and a method of self-management rather than generating the “correct” solution. Focus on how they are thinking rather than on specific conclusions. These skills will eventually lead to self-management when faced with real-life conflict. Try to use the problem solving methods whenever you can throughout the day, and look for opportunities to praise the child for making good choices and for using these problem solving skills. There is no expectation that these skills will all be mastered in one year or on one course - continued instruction and support is required.

6.6.4 Teaching children emotional regulation

Emotions are responses to stimuli or situations that affect a person strongly. Here are some guidelines for teaching children emotional regulation:

Provide as much stability and consistency as possible

Consistent limits, clear household rules and predictable routines help children know what to expect.

Accept children's emotions and emotional responses

It is normal for children at times to show emotions. "Tuning in" and understanding the child's emotional states helps him tolerate and cope with increasing amounts of emotional tension. By a simple statement such as "I see that you are mad that you can't have a cookie now" you help him identify the emotional turmoil occurring in his body.

Model emotional regulation

How do you handle your own emotions? The children in your care are likely to imitate your example. Talk about your own emotions and your strategies for coping. As always, it is important to model the kind of behaviour that you expect a child to exhibit. If you talk about your own feelings (positive and negative) with the child, he will begin to identify emotions accurately and put them into words. In this way you also model ways to cope with these emotions through verbalizing your feelings.

Stay calm during the child's emotional outbursts. Try to offer calm and soothing words of advice, perhaps even cuddle him or stroke his arm or back. If he is very upset, however, your attention and comfort may make the outburst worse. At times like this, after offering brief reassurance, it is often best to walk away and let his upset behaviour run its course. As the child starts to calm down, you can say "I know you were disappointed, but you are really trying to calm yourself down now. As soon as you want some help to solve the problem, I am ready to help you."

Encourage children to talk about feelings – avoid directives about feelings

We are trying to teach control over behaviour, not feelings. All feelings are normal and natural. Avoid saying, "don't be sad/angry" etc. Instead, label his feelings accurately and encourage him to talk about the emotion. Then listen carefully without judging or giving advice. Sometimes it helps to share a similar past experience of your own. Children also need to understand that people may have different feelings about the same event and may have more than one feeling at the same time. The crucial lesson is that all feelings are OK – they are all real and important.

Teach children positive self-talk strategies

Often underlying thought intensify, or even cause, negative emotions. These thoughts are known as "self-talk", although children may express them aloud. Children who have negative self-talk get angry more easily than children with positive self-talk. Teach the child to quietly tell himself thoughts that calm him down, help him gain control over, or put the situation in perspective. For example, a child who is being teased can stay calm by thinking to himself, "I can handle it. I will just ignore him. It is not worth getting upset about. I can stay calm, I am strong." Examples of positive self-talk include:

- Take three breaths.
- I am not going to let it get to me.
- He didn't do it on purpose, it was an accident.
- Everyone makes mistakes. No one is that perfect. I'll do better next time.
- With more practice, I'll get it.

Identify typical situations that result in emotional explosions and use them as springboards to teach problem solving

Use the problem solving skills taught above (6.6.3) for these situations! Use role play regarding situations that typically provoke emotional outbursts.

Teach the “turtle technique” for managing anger

Positive self-talk and problem solving strategies help children learn emotional regulation on the thinking level. But sometimes children become so agitated that they have no control over their self-talk and cannot do the necessary problem solving. Learning positive self-talk will relieve some of this over-arousal, but the child may need additional suggestions for calming down first. The “turtle technique” is an effective way to calm down and a good first step before problem solving.

First ask the child to imagine that he has a shell, like a turtle, that he can retreat into. Next teach him how to go into the shell, take three deep breaths, and say to himself, “stop, take a deep breath, calm down.” As he takes these slow deep breaths, ask him to focus on his breathing and to push the air into his arms and legs so he can relax his muscles. Sometimes it helps to picture a particularly relaxing scene. As he continues this slow breathing he is coached to say to himself, “I can calm down. I can do it. I can control it. I can stay out of fights.” He can stay in his shell until he feels calm enough to come out and try again.

Model this “turtle technique” for your child. For young children it can be very effective to practice and reinforce the turtle technique using a small turtle hand puppet. This provides the child with a visual image of the turtle going into its shell. You might instead check turtle picture books out of the library.

Help children recognize stages in the build up of tension

The first stage of anger or negative emotion: The child grumbles, looks grouchy and sulks around the house. It is possible that parental intervention can help a child to re-regulate. Intervene with suggestions of “turtle technique” or calming self-talk before the child has become too agitated. Encourage the child to talk about his feelings and to express his frustrations in socially acceptable ways. If the child has difficulties expressing himself, you might try to put into words what you suspect he is thinking or feeling. Parental understanding and concern can go a long way toward reducing build up of negative feelings at this stage.

Second stage: The child becomes increasingly tense, restless and moody; no matter what you suggest, nothing seems to satisfy or interest him. An explosive outburst may occur at the slightest provocation. Third stage: After the tantrum subsides, depression replaces aggression; it is the “leave me alone” stage. During the second and third stages, children are usually too dysregulated to respond to parental intervention. It is best for the parent to ignore, while monitoring to make sure that the child is safe. If his behaviour is so disruptive or aggressive that it can't be ignored, then it may be effective to use Time Out.

Fourth stage: The child is ready to resume normal activities and may act as if nothing had happened. It is also possible to intervene in the fourth stage. At this point, you can lead him through problem solving and discussing what happened and how he might handle it differently next time. Include how you and he each felt about the episode, the causes and early warning signals, and alternative ways to solve the problem in the future.

Use Time Out for destructive behaviour

Use Time Out (see chapters 7.3 and 7.4) for inappropriate emotional angry outbursts. Time Out deprives a child of adult attention. Children hunger for attention – even negative attention is preferable to none at all, and will reinforce the behaviour. However, if there is no payoff for the misbehaviour and if the parent withdraws his attention, the aggressive behaviours will subside – especially if you are teaching alternative responses which you reward with your approval.

Here is an example of how to carry out a Time Out in such a situation: First, at a time when your child is calm, explain that aggressive behaviours such as hitting others, will result in Time Out. For example: “I am so proud of you for getting ready so quickly in the morning. . . Now, I want to help you be more successful controlling your anger (explain about Time Out). . . you will have to be quiet for at least 2 minutes before you can get off the chair.

You can help yourself get calm in Time Out by using your “turtle technique”. In addition, we also are going to keep track on this chart of all the times you do stay calm in frustrating situations and talk about your feelings in an acceptable way. Then you can turn in these points on your chart for something you want.” When sending him to Time Out for hurting someone be sure you are matter-of-fact when enforcing the rule (show no sympathy or anger).

Teach and encourage appropriate expression of feelings

Children need to know that all feelings are okay – but that there are different ways of expressing those feelings, and that they have a choice in how they react. They should be taught to put their negative feelings into words in ways that are assertive but not hostile. You can help them learn the difference between sticking up for their rights and attempting to hurt someone else, and praise them when they express difficult emotions in appropriate ways. “It is okay to tell Jonathan that you really don’t like it when he takes your ball. It is not okay to yell at him and tell him that he is stupid.”

There is no evidence that encouraging aggression in any way reduces problems with anger control. In fact, children who are encouraged to act out their aggression, actually becomes more aggressive! Thus it is never a good idea to allow children to behave aggressively, not even to toys and other objects. Instead, encourage appropriate verbal expression of anger. This is far more likely to help a child cool off.

For children who are frequently angry, it is helpful to make them aware of times when they are having positive feelings. During playtimes with such a child, describe his positive feelings by saying such things as, “you look so proud of your model airplane.” Whenever you do label a negative feeling, pair it with a positive coping statement. For example “I see that you are really frustrated that it is not your turn. But I bet that you are going to be able to wait a few more minutes.” Becoming literate in emotional language will give children greater capacity to regulate their emotions and communicate with others.

Praise children’s efforts to regulate their emotions

Be sure to praise a child for handling his frustration without losing control over his anger. It is particularly important to try to praise behaviours involving self-control and persistence, appropriate expression of feelings and control of emotional outbursts, especially with a child who dysregulate easily or is impulsive and inattentive. Reinforce any calm, purposeful activities following a disappointment or frustrating event. You can also teach him to reinforce himself. Teach him to praise himself through positive self-talk such as, “I did a good job”, or, “I stayed really calm, I was patient with myself and it worked in the end.”

Through your praise, you will help the child change his self-image. Have him begin to perceive himself as someone who is becoming successful at handling emotions. You can predict his success by saying such things as, “You are becoming a person who can really control your anger well. You are very strong inside.”

6.6.5 Teaching children friendship skills

Through the successful formation of friendships, children learn social skills such as cooperation, sharing and conflict management. Friendships also foster a child’s sense of group belonging and begin to facilitate children’s empathy skills. The formation of friendships – or their absence – has an enduring impact on the child’s social adjustment later in life. Peer problems such as peer isolation or rejection are predictive of a variety of behaviour problems and later maladjustment including depression, school drop out, and other psychiatric problems in adolescence and adulthood.

Caregivers can help

When a child is in lack of friendship skills, his caretakers can teach and practice social skills with him alone at home. Then, they can encourage the child to use these skills when playing with other children in the home, or with friends from outside the home. It is often also helpful to work with the teachers to foster the use of friendship skills with peers at school. First, teach the child how to initiate an interaction and how to enter a group. The child needs to learn how to approach a group, how to wait for an opening in the conversation, and how to ask to join in. You can teach these skills by role-playing scenarios where the caretaker first models the appropriate behaviours and then the child rehearses them.

Teaching and modelling through play

Play daily with the child to model and encourage social skills (also see 6.5.6). Model taking turns, sharing, waiting and giving compliments. It is important that these play periods be “child-directed”. Help him learn how to talk with friends, such as introducing himself, listening and waiting to talk, asking another child’s feelings, taking turns in conversation, suggesting an idea, showing interest, praising someone, saying thank you, apologizing and inviting someone to play. Begin by working on only one or two of these skills by first practicing them and then prompting and praising them whenever you observe him doing any of them at home.

Play dates

Set up play dates at home – and provide careful monitoring. (If the child lives in an ordinary family: Encourage the child to invite classmates over after school or on weekends.) Choose children who are positive role models, and preferably ones with similar interests to “your” child and who would work well with his temperament. (You can also ask his teacher or other adults that know him well about who you should invite.) When friends are invited over, do not leave this play time unstructured. Plan cooperative activities. Plan with “your” child what the other child would enjoy, and set up the visit so that it has a clear purpose and structure. Monitor these play activities closely and watch for signs that interactions may be getting out of control. Increased silliness, horse play, roughhousing, escalating frustration or hostility are signs that the children need to take a break, or change to a more structured or calmer activity. Show interest in “your” child’s friend. Avoid letting the children spend their time together watching TV or playing on the computer as there will be very little social interaction and less chance to get to know each other. Make these first visits relatively short and pleasant.

Coach and praise social skills during peer play at home. Start by choosing one or two social behaviours you would like to increase (e.g., sharing, taking turns). First be sure you have taught the child, then when your child’s friend comes over to play, watch for these behaviours to occur. When you see them, praise them. You might want to make a game and give the children points. Children aged 7 and older will be less embarrassed if you call them away from the play group to praise and reward them out of earshot of others. When praising, be sure to clearly describe the social behaviours that you are encouraging. Praise both children for their cooperative behaviour and talk about how they are becoming good friends. Once the child has learned the first social skills then you can move on to some different behaviours to give your attention to. Here are some typical social behaviours that children may need help learning: Sharing, waiting, taking turns, asking (versus demanding), giving a compliment, cooperating, offering a suggestion, accepting a peer’s idea, expressing a positive feeling, helping a friend, being patient with another and problem solving.

Keeping friendships

Starting a friendship is one thing; keeping a friend is another. The key skill to keep a friend is knowing how to resolve conflict. It is important for parents to help children settle conflict without taking over. You can take the role of coach on the sidelines and when disagreement occurs involve the children in the process of defining the problem, brainstorming solutions and picking a solution to try (see 6.6.3). Be sure to praise their teamwork and good problem solving.

Children can be taught to identify negative self-talk and to substitute positive self-talk in order to help cope with their frustrations and to control angry outbursts (see 6.6.4). For example, when a child's request to play is refused by another child, "I can handle this. I will find another child to play with." In this way children learn to regulate their cognitive responses, which in turn will affect their behavioural responses. Positive self-talk provides children with a means of emotional regulation with their peers.

Aggression and inadequate impulse control are perhaps the most potent obstacles to effective problem solving and successful relations in childhood. Therefore, children need to learn emotional control strategies to use in situations that provoke their anger. See the "turtle technique" (6.6.4)! Once you have taught the child this technique you can use the word "turtle" as a cue whenever you see him begin to get emotionally dysregulated.

Community activities and collaboration with teachers

Enroll the child in organized community activities such as Scouts and sports. Collaborate with the child's teachers. Meet with the teacher to discuss the child's behaviour management at home and at school. Together identify a few positive social skills that you both want to start encouraging. Set up a chart, and offer to make copies of the charts for the teacher so he has one for each day. The teacher can put check marks on this "friendly report card" for each time the child puts up a quiet hand, cooperates with peers etc. At the end of the day this "report card" can be sent home with the child, and the caregiver can add checks earned at school to their home reward chart. For example, earning 5 checks at school might equal an extra story time or a special activity at home. It is also ideal if you can work with the teacher to set up an incentive program at school. It is also helpful if the teacher assigns "your" child some special responsibilities so other children can see him in a positive light. Cooperative learning activities, where children work in small groups, also help prevent peer rejection. Children who are isolated or who tend to be victimized should be placed with positive, friendly students. Carefully planned cooperative group activities where the focus is on performance of the entire group, create mutual positive dependence among group members and by extension a feeling of cohesiveness in the whole group. When each member is given responsibility for every other member's learning of the prescribed task, children begin to feel responsible for each other.

Empathy training

A key aspect to the child's social success is his ability to begin to consider the concerns, goals and feelings of others. All children are self-centered and "egocentric". However, it is important to promote children's awareness of other's feelings and perspectives. The development of empathy takes years.

Finally, a warm trusting caregiver-child relationship greatly improves the child's chances of developing healthy friendships. Reinforce the child's self-image as a valuable person who can be a friend. Particularly, avoid focusing on a single problem behaviour and believing that it reflects the child's entire personality. Focus on the behaviour you want to change and avoid speculations about motives. Self-acceptance and confidence affect how much a child craves the approval of peers. Making negative predictions about the future sets

up a self-fulfilling prophecy. If a caretaker is convinced that a particular child will never behave any better, then he probably won't. Strive to be a model and a coach.

***6.6.6 References to the Bible**

Re: 6.6: Faith in the almighty and loving heavenly Father is an enormous resource when a child struggles with problems dealt with in this chapter. Prayer and clinging to promises in God's word can bring about changes and hope. However, God's help does not free us from our responsibility to work hard, in cooperation with the child, to improve his skills in these areas.

Re: 6.6.4: God, our heavenly Father, does not get threatened by our expressions of feelings and frustrations before Him. The psalms of David give countless examples of putting words to feelings before God, and how this helps David to get a new perspective on his situation.

6.6.7 Suggestions to work tasks for improving the care of your children

For each of the children in your care:

1. Identify specific problems, and make a list of these problems, regarding
 - a) Poor problem solving strategies
 - b) Poor emotional regulation skills
 - c) Poor friendship skills
2. Based on this teaching, make a plan for each of the children who struggle with problems in one or more of these areas, how to increase their skills. Be careful not to do too much at a time – find out which problems to start with, and which problems that need to wait.
3. Evaluate the progress after three months, modify the plan and continue working on the problems. Repeat the evaluation every three months.

6.6.8 Reference

Webster-Stratton C. The incredible years. A trouble-shooting guide for parents of children aged 2-8 years. Seattle, Incredible years, 2006.

7 Some problems and what you can do

7.1 Reactions to losses and grief in children

7.1.1 Summary

Children in institutions have, in some way or other, lost their parents as well as their family, friends and village. A child having lost his parent(s) feels sad and yearns for his dead parent(s), although he may seem to be happy and content most of the time. Typical grief reactions in the first few weeks are: difficulties having fun, sleeping problems, appetite changes, difficulties concentrating, headaches, stomach-aches and feelings of guilt for having survived the dead person.

Although initial grief reactions tend to wane, children's grieving process lasts for a long time, usually at least two years. Also, the grief will come back in periods throughout childhood and adolescence. Grief is sometimes accompanied by mental problems such as depression, anxiety and behavioural problems.

Grieving children need special attention, understanding and care. They should be encouraged to talk (and make drawings) about their grief and their deceased parent(s). Remember that children younger than five years of age usually don't understand that their dead parent is gone forever. Institutionalized children who still have their parents alive may need extra sensitivity and wisdom from their caretakers to get over their grief.

Loss of parents through traumatic events may cause post-traumatic stress disorder (chapter 7.2), a condition which complicates the grieving process and causes considerable pain. Professional help is sometimes necessary in such cases.

7.1.2 Introduction

Children in children's homes and orphanages have, in some way or other, lost their parents. Some have lost one or both of them through death, some have been sent away from home because their parents are not able to care for them or to provide adequate schooling for them. Some have lost their mother through death, and their father has sent them away because his new wife will not care for any step children. Whatever the reason, these children have suffered severe losses. To lose both parents is, in itself, very difficult. However, children in institutions have also lost the rest of their family, their friends, their village and other things that were important to them.

Children are good observers, but they will often interpret a situation wrongly (see chapter 6.3). Many times they blame themselves for a situation, for example that they have been sent away from home or that their parents are dead. Thus, in addition to having lost their parents, their home and their village, they will often think that it is their own fault, due to some wrongdoing or sin. It is hard to imagine how difficult this must be for them.

In some ways it may be most difficult to live in institutions for those children who still have one or both of their parents alive. The reason is that they easily feel rejected and abandoned by their parents and believe that their parents don't love them. The children who have lost their parents through death may comfort themselves by thinking about how their parents would have cared about them if they were still alive. However, the children that have been sent away by their own parents often lose even their dreams. They easily feel utterly rejected by their parents. This is one of the reasons why it is important to encourage and help those children who still have their parents alive to keep in touch with them and to see them regularly. In the Western world we have seen how harmful it can be for children to stay in a hospital for a few days without having any close relatives there with them. These children may struggle for years afterwards with emotional problems. We have also experienced that children, who at a young age were sent to boarding schools far away from their parents'

home, often became bitter at their parents and developed depression and other emotional problems in adulthood.

In this teaching we will give some information about grieving in children. Also children grieve over their lost ones – it is important to remember that. Children grieve, even if they don't talk about it, and even if they often seem happy and content shortly after the death of their relative. We will see what generally happens when a child loses a dear and important person, how ordinary children from ordinary families react when they lose a parent. Again, remember that the children in your care often have lost so much more than one of their parents.

7.1.3 Common presentations of grieving

The most common reaction is sadness and yearning for the dead parent. Children who have not yet reached puberty will often state that they wish to die, in order that they can see and visit the deceased parent. However, it is very rare that they make suicide attempts. The reason is that they don't seek death itself, but the company of the dead parent.

It is very easy to misunderstand the grieving of children. Especially younger children “go in and out” of the grieving. In one moment they may weep and be very low, while a few minutes later they play and laugh and seem to have forgotten about the tragedy. Don't be fooled by this! Don't think that they didn't care about their parent, or that they already have recovered from the sorrow. They do grieve, but they seem to “take breaks” in their sorrow. Children are different from adults, and they grieve differently.

Many grieving children, particularly older ones, find it difficult to “have fun” after having lost one of their parents. It is common for grieving children to have problems sleeping, which usually means that they have problems falling asleep at night, or that they wake up in the night or early in the morning, without being able to fall asleep again. However, some grieving children sleep much more than they used to do. It is also common to have appetite changes. This usually means that they lose their appetite. However, some may eat more than usual - they seem to be comforted by eating a lot. Grieving children often have difficulties concentrating. Therefore it may be very difficult for them to concentrate at school or to do their homework. Quite a few of these children will also frequently get headaches or stomach-aches.

Grieving adolescents have similar problems, but they seem to be less frequent than in those children who have lost a parent before puberty. However, it could be that teenagers have as much problems as younger children have, but that they don't disclose their problems as easily as younger children do.

It is common to feel guilt for having survived the parent. This is a very common reaction, and it is important to be aware of it.

Until now we have focused on the more acute grief reactions – reactions that we see in the first weeks or days after a loss. However, even though these reactions usually wane after some time, the grieving process continues for a long time. For adults it usually takes a year to get over the worst part of the grieving. That is, it depends on who they lose, and what happens to themselves afterwards. Some studies indicate that children suffer a much longer period. Even as long as two years after the loss of a parent they show more symptoms of anxiety and depression and are more socially withdrawn than other children.

It should also be remembered that mourning is not done with once and for all. A child who loses one of his parents in childhood will continue to grieve as he grows and mature. Thus the grief comes back in periods, several times, throughout childhood and adolescence. For example, when an upcoming birthday or graduation ceremony approaches, the child may

once again become sad and yearn for his dead parent. Adolescents especially tend to grieve over the role that the dead parent would have had in their lives. They grieve over all the things that their parent is not able to be for them. For example, the dead parent will not be there in their wedding or when they get children.

7.1.4 Mental problems following the death of a parent

The most common mental problem after the death of a parent is depression. What happens is that the grief these children experience, develops into a depression. Grief is a normal reaction when people die. Depression, on the other hand, is a disorder, a stronger reaction than what is normal. You should be aware of depression if the child continues to be sad most of the day for more than 2 months and also has some of the other problems mentioned above (having much less fun than earlier, concentration problems, sleeping problems and changes in appetite). Thus, the presentation of grief is very similar to that of depression. However, it is when the acute grief doesn't show signs of waning but is intense and continues for a long time, that you should think about the possibility of depression. In such cases the child may need professional help to get over the problem.

DSM-IV (American Psychiatric Association, 1994): V62.82. Bereavement:

“The diagnosis of Major Depressive Disorder (MDE) is generally not given unless the symptoms are still present 2 months after the loss. However, the presence of certain symptoms that are not characteristic of a “normal” grief reaction may be helpful in differentiating bereavement from MDE. These include

- 1) guilt about things other than actions taken or not taken by the survivor at the time of the death;
- 2) thoughts of death other than the survivor feeling that he or she would be better off dead or should have died with the deceased person;
- 3) morbid preoccupation with worthlessness;
- 4) marked psychomotor retardation;
- 5) prolonged and marked functional impairment; and
- 6) hallucinatory experiences other than thinking that he or she hears the voice of, or transiently sees the image of, the deceased person.”

It is also pretty common for children who have lost a parent to worry about different things. For example, some are afraid of going to sleep at night because they are afraid that they will die and never wake up. It is also common to worry for the surviving parent, that he or she will die too.

Some children and adolescents react to the loss of a parent with bad behaviour. They get aggressive and oppositional, and they do things that they would never do before. If this happens, it is important to know that the behaviour may be a result of grieving.

Children who already have suffered the loss of an important person are more prone to get mental problems after a loss than children who experience a loss for the first time. This is particularly important to remember in an institution. As already stated, all children in institutions have suffered severe losses. If they experience that a dear parental figure dies or leaves the institution, the risk for a mental problem in the wake of their grief is increased.

7.1.5 How can you help a grieving child?

First of all it helps the child to know that you are aware of the fact that he is suffering. You should give him some time of special attention, to show that you care. When you are alone with him, you should give him a chance to talk about his grief. It is important that you communicate love and understanding in this situation.

However, often it is difficult for a child to talk about his grief and his dead parent. But it helps him to know that you are aware of his grief, and that you tell them that it is OK that he

misses his parent. The child may be afraid to show that he grieves, because he worries that his sorrow will make you think that he is ungrateful to you, for what you have done for him after the loss of his parent. He has lost his parent, now he doesn't want to lose you too. So he keeps quiet with his grief.

For those who still have their parents alive, it is important that you explain to them that their parents still love them, and that they were sent to the children's home because their parents couldn't care for them any longer. They should know that it is not their fault that they were sent away! Again, if possible and safe, you should help the child to keep in touch with his parent(s) while he stays in your institution.

It is very important to show the child that it is OK to talk about the parent(s) he has lost. You could ask about the good memories he has and let him tell about them. You could also carefully ask about difficult memories. If you do that, you make it easier for the child to overcome his sorrow, and his memories of the dead parent will be more sound and realistic. And more sound and realistic memories will help him to be more sound and well-functioning when he grows up. Also, sharing this difficult period with the child will make his affection for you grow.

If it is difficult for the child to talk about his grief, his dead parent and his situation, it is very helpful to have him make drawings. You could ask him to draw his deceased parent, his family, a happy memory etc. Then you could ask him about the drawing(s). Usually you will be able to have short conversations with the child in such situations. Also remember that a child's grief lasts for a long time. Therefore you should give the child several opportunities to talk about his dead parent, his memories and his situation.

7.1.6 Children's concept of dying

When caring for children who have lost a parent it is important to know that children's understanding of death depends on their age and maturity. Children as young as 3-5 years of age tend to look at death as a sleep or a long journey. They usually don't understand that their parent will never return alive. This is very important. You should not expect that a child this age understands that his parent is gone forever. He needs time to understand that. Another consequence is that you shouldn't say that his dead parent is sleeping. If you do, the child may think that he himself could die while he is sleeping. And he will be afraid of going to sleep at night. Actually there are quite a lot of children, not just those who have lost a parent, who are afraid of going to sleep at night because they are afraid of dying and not waking up again.

b) 5-9-year-old children are able to accept the fact that someone can die; that it is forever. However, they do not believe that it happens to everyone and especially not to themselves.

c) 9-10-year old children know that if someone dies, it is forever. They are also able to think of death as inevitable, and they know that it may happen to them.

7.1.7 The loss of parents by traumatic events

Some children lose their parents through very dramatic and traumatic events. For example, a child may have watched his father being murdered. Such events may cause the child to suffer from what we call post-traumatic stress disorder, or simply PTSD. This condition will be dealt with in chapter 7.2. However, it is important for you to know that grief complicated with PTSD causes the child to suffer a lot. He will need a lot of attention and love, and maybe also professional help.

7.1.8 Divorce: Loss and trauma

We have included this part, as an increasing number of children, before being placed in a children's home, have experienced that their parents were divorced. It is also a fact that some married couples who run children's homes, get divorced. As will be seen, a divorce represents both a loss and a trauma, a fact which both new and divorced caregivers should bear in mind. The text is a summary of Webster-Stratton's Problem Thirteen (pages 293-299) in her book *The incredible years* (see 7.1.11 References).

Divorce is a critical event that affects the entire family. Few families are really prepared for the trauma and stress it causes. The practical problems of a divorce can create major stress through such things as having to move, reduced housing area and financial loss. The loss of income may force mothers back to working full time and reliance on full-time child care. In the first year, both mothers and fathers will experience more anxiety, depression, anger, feelings of rejection and incompetence, and a kind of identity crisis. They may feel lonely and estranged from their married friends and prior social life.

Children also have strong reactions to divorce. Three- to five-year-olds have an unclear understanding of the events and may respond to the loss of a parent with fears that any routine separation in daily life will result in abandonment. They may become anxious about going to day care or staying with baby sitters. Many will react to routine separations by clinging, whining, crying and throwing tantrums. Fear of nightmares and other bedtime anxieties may result in pleas to sleep in a parent's bed. Regression in toilet training or a greater need for "security" blankets or puppets is also common reactions to divorce. In general, children seem to develop an insatiable hunger for affection and nurturing from the important adults in their lives.

Preschoolers also frequently show increases in aggressiveness and other behaviour problems. Since they have difficulty separating fantasy from reality, they will often make up stories to explain a parent's departure, especially if the divorce has not been explained to them adequately. Some children will deny the divorce altogether and create elaborate fantasies that both parents have been restored to the family. Many conclude that the departed parent has rejected them or replaced them with a better family elsewhere. Another common response is a tendency to feel responsible. Because they are naturally self-centered, they have difficulty realizing that a divorce is related to the parents' relationship problems rather than to their own behaviour. Such guilt-ridden fantasies are often partially substantiated by arguments that they may have overheard about themselves before the divorce took place.

The more mature intellectual and emotional development of children aged six to eight enables them to better understand the meaning of divorce and some of its implications for them. They are less likely to feel responsible than preschoolers. However, like younger children, they do fear being rejected and left without a family. They often feel lonely, depressed and very sad. Fantasies of being deprived of food, toys or some other important element of their life may pervade their thinking. Studies have shown that children who stayed with their mothers rarely expressed anger toward their father, as if fearful that this anger might cause him to reject them. On the other hand, many expressed considerable anger at their mother, either for causing the divorce or for driving their father away. Most of these children wished for reconciliation between their parents and had recurrent fantasies of them remarrying.

Children between the ages of eight and 12 appear more poised and courageous, and make more efforts to control their feelings than younger ones. Unlike younger children, however, they are ashamed and embarrassed about what has been happening and try to conceal the events from teachers and friends. The most common feature that distinguishes them is intense anger, usually directed toward their mother. They may have significant problems in peer relationships as well as a noticeable decline in school performance. And they may have more headaches, stomach-aches and other physical complaints.

Divorce presents a somewhat different threat to the adolescent. The normal developmental task at this age is to separate from parents and develop an independent identity. A divorce disrupts

this process, undermining the teenager's view of the family as a safe, predictable place. In fact, the tables are often turned, especially if parents are involved in dating. Preoccupied with their own needs and decisions, the parents may be unable to concentrate on the needs of their adolescents. Adolescents often feel that they are rushed to achieve independence following a divorce. Because the marital disruption occurred at an age when the normal adolescent is preoccupied with heterosexual relationships and sex, these issues may become areas of anxiety. They may fear that they also will be failures in love and marriage. They will feel a sense of loss and grief and may express intense outrage toward what they see as their parents' betrayal, selfishness and insensitivity. Thus, parents are no longer seen as respected role models. Sometimes during a divorce, one or both parents may turn to an adolescent for support. This can further compound feelings of anger, guilt and depression, and create conflicts related to allegiance and loyalty. Adolescents may react by becoming aloof, distancing themselves as a means of self-protection. They not only feel estranged from their families during the adjustment period after divorce but also have difficulty relating to their peer group. They experience strong feelings of shame and embarrassment at their parents' failure and may not even tell their closest friends about a divorce. Finally, adolescents worry about money, particularly whether their parents will be able to provide for their education.

Impact on parent/child relationships

The divorce process results in parents feeling more stress. Preoccupied with their own troubles, they may show their children less affection. On the other hand, children may react by becoming more aggressive, dependent, disobedient, demanding and unaffectionate. Parents' guilt, lowered self-esteem and fear of their children's anger may cause them to communicate poorly and be less consistent with discipline. Some mothers try to take on what had been the father's role by becoming more of a disciplinarian. This usually involves becoming more restrictive and increasing the use of punishment. Fathers, on the other hand, may become more permissive and indulgent, avoiding discipline for fear of losing their children's love. In this way, the normal parenting process is disrupted, and that may further aggravate behaviour problems.

Children's problems can intensify if they are forced to align with one parent and to denounce the other to insure affection. Another disruptive process occurs if the parents mentally associate a child with a former spouse and use the child as scapegoat for hostility felt toward that person. Children, on the other hand, may attempt to deal with the loss of a parent by adopting a real or imagined role. Even at very early ages sons are quick to take on the role of man of the family. And if they identify with the aggressive aspect of their father, they are likely to demonstrate hostility toward their mother, which will further exacerbate the situation. A third potentially hazardous situation occurs if parents treat their children as equals. This happens when they repeatedly turn to their offspring for support, advice and companionship. Children in any of these situations are at risk of becoming depressed or severely troubled.

What to do

While divorce does change the lives of parents and their children, it does not automatically mean psychological scars or delayed development. What is important for children's overall adjustment is how their parents manage the divorce and its aftermath. They play an essential role in buffering and minimizing both the immediate and the long-term effects on their children's social and emotional development. Here are some ways in which a divorced caretaker can help his children learn to adjust to a divorce and the subsequent change in the family structure.

Talk to your children about the divorce

The most important thing that you can do at the outset is to sit down and talk to your children about the impending separation and divorce. This should be done a week or two prior to the

actual separation. If the information is given too far ahead, they won't believe it will happen. On the other hand, if it is given only a few days in advance, they won't have sufficient time to adjust or to seek reassurance by asking questions of both you and your spouse. It's important to be as honest and open as possible. The concept should be explained at a level appropriate to their intellectual and psychological development. The explanation should be factual and realistic, taking into account the basic reason for the divorce in terms as emotionally objective as possible. To withhold information regarding the major issues that brought about the divorce will only produce anxiety, insecurity and disgust. But don't burden your children with all the sordid details or engage in blaming or making derogatory remarks. Above all, emphasize that the divorce is between you and your spouse and will not affect the love either one of you has for them.

Reassure your children that they will not be abandoned or divorced

Reassure your children that they will continue to have two parents even though they live apart. However, if one parent does not intend to continue parenting and will be absent, this kind of reassurance is unrealistic and sets children up for disappointment. In such cases, it is better to be honest about how involved each parent will be. Children need concrete information about where you and your spouse will be living and how often they will see each of you.

Make your children's world as reliable and predictable as possible

Tell your children where they will live, how they will be cared for and what changes will be made in school or day care.

Create an atmosphere where your children can talk, ask questions and express feelings

Your children may ask the same question repeatedly, so be prepared to go over the reasons for the divorce again and again as this helps them to work through what they have been told. They need opportunities to express sad, hurt and angry feelings. Open, ongoing communication will be needed for the months and the years that follow the divorce. However, not all children react the same way. In the beginning, some don't want to discuss it and respond with denial. They may be afraid to express their anger, fearing rejection. Or they may withhold their feelings in order to protect parents from further discomfort. It can, in fact, be several months before some children are able to express their grief and anger, finally secure that these thoughts will not hurt anyone.

Do not use your children as spies

Never use your children as spies, messengers or instruments for hurting your ex-spouse.

Avoid negativity and anger toward the absent parent

They should be honestly encouraged to love and maintain healthy relationships with both you and your ex-spouse. Do not discuss your personal problems with them even if no one else is available to listen. Since a part of your children is made up of each parent, putting down your ex-spouse is really putting them down. Remember that your children have fragile self-esteem, particularly in times of stress, and they need help to feel good about themselves.

Give yourself and your child time to work through the process

Most parents and children report that they become comfortable with their lives again 12 to 16 months after the divorce.

Be consistent in limit-setting and rules

Avoid excessive spending or overindulgence, and express your love and concern by spending more time with your children. If they respond with negative behaviours such as aggression, make sure that your guilt about the divorce doesn't prevent you from enforcing household rules and appropriate limit-setting.

Arrange a visitation policy that you and your former spouse support and respect

Non-custodial parents (most often fathers) find it very painful to visit their children. They may feel they have lost their children and expect to be rejected by them. Sometimes these parents prefer visiting less frequently rather than enduring weekly psychological trauma. Unless they are careful, they may distance themselves emotionally in order to protect themselves from the pain of separation from their children. Children often feel they don't have enough contact with the parent who doesn't have custody.

In setting up visitation arrangements there are several things to keep in mind. First, older children seem to prefer a flexible schedule. They also want to be involved in planning the visits. Younger children usually want a stable visiting-schedule they can count on. Conflicts over visitation should be minimized because they burden children with a sense of responsibility for the conflict. It will help a lot if you and your ex-spouse agree that your children can love you both and allow them to talk about the fun they had with one of you to the other. Visitation should meet the needs of the whole family and should reflect parental willingness to adapt to children's changing developmental needs and circumstances. Visitation commitments should always be kept unless there is an emergency. Telephone calls to children are an added way for out-of-home parents to keep in touch and these calls should be frequent and regular. Above all, issues of child support should not be confused with visitation and should not be used as a way to manipulate advantage in another area.

***7.1.9 Biblical references**

Re 7.1.6: For believers, death is not the end. Because of our hope that we one day will meet again those who have “fallen asleep”, those who are “dead in Christ”, we don't have to grieve in the same way as non-believers do (1 Thessalonians 4:13-18). This may be a tremendous comfort for those who have been bereaved, both children and adults.

7.1.10 Suggestions to work tasks for improving the care of your children

For each of the children in your care:

1. Consider which losses the child has suffered.
2. Talk with him about these losses and his grief, his parents, family and village, using the teaching of this chapter (for example, let him make some drawings), even if you have talked with him about these things before.
3. If the child still has parents alive, how can you help him overcome his grief? For example, are there any strong reasons why he should not stay in touch with them?

7.1.11 References

- Webster-Stratton C. The incredible years. A trouble-shooting guide for parents of children aged 2-8 years. Seattle, Incredible years, 2006.
- Weller EB, Weller RA, Benton T, Wiltsie JJ: Grief. In: Lewis M (ed): Child and adolescent psychiatry - a comprehensive textbook, 3rd ed. Philadelphia, Lippincott Williams & Wilkins, 2002, pp. 470-477.

7.2 Reactions to traumas

7.2.1 Summary

Institutionalized children are at risk for experiencing traumas. Therefore it is important for caregivers in children's homes to have some knowledge about normal and abnormal stress reactions and how to cope with them.

These are some normal stress reactions: During and immediately after a trauma, a mental and physical mobilization is common. For example, everything moves in "slow motion", the senses are sharpened, the attention is more focused, (strong) emotions are often absent, and the person has increased physical capacity and strength. More inappropriate reactions are hysteria/panic, a feeling of shock or numbness, acute distress, disbelief and denial.

During the first one to six weeks after serious traumas, it is common to experience disturbances of sleep, irritability, difficulties concentrating, hyper-vigilance for threats, exaggerated reactions when startled, sorrow and grief, re-experiences of the trauma, reduced appetite and reduced sexual interest. A persistent fear and anxiety, especially when reminded of the trauma, may lead to avoidance of everything that reminds of the traumatic event. Further, self-blaming, shame, relationship problems and bodily reactions are also common. Additional symptoms in children are separation anxiety and traumatic play.

From six weeks to six months after the trauma, the features above may persist, but should decrease in intensity and frequency. Children's reactions during and after traumas are usually highly dependent on the adults' reactions and their ability to attend to the children's needs.

Main ingredients of mental first aid after traumas, are care and understanding, reunion with loved ones, information, letting the person talk about the event, protection against further stress, ensuring that the person is taken care of (including a place to stay)/practical help, and help to return to daily activities (such as school).

The main symptoms of post-traumatic stress disorder (PTSD) are 1) repetitive, vivid and intrusive re-experiences of the traumatic event (memories, images, thoughts, perceptions, dreams, hallucinations or flashbacks; children may manifest re-experiences through play); 2) avoidance of reminders of the trauma, and (emotional) numbing; and 3) physiological hyper-arousal (that is, the person's mental system is in a state of alarm, causing sleeping problems, irritability, concentration problems, hyper-vigilance and exaggerated anxiety when startled). If a person shows symptoms from all these three symptom groups after a traumatic event for a period of one month or more and the symptoms are causing considerable problems, he probably suffers from post-traumatic stress disorder (PTSD).

The risk of developing PTSD increases if the traumatic event is sudden, severe and dramatic, if it causes grotesque scenes, if it is inflicted by human beings, if the person feels his life threatened, if he feels out of control, if he has suffered from mental disorders before, and if he has been exposed to traumas before, particularly in childhood, if he denies the trauma, if he tries to avoid everything that reminds about the trauma or if he experiences emotional numbing in the immediate aftermath, and if others don't believe that the trauma has happened (for example, after sexual abuse).

We refer a number of techniques that have shown to be effective for defeating disturbing PTSD symptoms. If these methods don't help and the symptoms cause considerable suffering, you should consult a professional helper.

7.2.2 Introduction

A traumatic event is an incident that makes a person fear for his life or causes him extreme distress. There are different types of traumatic events: Personal traumas (the incident threatens

a particular person, for example being raped, losing a loved one, being victim of crime or sexual/physical abuse or being involved in a traffic accident), war and terrorism, and major disasters (for example, serious bus or train accidents, fires and earthquakes). Being exposed to traumas often produces a deep effect on a person's mental health. The person doesn't have to experience the trauma himself to be traumatized - watching a traumatic event may be as emotionally harmful as being directly involved in the trauma.

All too many children have experienced serious traumas that affect their lives, health and well-being. Institutionalized children, compared with other children, are at increased risk for experiencing traumas, both before, during and after the institutional stay (see 5.2.3, 7.1.2 and 7.1.7). In this chapter we will present both normal and abnormal stress reactions following traumatic events and give some advice regarding how you can help children (and adults as well) recover from traumas.

7.2.3 Normal stress reactions after trauma

During and in the immediate phase after the trauma (the shock phase), a mental and physical mobilization is common: The person is able to handle information faster (for example, it is common to experience that time passes slower than usual - everything moves in "slow motion"). Also, earlier experiences become available in the person's mind. Further, the senses are sharpened, the attention is more focused, and he may experience a "super" or "flash bulb" memory during the event. (Strong) emotions are often absent during the event (that is, the person is not overwhelmed by emotions, but is able to use the increased mental capacity in the moment to act rather purposefully). In addition, the stress hormone adrenaline will cause the body to react with increased physical capacity and strength.

However, it is also pretty common, not least in children, to show strong attachment behaviour, resulting in a very strong need to be with loved ones when the trauma happens. This may become problematic and cause the person to behave inappropriately in the situation (for example, a child may cross a dangerous area to be able to stay with his mother). Other reactions that are rather common and may cause problems, are hysteria/panic, a feeling of shock or numbness (for example, the feeling of being in a daze), acute distress, a feeling that the whole situation is unreal, and disbelief and denial ("this is imagination, it does (has) not happen(ed) for real, I am dreaming" etc).

During the first one to six weeks after serious traumas, it is common to experience high levels of arousal (leading to problems such as difficulties falling and staying asleep, nightmares, irritability or outbursts of anger, difficulties concentrating, abnormally high vigilance for threats, and exaggerated reactions when startled), sorrow and grief, thoughts, flashbacks (that is, vivid re-experiences) or nightmares about the trauma, reduced appetite and reduced sexual interest. A persistent fear and anxiety, especially when reminded of the trauma, may lead to avoidance behaviour (that is, the person is avoiding everything that reminds him of the traumatic event). Guilt, self-blaming and shame are also rather common: Survivors may feel guilt and blame themselves for not having done enough to save the others. Guilt for having survived another person is particularly strong in parents who survive their children. Further, it is common to have problems relating to others (including family members), bodily reactions (restlessness, inquietude, muscular pain, headache, stomach/bowel problems and getting easily tired), particularly in those persons who actively suppress their reactions after the trauma.

Long-term effects, that is from six weeks to six months, are as follows: The features described above may persist, but should decrease in intensity and frequency. However, there is often increased avoidance behaviour. Irritability is often the most persistent phenomenon. Substance misuse is common as a way of managing high levels of arousal.

Children's reactions during and after traumas are usually highly dependent on the adults' reactions and their ability to attend to the children's needs. This particularly relates to preschool children. Typical immediate reactions in children are unrealness and disbelief ("as a dream", "did I really experience this?"), fear and confusion. However, children may also show amazing coping capacity and strength in the situation. It is rather common for children with omen taking and omen formation (omen formation is the developing of the belief that they can foresee untoward events in the future). Not infrequently, children show chaotic or agitated behaviour, for example by crying, clinging to someone or being hyperactive.

Common reactions in children in the days and weeks following the trauma are fear and anxiety, including anxiety for being separated from their caregivers (particularly while going to sleep at night), intrusive memories about the trauma (particularly when their activity level is reduced, and especially when going to sleep at night), and concentration problems leading to learning problems at school. Also common is avoidance behaviour (see above), guilt/self-blame, traumatic play (that is, the child shows the same physical reactions as during the event, such as fainting, enuresis, fits etc. Traumatic play may indicate that the child needs professional help), sleep disturbances (nightmares, problems falling asleep etc), and bodily symptoms (headache, stomach problems, muscular pain, enuresis, temporarily loss of acquired skills, and loss of appetite). Sometimes, even a disturbance of pubertal development occurs. For those who have suffered the loss of a dear one, sorrow and longing is the rule.

7.2.4 Mental first aid after traumas, focusing on children and adolescents

When a person has experienced a trauma, a good start is to make the following questions:

- What happened? Encourage the person to describe exactly what the traumatic event was.
- How did it start?
- What happened to you?
- Who else was present?
- What did you do immediately afterwards?

These questions will help you get information on the incident. Talking about the event may also help the person feeling better. Continue to ask:

- How are you feeling now?
- Who can you share your feelings with? People with social support are likely to recover faster.

The table below summarizes how to give mental help during and after a serious trauma, particularly to children and adolescents.

Immediate help	Specifics
Care, understanding and acceptance	-(Assurances of) safety, loving care, physical contact -Instruct caregivers in possible symptoms and how to care for the child ^a
Union/reunion with parents/caregivers/siblings	Avoid unnecessary separation!
Updated, specific information	-What happened, what will happen -Information about the family -Information about common shock reactions
Let them talk about the event	-Avoid empty words -Don't promise too much -Gentle touching calms down

Protect against further stress	-Strong impressions -Journalists -The public
Structure and continuity	-Get hold of stable supporters -Ensure a place for the child to stay/live! -Help the child to return to school, kindergarten and ordinary activities as soon as possible
Use group meetings to reach many	For example, information at school
Mobilize strength, unity and activity	
Support mastery on one's own (both immediately and later)	Give practical help, but don't take over for caregivers and for the child when not necessary
Rituals when a loved one is dead	-Reduces unreality and fantasies -Enhances cognitive and emotional processing of the event -An opportunity to say goodbye -A unifying experience for adults and child
Availability and flexibility	Be available!

□ Regarding instructions to caregivers: Children have temporarily an increased need for closeness and contact. It is normal for them to show symptomatic behaviour (see 7.2.3). Caregivers must share their thoughts and show their feelings to the children. However, to avoid anxiety, strong feelings need to be explained. Caregivers must accept their children's need to talk, ask questions or in other ways express what they have experienced. Children must be allowed to replay the event through playing, drawing or conversation. Children need assurances of their caregivers' safety, and that they will be there with the child. Caregivers should inform the child's teacher about the event.

7.2.5 Post traumatic stress disorder in children and adolescents – symptoms

Post-traumatic stress disorder (PTSD) is a disorder that strikes some of those who experience or witness a life-threatening or otherwise very serious trauma (see 7.2.2). As you will see, most PTSD symptoms are normal stress reactions that don't disappear but persist, often for years. The main symptoms are:

1) Re-experiences (“reliving”) or recollections of the traumatic event.

This is the most characteristic symptom of PTSD. The sufferer involuntarily re-experiences aspects of the traumatic event in a very vivid and distressing way. These re-experiences are repetitive (that is, they come again and again) and intrusive (which means that the mind is intruded by these re-experiences). They include vivid memories, images/visions, thoughts, perceptions and dreams. Young children commonly show repetitive play (the same play is repeated again and again, and the theme of the play has to do with the trauma. The child appears anxious and restricted in his play, and he is not able to use the play to feel relief or mastery over the event). Children may have frightening dreams without recognizable content. Repetitive, intrusive thoughts particularly occurs when the child is otherwise quiet, as when he is trying to drop off to sleep.

Some people act or feel as if the event were recurring: They “relive” the trauma, have hallucinations (see, hear, smell, taste or feel things that were present at the time of the trauma, but that are not present at the moment) or flashbacks (that is, the person is feeling as if the traumatic incident is repeating itself at the present time. The person is, in his mind, brought back to the traumatic event and re-experiences it in a very vivid way). Young children may repeatedly enact (parts of) what happened in the traumatic episode.

We will illustrate the symptoms by using an example: A nine year old boy saw his father being shot to death. One year after the incident he still tries to forget about what happened, but can't help that memories about the shooting comes back very often during the day, and particularly when he tries to fall asleep at night. He also have nightmares almost every night, but not about the traumatic event. Sometimes when thoughts about the event are forcing their way to his mind, he sees the traumatic event before his eyes, as if he had seen it in a movie. The only difference is that it is even more vivid than in a movie, and that he once again smells the gun and feels the desperation when his father falls to the ground.

2) Avoidance of reminders of the trauma, and (emotional) numbing

It is also common to experience intense mental distress when exposed to things or situations that remind about the trauma, because the memories are so painful. Therefore the traumatized person tries to avoid thoughts, feelings, conversations, activities, places, situations, people and everything else that remind him about what happened. It is also common to be unable to recall important parts of the traumatic event. In very young children, this avoidance may manifest itself by having a very narrow repertoire when playing, social withdrawal, showing little affect, and loss of previously acquired developmental skills (for example, the child may return to "baby talk" or relapse in toilet training). Be aware of hidden avoidant behaviour in children: If the child effectively avoids reminders about the trauma and he in addition is numbed emotionally, he may appear to be unaffected by the trauma. Also, some caretakers that are not aware of the child's problems, do not allow him to show avoidant behaviours, such as avoiding school. Therefore, it is not unusual for the child to suffer in silence while giving an outward appearance of normal functioning. It is therefore important to ask him what he would avoid if given the opportunity.

Emotional numbing is an important symptom, and means to feel emotionally distant from people, to have lost loving feelings for and interest in persons and activities that were significant to the person before the trauma. Thus, he may withdraw, isolate himself, and feel different and detached from others. He may also sense that he doesn't have much of a future. For example, he doesn't expect to have a career, his own family or a long life. (In children it is difficult to elicit evidence of numbing, because they may be unaware of it or have problems understanding the concept.) A more generalised state of emotional numbing (that is, with no or little feelings at all) is rare in children, particularly in young children.

Returning to our example of the nine year old boy, he tries to avoid everything that reminds him about the killing of his father, such as the place where it happened, guns, the clothes that he wore himself that day, as well as clothes with the same colours that he wore. He doesn't seem to take interest in other people any more, and he has almost stopped playing soccer. He has no plans for the future – he doesn't think ahead. His friends don't ask him to join them any more, because he never seems to be interested in spending time with them.

3) Physiological hyper-arousal.

That is, the person's mental system is in a state of alert or alarm, as if something terrible could happen again any time. The brain and body focus on survival, not learning. Common manifestations are difficulties falling or staying asleep, being irritable or having outbursts of anger, and having problems concentrating (often causing large learning problems at school). Also, a hyper-aroused person is abnormally vigilant for possible threats and is very easily startled or scared. Panic attacks can occur. A hyper-aroused child will often show compulsive checking of locks/doors and be overprotective of others, make frequent requests for reassurance, and become very upset if he experiences loud noises, arguing etc. He may also become fearful and clingy with changes of routines. Very young children may also get new

fears, such as fear of being separated from his caretaker(s), toileting alone, and the dark, and they will often complain about head ache, stomach pains (with or without diarrhoea) etc.

If a child (or another person) shows symptoms from all three symptom groups (re-experiences, avoidance behaviour and hyper-arousal) after a traumatic event for a period of one month or more, and the symptoms are causing considerable problems for the child, he probably suffers from post-traumatic stress disorder (PTSD). It is important to know that the symptoms may start several months after the traumatic event. (If the delay between the trauma and these symptoms is six months or more, the condition is called a delayed onset PTSD.)

In addition to the three typical symptoms, many persons with PTSD feel depressed and have suicidal thoughts.

Children and PTSD

Children may experience long periods of re-experiencing that alternate with long periods of avoidance and numbing, rather than experiencing both in the same period.

It is important to be aware that children, particularly those aged under 8 years, may not complain directly of PTSD symptoms. Instead they may complain of sleeping problems. Possibly as many as 30% of children develop a PTSD following attendance at an emergency department for a traumatic injury! When assessing children or young persons for PTSD, they should be questioned alone and directly about the presence of PTSD symptoms. Do not rely solely on information from the caregiver.

Children younger than two and a half to three years of age seem to have unconscious “behavioural” memories of traumatic events, manifested through traumatic playing etc, while children older than this age seem to have the capacity for full verbal recall of the event. In addition to typical PTSD symptoms, preschool-age children may manifest different behavioural problems.

In the aftermath of a trauma, a child’s behaviour may change significantly, and a caregiver’s ability to respond to and care for the child may be impaired. Thus, the parent-child relationship may suffer considerably. Actually, difficulties in the parent-child relationship are among the most persistent and potentially damaging impacts of trauma.

7.2.6 Risk factors for developing post-traumatic stress disorder

Not everybody exposed to very traumatic events develop a PTSD. For a child, his age and developmental stage will influence how powerful and dangerous the traumatic event feels to him. Sometimes a single factor can be helpful and hurtful. For example, a child might be so young that he doesn’t understand the full horror of a traumatic event. But the fact that he is so young means that he doesn’t have coping strategies to manage the confusion and fear that overwhelm him. In the following we will mention some of the factors that increase the risk for developing PTSD.

The risk is increased if the traumatic event is happening close to where the person stays, if it is severe and lasting, if it is not predictable (it comes suddenly and without any warning), when it causes multiple loss of life, mutilation of bodies or gives rise to grotesque imagery, and when it is inflicted by others (atrocities/criminal violence such as murder, torture and rape - probably because they seem so senseless). Also, the greater the loss of social support and community bonds (as can happen in war), the greater is the risk of PTSD. In children the risk increases if parents or primary caregivers are unavailable, physically, emotionally or both.

The risk is increased if the person feels his life threatened by the trauma, if he feels helpless or unable to control the event, or if the person is a female. Others with increased risk

of developing PTSD are persons who have suffered from mental disorders before, those who are anxious and mentally feeble, and persons who have been exposed to traumas before, particularly in childhood. The risk also increases if the person denies the trauma, if he tries to avoid everything that reminds about the trauma or if he experiences emotional numbing in the immediate aftermath. Children who are mentally confused during or immediately after the trauma are also at risk. If the trauma is denied by others, that is, if the person is not believed (for example after sexual abuse), the risk of PTSD also increases.

7.2.7 Helping young children exposed to trauma – some advice

Rice and Grove (see references) give some advice on how to help traumatized young children in a kindergarten/preschool/school setting. Their advice may also be applied in other settings, not least in children's homes.

1. Allow traumatized children to stay connected to special caregivers and teachers over time.

This is important for all children, but particularly for traumatized children, who need time to develop trust and comfort with adults. Children who have been traumatized and betrayed in relationships with adults may not know how to interact with adults in healthy ways. They may not be able to control their behaviour, may be fearful of adults and may test any adult who tries to connect with them. They need individualized attention. For example, one child may be fearful of touch and may not tolerate a hug but may want to sit close to a trusted adult. An anxious infant may not like bouncing on a knee but would welcome gentle rocking.

It is crucial for traumatized children to learn over and over again that adults can be patient, tolerant and caring, even when the child's behaviour is out of control. Caregivers have to show these children in every way that they are safe with them and valued as human beings.

2. Create an open environment for talking, sharing and listening.

Children from traumatic environments are often taught "don't talk, don't trust, don't feel". They learn to mistrust adults. Children need to learn that their caregivers are available to them, care about their lives and want to help. The children need to learn that it is OK to talk, to trust and to feel. It should be remembered that children are asking for help when they tell their stories. Here are some practical advices on how to respond to children's disclosures:

a) All children need to hear that it is OK to tell – and that their feelings are OK.

For example, "I am so glad you are telling me this! You are brave to tell your story – thank you for telling me, now I can help you!"

b) All children need comfort and reassurance.

For example, "I'll help you." "We'll figure this out." "It will be OK."

c) Children may need help identifying or labelling feelings.

For example, "That's a scary story, how did it make you feel?"

d) Children may need help understanding the facts and that what happened was not their fault.

For example, "Your daddy is still your daddy even if he doesn't live in your house after he and mommy got divorced. Let us talk about what divorce means."

e) Some conversations need to continue in private.

Some stories are too frightening to discuss with the rest of the children present (less scary stories or common experiences such as a local hurricane or fire can be explored as a group).

For example, “Oh that must have been scary – let’s sit at the quiet corner together and we can talk” (to a girl who witnessed an assault on her mother by her father).

f) Some stories need immediate intervention.

When a child discloses dangerous information, caregivers need to find out more about the situation and decide how to intervene.

3. Build a community of care for the children.

Children who have been traumatized can feel very isolated and alone. They may be physically separated from familiar caregivers and uprooted from everything that they know. They may be grieving the loss of a special person in their lives. Children need connection and a sense of belonging in the world, particularly those impacted by trauma.

4. Help young children to make friends.

Friendships help children cope through difficult times. However, making and keeping friends can be difficult for traumatized children. They may be fearful and withdrawn in group settings and avoid interactions with others. They may also show erratic, unpredictable and aggressive behaviour. These children often need their caregivers to model how to ask another child to play, how to share etc. They may also need a caregiver to play alongside them when playing with others.

When children experience traumatic separations from their parents

Both separations that are permanent (e.g., through death, such as a suicide) or temporary (because of parent illness, child protective actions etc) may be very traumatic to a young child. Here are some guidelines for how to help such a child grieve and heal:

1. Partner with the family.

Talk and plan with the child’s family whenever possible. Decide together what to tell the child and how to manage his reactions to the loss.

2. Keep routines the same.

3. Help the child to feel safe.

He needs to hear from trusted adults that he will be cared for and kept safe, and that his loved one is safe (or as safe as he/she can be), if far away.

4. Be honest.

Children can come up with very scary and destructive conclusions about what has happened, so simple, honest explanations are essential.

5. Keep it simple.

The child does not have to hear all of the shocking details of an event, especially if it will traumatize him more.

6. Tell the child that it is not his fault.

Children often think that they are the cause of all of the events around them. As a result, they often blame themselves when bad things happen. They need to hear over and over again that the loss event is not their fault.

7. Expect changes in behaviour.

Children will express their sadness and worry in their behaviour and in their play. They may need adult help to manage overwhelming feelings.

8. Help the child express feelings in a healthy way.

The child needs adults to model safe ways of being mad, sad and worried, to help label/ identify and express feelings and to offer him comfort.

9. Set limits, but tolerate regression in behaviour.

Limits make children feel safe and in control. But children who are grieving may be too overwhelmed to control their behaviour. They may regress in their behaviour and return to temper tantrums and crying spells. Caregivers should be flexible in tolerating some of these behaviours. They can remind the children of what the limits are, but stay flexible about enforcing them. For example: "I know you have mad feelings and maybe you're scared about your mommy being far away. You can be mad, but you can't hit. Let's try punching a pillow instead."

10. Help children succeed.

Children who have experiences that build their confidence, more easily manage difficult times. Caregivers can create countless moments for the grieving child to feel "masterful and strong", for example: "I notice you are so good at your ABCs. I need help making a sign for our door. Can you be in charge of making the sign?"

7.2.8 Posttraumatic stress reactions – techniques for defeating disturbing symptoms

It may be difficult to help children and adolescents suffering from PTSD. However, we will present some effective techniques for defeating symptoms that you could teach the child. If he doesn't receive help by these techniques and the symptoms bother him considerably, you should take him to a professional helper (for example a psychologist or a psychiatrist).

For all the exercises it is important to note that the person will need to practice them to make them work effectively. There are plenty of techniques. Some will work for one person, while others will work for another. It is important that the child gets to choose those that he believes are the most effective for him. Most of the following is directly translated from Dyregrov A. Catastrophe psychology; and Dyregrov A, Raundalen M. Posttraumatic problems in children and adolescents (see 7.2.11 References). However, we take the full responsibility for the content, including any translation error.

How to stop disturbing memories and thoughts

1. Distraction

-Describe in details what is going on around you. Describe the things as fast as you can, and think about colour, shape, what they are made of, etc.

-Activities, like reading, TV/video, radio/music, sports etc. The more you concentrate on what you do, the more it will replace your disturbing thoughts.

-Other things you can do:

*Count backwards from 123, 9 at a time

*Spell the names of your family members backwards

*Think about the titles of all the melodies of your favourite band

*Think about the names of all the players of your favourite soccer team

The tasks must be difficult enough to challenge you and make you think.

2. Thought stopping

Sometimes you may experience that you only manage to stop thinking about the event a short while before the disturbing memories return. Then thought stopping may be useful. As soon as you realize that you are thinking about the event, do as follows:

- Say loudly “STOP” to yourself. Say it every time the thoughts come. In this way you create an automatic connection between the thought and the stop signal.
- Some find it helpful to underscore this by doing something with their hand at the same time, such as beating the fist in the table.
- After saying stop, immediately do or think about something else.
- If the disturbing thoughts are about terrible things that will happen, you could write down some thoughts to repeat for yourself immediately after saying stop, for example, “nothing will happen, it is completely safe to go by bus”.

3. Writing down your thoughts and memories

can help you think more clearly, and probably you will feel better. A detailed description in words takes the power from the memories. Be detailed, write down both what happened and your inmost thoughts and deepest feelings regarding what happened.

How to take control over images and disturbing re-experiences

1. Images

- Recall them and look at them. Then gradually try to move them away from you, so that they get smaller and less clear.
- If this doesn't help, imagine that you see them on a TV screen. When the image is there, turn off the TV with the remote control. If you find this difficult, change channel. You may also let the images change while you are watching them, for example, from colours to black and white, or you may change their shape, size etc. In this way you may take control over the images.
- If the event is repeated as in a video, you can imagine that you play it on the screen. But if you do, also imagine that you have a video player connected to the screen. When you start the film, push the recording key, record the film and stop the recording when the film is finished. Then imagine that you take out the film and put it in a drawer that you can lock. When you do this in your fantasy, it gives you more control over the images.

2. Other sensory memories

You can do the same regarding sounds (use a “radio”). When it comes to smells, you can put on oil or something else in your nostrils, or you can imagine pleasant smells in your fantasy.

Falling asleep at night

Breathe as usual three times. When you have expired the third time, wait to inhale as long as you are able. Repeat this until you fall asleep. If your thoughts are wandering off to the event, then in addition to the breathing say “this”, “this”, “this” within you to keep your thoughts busy with something.

Waking up during the night and nightmares

If you wake up and can't fall asleep again, use the technique described above. If this doesn't work, put on relaxing music (that turns itself off!) and concentrate on listening to it. An alternative is to read something (but not something very exciting) until you calm down.

If you are disturbed by the same nightmare night after night:

Allocate time early in the evening, and use this time to write a detailed account of what is

happening in the nightmare, and what you think and feel as the nightmare is moving ahead. Then go through the nightmare again, but now you can change details and make a happy ending to it. You may also include helpers in the nightmare, caregivers or others you feel safe together with.

How to relax

Relaxation will make you feel less anxious and more at ease. There are several techniques. You can pick what works best for you.

Rapid physical relaxation

You can breathe in a way that rapidly helps you gain control and relax. You can use this method everywhere, and people do not even note what you are doing. Inhale calmly through your nostrils, keep your breath in 5 seconds (count calmly to 7-8) and then exhale calmly by mouth. When you exhale you say “calm” or “relax” to yourself. If you do this some times, it will help you to gain control over your body and make you feel more relaxed.

Relaxing images

With this technique you can feel more comfortable by thinking about things that you like. Try to think about your favorite place. It could be a place you have been to, or a fantasy. Make an image of this place in your mind, and make the image as relaxing and comfortable as possible. Try to make the image as real as possible, for example by thinking about the sound of waves rolling against the beach, the wind whispering in the trees, the smell of sea or pine trees, the warming sun shining upon you and the wind blowing lightly in your hair.

If you feel uncomfortable, use these images or fantasies to create a comfortable situation. Concentrate on making and experiencing the comfortable place, and test out if this helps you relax.

Physical activity

Many are those who have found out that physical activity is an effective way of relaxing. If it works for you, then use it. It may be particularly useful to use physical activity when you recognize uncomfortable feelings. Jogging, a fast walk, playing soccer or swimming may help you get rid of angry or anxious feelings.

Confronting what you fear

Maybe you feel anxious when something reminds you about the traumatic event. Maybe it is difficult for you to enter a car or get on a bike, or cross a road or street. Some people find it difficult to come close to the place where the accident happened, or are generally afraid to leave home. This is understandable, and most have such feelings for a short period after the accident. For others this feeling is so strong that it hinders them from doing things they would like to do. Some consequences of this may be that you may give up trying to do things, you do not want to do new things, or you avoid situations that you think will be difficult. When this happens, it is important that you confront what you fear and get over it. The following advices can be of help.

You can practice to make it

When we face a difficult challenge, we often think that we will not make it. We are good at predicting that we won't make it, that we will not succeed. Such thoughts make us more anxious and less willing to try. Therefore it may be useful to make an image of the challenge you are facing, and then talk yourself through what will happen. Think about what you must do, and imagine that you do it, successfully. Make the image as real as possible, with as many

details as possible. Practice it several times, and it will show you that you can succeed even if it is difficult.

Small steps

Some times a challenge is too big to be dealt with at one time. Then it is useful to divide the task into small steps. For example, if you are afraid of going by boat, you may divide the action into the following steps:

- sit for a minute in a boat that is not moving
- sit in a boat that is not moving, but with the engine on
- go for a very short trip when there are no waves
- go for trip that is a little longer
- go for a short trip when there are some waves
- go for a longer trip.

Practice every step several times, until you feel secure enough to move on to the next step.

Remember to praise yourself when you have made a step – you have done well!

Positive self-instructions

One useful way of helping yourself through a difficult or anxiety provoking situation is to talk positively to yourself. This helps you feel more relaxed and self-confident by keeping doubts and worries under control. It involves repeating encouraging and positive messages to yourself when you feel anxious or when you doubt that you will succeed:

- I will make it to take that bus into town.
- Now I have succeeded in crossing two streets in a great way, now only one remains.

Repeat the positive message and praise yourself when facing the challenges.

Talk about the traumatic event

It may be that you find it difficult to talk with others about the accident. Maybe you just want to forget all about it. Some experience that others don't seem to be interested in what happened. Some are afraid that others will feel uncomfortable if you tell how you feel.

However, even if it is hard, it is often useful to talk about the event. It is important to remember that accidents are very frightening experiences that often are difficult to understand. Talking about a traumatic accident usually helps us understand what happened and structures our thoughts, resulting in less affliction from our thoughts.

Prayer

Prayer can be a very effective way of reducing stress and discomfort by laying the burdens and problems of the traumatic event on the object of prayer.

***7.2.9 Biblical references**

Re 7.2.8: As believers in Jesus Christ we do not only believe in the psychological effects of prayer, but also in the healing power of the living God through our prayers. For example, see Isaiah 53:4-5, Luke 4:18-19, John 16:24, Ephesians 1:18-21, Philippians 4:6-7 and 1 John 5:14-15.

7.2.10 Suggestions to work tasks for improving the care of your children

We suggest that you, for each of the children in your care, answer the following questions:

1. Do you know about serious traumas in the child's life, such as witnessing violent events, experiencing serious accidents or disasters or being subject to physical or sexual abuse?
2. Does the child manifest any symptoms that make you suspect serious traumas in the past or present?

If you are in doubt about the answers, we suggest that you talk with the child. Please be careful to communicate that you ask because you want to help him, and that you will protect him against persons who may want to hurt him. For those who have suffered serious traumas, offer them to talk about the trauma (don't force them to talk!), and ask about symptoms of PTSD. If a child has experienced a traumatic event and has bothersome symptoms of PTSD, we recommend you to use those principles in 7.2.7 and techniques in 7.2.8 that are relevant for that particular child. If these measures don't help, you should consult a professional helper. For handling of traumas related to physical/sexual abuse, see also 5.2.3.

7.2.11 References

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7.3 How to cope with behavioural problems – general principles

7.3.1 Summary

Before applying the guidelines of this chapter, you should make sure that the principles of chapters 6.2, 6.3 and 6.4 are applied!

Behavioural problems are frequent in institutional settings. The most applicable principle for handling behavioural problems is the Law of Effect, which states that the consequences that follow our behaviour will help us learning. It can be utilized in three ways: 1) Reinforcement (by means of reinforcers) increases the frequency of an act or behaviour, usually by making sure that the wanted action leads to a positive event. 2) Punishment means negative consequences of an act that leads to a decreased frequency of this act. Examples of punishments are Time Out, withdrawal of privileges and work chores. 3) Extinction refers to a decrease of a certain behaviour because of the removal of a reinforcer.

Reinforcement is effective for teaching a person what he should do, while punishment is effective for showing what not to do (that is, punishment reduces problem behaviour). Many times both strategies are necessary.

Punishment should be used in a proper way: Select one or two behaviours and use small punishments, consistently and immediately. Don't give up on mild punishment! It works, but it takes some time.

7.3.2 Introduction

A behavioural problem is an inappropriate behaviour, an act that is a nuisance to others and therefore causes the child problems in his relationships with others. Some examples are temper outbursts, physical fighting, lying and stealing. A behaviour that most children sometimes have may represent a behavioural problem if a child shows this behaviour much more often or intensely than other children. Examples are temper tantrums and arguing with adults. However, a behaviour problem may also be a more serious behaviour, an act that "ordinary" children rarely or never do, such as being truant from school or forcing someone into sexual activity.

Many children in institutional settings have behavioural problems. For many caretakers it is difficult to know how to help these children in an appropriate way. We have therefore chosen to devote four chapters to this theme alone (7.3-7.6). In this chapter, general principles for handling of behavioural problems will be taught. Behavioural problems in children between two and eight years of age are usually rather easy to handle if the appropriate strategies are used. However, a considerable part of those who struggle with their behaviour in later childhood and adolescence started their career in these early years. Thus, it is very important to help a child getting rid of his behavioural problems while he is young. Chapter 7.4 is devoted to the handling of behavioural problems in children aged 2-8 years.

Coping with problem behaviours in adolescents is more complicated than in younger children. Adolescents are physically, socially and cognitively stronger than younger children, and have a stronger need to develop independence and peer relationships (see chapter 3.4). We have therefore chosen to treat adolescent behavioural problems in an own chapter (7.5). Finally, some specific and rather common behavioural problems are treated in chapter 7.6. The teaching of this last chapter is particularly targeting problems in young children, but the principles taught are also applicable to older children.

Much has been written about how to cope with behavioural problems. Different perspectives will be mentioned. However, we will focus on those strategies that have proven to be most useful. But before reading this chapter it is very important to carefully study 6.2 Some basic rules, 6.3 How to fill the child's emotional container and 6.4 How to discipline the child. To be successful in handling behavioural problems, it is necessary to apply the

principles given in these teachings before you use those taught in chapters 7.3-7.6 (see 7.6.3 Stealing, the introductory part, as an example of this).

7.3.3 The Law of Effect

This is the most useful principle, and therefore the one that we will spend most time on. It is well known in psychology and widely applied in the treatment of mental problems in childhood, not least behavioural problems. This principle states that the consequences that follow your behaviour will help you learning. We all tend to repeat actions that lead to profitable consequences.

For example, if I give my friend a candy and he gets very happy and tells me that I am the kindest person in the universe, then I will probably give him a candy also at another occasion.

We also tend to avoid doing things that lead to negative consequences for us. For example, if I want to give a candy to my big brother who is a dentist, and he gets irritated and rebukes me for eating candies because candies are bad for my teeth, then I will probably not offer him candies any more.

That is, we learn from our experiences. We find out which are the actions that pay off, that have positive consequences for us, and we repeat them. Also, we avoid doing things that have negative consequences. This is what it means when we said that the consequences that follow your behaviour will help you learning.

As parents and caretakers we use this law of effect very much, often without reflecting on it. However, most of us are not very consistent in the application of this principle. That is, sometimes we don't reward the child for doing nice things, and sometimes it pays off for him to do things we don't want him to do. For example, let us suppose that a child has come along with his parents to a shop. There he observes that they sell candies, and he starts nagging to make his parents buy him candies. His parents really dislike that the child nags, particularly when they are in a public place. So they decide to buy him candies to make him stop nagging. In this situation the child is actually rewarded for doing something that he shouldn't do. And the chance is pretty big that he will be nagging the next time he visits that shop together with his parents.

With "ordinary" children it is usually not a big problem if their parents are not very consistent. You can reason with these children, and they obey you. However, it is usually futile to reason with children who show a persistent pattern of behavioural problems. Words rarely have any effect on their behaviour - they "don't take a no for a no". The only thing they seem to understand, is what you do - the only thing they learn from is the consequences of their actions. Therefore, it is very important when you deal with behaviourally disturbed children that you use the principle of Law of Effect very systematically and consistently. If you do that, you can shape the behaviour of the child by the consequences you let their actions have. That is, they need to see, all the time, that if they do something positive, it will be beneficial for them, and if they do something negative, there will be some unpleasant consequences for them.

Again, before we apply the Law of Effect very consistently, we must make sure that we practice what has been taught about filling the child's emotional container (chapter 6.3) and how to discipline him in the most loving way possible (chapter 6.4). We need to make sure that the behaviourally disturbed child understands that we love him and wants the best for him. We don't want the children in our care to become trained in the way we train dogs, responding only to the consequences of their actions. We want "our" children to become mature, responsible and considerate. A part of that process is to teach them that what they do (or not do) has consequences. However, even more important is it to give them our love, time, guidance and example. Actually, very often bad behaviour disappears when the child feels

loved and receives positive attention. However, in some children it is necessary to use the Law of Effect in a systematic way, to help them get rid of negative and destructive behaviour.

There are 3 ways in which the Law of Effect may help us:

- a) Reinforcement
- b) Punishment
- c) Extinction

a) Reinforcement

Reinforcement is defined as “the supplying of a consequence for certain behaviour which will strengthen that behaviour, i.e. make it more likely to recur in the same situation. In positive reinforcement, the behaviour is strengthened by the contingent presentation of a reward...; in negative reinforcement, the behaviour is strengthened by the contingent removal of an aversive stimulus” (The Fontana Dictionary of Modern Thought, 2nd edition; “contingent” means that the reinforcement only occurs as a consequence of a certain behaviour. In positive reinforcement, for example, a reward is given, but only when the positive behaviour has occurred).

Reinforcement refers to something that increases the frequency of an act or behaviour. This is usually obtained by use of positive reinforcement, which means that we make sure that the wanted action leads to a positive event, a pleasant consequence, for the actor. Such a consequence is called a positive reinforcer or a reward. Since the use of reinforcement will be limited to positive reinforcement in this book, we use the expressions reinforcer and reward as synonyms (the word reward is more easily understood and translated than reinforcer).

We will use an illustration to explain (positive) reinforcement: Let us suppose that a boy usually teases and acts negatively towards another boy. We want him to stop this negative behaviour. We know that sometimes he is kind to the other boy. So we decide to reinforce this kind behaviour in order that the naughty boy learns that doing nice things have positive consequences. Therefore we are very observant, and every time he shows some kindness to the other child, we praise him for it and give him a sticker. In this way we reinforce the kind behaviour, using praise and stickers as rewards (reinforcers). The chance that he will show kindness again increases as he experiences that kind acts lead to positive consequences.

As mentioned, we can also increase the likelihood that a positive act will be repeated by using negative reinforcement, that is, if we make sure that the desired action is not followed by a negative or unpleasant event. As an example, let us go back to the two children, the one who teased and the one who was teased. Now let us focus on the child who was teased. We understand that he easily gets teased, because he starts to cry every time he is teased. In other words, it is fun to tease him. Therefore you advise him that the next time he is teased, he should not cry, but instead ask his teasing friend, calmly and politely, if he would kindly stop teasing him. Happily, the next time the child is teased, he reacts exactly in the way you instructed him, and as a result the teaser immediately stops teasing. Because his action caused the other boy to not tease, the likelihood of the teased child making a similar polite request in the future instead of starting to cry, is increased. That is, his polite request was not followed by a negative event, and is therefore likely to be repeated.

Reinforcement is a very useful principle that can be used in a number of ways. One way is to reward the child every time he does not do anything wrong. That is, what you reinforce is every other behaviour than problem behaviours. This technique is particularly effective in reducing disruptive and aggressive behaviours.

There are different kinds of reinforcers: Tangible reinforcers are for example things like food and money, and opportunities to engage in specific activities such as bike riding. Another common kind of reinforcer is what is called token(s). For example, every time the child does something you want him to do, he gets a sticker (or a star, a point, a small drawing of a smiling face or another token). When he has gathered some tokens, for example 10

stickers, he may exchange these points into a chocolate bar or another kind of reward. That is, he may exchange the tokens he gains into tangible or intangible rewards.

It is also common to use intangible reinforcers, that is, social reinforcers. Social reinforcers are found in the behaviour of other people. For example, you praise the child or smile at him every time he succeeds. Other examples are head nodding, attention, touching, hugging and kissing. As you will see in chapters 7.4 and 7.5 (see particularly 7.4.4), social reinforcers are very effective. They are used to reinforce the small steps and efforts children make to master a new skill or behaviour. One strong social reinforcer, namely spending time together or doing things together, is as tangible rewards usually used to motivate the child to learn a particularly difficult behaviour. Tokens may also be used together with this social reinforcer. For example, if a child gathers 10 stickers, he will be allowed to spend one hour alone with you, playing a game he loves to play. That is, he exchanges his tokens into time alone with you.

While Patterson & Forgatch view spending time/doing things together as a social reinforcer, Webster-Stratton defines this as a tangible reinforcer.

The use of contracts can be helpful in increasing, or reducing, specific behaviours. It may be verbal or written and is often used in conjunction with reinforcers, such as tokens, to reinforce certain behaviours. If you make a contract, it should specify the following things:

- the responsible parties, for example the child and you
- the target behaviour to be eliminated, for example teasing
- the consequences for completing the target behaviour, that is the reinforcement
- the consequences of failing to complete the target behaviour, usually some kind of punishment
- the time span that the contract is in effect

The use of reinforcers is important in the handling of behavioural problems. However, it is often a much more difficult technique to use than appreciated. Therefore, it is thoroughly discussed in 7.4.4 Positive attention, encouragement and praise (social reinforcers) and 7.4.5 Tangible rewards and incentives, as well as in chapter 7.5.

b) Punishment

Punishment is the second way of applying the Law of Effect, and is the opposite of reinforcement. Punishment means negative consequences of an act that leads to a decrease in frequency of this act. Let us return to the teasing child. Let us suppose that he loves to play soccer and that he usually is allowed to play soccer every afternoon. Now, one morning he teases the other boy, and one of the staff observes the episode. As a result of the teasing, the teaser is not allowed to play soccer that day. Thus, he will probably think twice before he teases the next time, because he was punished for it.

Punishment usually brings about a rapid decrease in the frequency of problem behaviours. However, punishment as a method has serious disadvantages: It tends to suppress behaviour temporarily rather than to actually change it. Also, it may produce fear and anger. Therefore it is important not to use punishment more than necessary. As will be seen later (chapter 7.5), it is important to use small punishments that can be used every time the bad behaviour occurs, because then the child will much more easily learn the connection between his act and the negative consequence from it. We will mention four common punishment procedures:

Time Out

The child is removed from the setting in which the misbehaviour occurred and is placed in a restrictive (not scaring!) environment for a brief period. Some children need a caretaker close by – one who monitors the child but does not give extra attention to any negative behaviour that the caretaker is trying to stop.

Let us suppose that the teasing child is caught while he is teasing. He has been warned on beforehand that a Time Out will follow if he teases. What you do is that you remove the child from the place he is staying and place him alone in a boring place for some minutes. As a rule of thumb you use one minute for each year up to 5 minutes. That is, if the child is 3 years old, 3 minutes is enough. For an 8 year old, 5 minutes is OK. (Some recommend one minute for each year up to 10 minutes, for example, 9 minutes for a nine year old. However, it is not recommended to use more than 10 minutes.) Make sure that you are exact regarding the duration of the Time Out. We strongly recommend you to use a watch, every time! After the Time Out the child is allowed to return to where he was staying before the Time Out. This technique is very effective in many situations. However, it is not always easy to use. Therefore, it has been thoroughly described in 7.4.8 Time out.

Withdrawal of privileges or activities

The essence of this way of punishing is that the child loses one of his privileges for a period of time because he has done something wrong. Food, clothes and shelter are essentials and not privileges and should never be removed as a means of punishing.

We have already mentioned an example of withdrawal of privileges as a way of punishing, namely the teasing boy who was punished by not being allowed to play soccer the day that he was caught teasing. If the teasing boy had a bicycle, another example could be that he lost the right to use his bicycle for an hour every time he teased somebody.

Response cost

When using this method, you remove a reinforcer if the child misbehaves. A typical setting for using response cost is a combined reward and punishment system based on token economy (that is, tokens are used as reinforcers). As mentioned, tokens can be exchanged into other things whenever the child has earned a certain amount, for example 10 points. Let us use an example: A child has different behavioural problems. He earns points (tokens) if he does his homework well, if he doesn't fight the whole day and if he doesn't tease the whole day. That is, you use tokens for reinforcing positive behaviour as well as absence of negative behaviour. However, you are very concerned about his bad fighting, and think that it is not enough to reward him for not fighting. So you tell him that every time he starts a fight, he will lose 5 points of those he has earned. That is, you punish him by removing a reinforcer, namely the 5 points. Using such a system that combines reinforcement with punishment is recommended by some authorities, while others are sceptical to using the same system for both reinforcement and punishment.

Overcorrection

This means that the misbehaving child not only has to correct the consequences of his misbehaviour, but that he also has to do something in addition. For example, a boy takes a chocolate bar from his friend. If you use the principle of overcorrection, you could tell the boy to buy his friend a larger chocolate bar than the one he stole. Or you could tell him to buy one of the same kind, and in addition to do his friend a favour. It is important to give this punishment immediately after the bad behaviour has occurred, to avoid that the child gets any reward from what he did wrong. He should not get time to enjoy the chocolate bar that he stole.

c) Extinction

Extinction is a principle that many find hard to understand. However, it is a useful principle, particularly with young children. Extinction refers to a decrease in a certain behaviour because you remove a reinforcer. We will use an example: Let us suppose that a child is prone

to have severe temper tantrums. Whenever he has his tantrums, his parents don't know what to do, but they assume that he needs to be comforted. Therefore they pick him up, caress him and speak loving words to him. The result is that he does stop crying when he is picked up and caressed. However, what happens is that he starts to have his temper tantrums more often. The reason is that he has learned that if he throws a tantrum, he gets the whole attention of his parents. What the parents do, without knowing, is to reinforce the tantrums – their attention is a reward for the child. Thus, the child will cry more often because he is rewarded for it. Let us now suppose that the parents come to you because of their problem. And you explain to them that they need to stop giving their child attention when he has his tantrums. If they listen to you, and ignore the child's negative behaviour, then the tantrums will be extinguished little by little, because the child doesn't get any advantages from his tantrums any more. That is, the tantrums disappear by extinction, by the parents ignoring the child's behaviour. It should be mentioned that the tantrums may be more severe in the beginning of the extinction process – the child will be trying his hardest to get his parents' attention. Then, if you are consistent, the child soon learns that it is no use to throw tantrums any more.

Let us take a look at another example, a situation that happens quite often. We'll return to the teasing boy and his friend. The teasing boy finds it very amusing when the teased boy gets irritated and starts to cry. If the teased boy stops reacting in this way, the teaser is not rewarded any more. It gets boring to tease if the teased boy doesn't mind any more. So the teaser stops teasing.

Although extinction may be very effective in many situations, it should be noted that it is not effective for the elimination of more severe behavioural problems. In such cases reinforcement and punishment should be used. Neither is it very effective in older children. However, it is often the method of choice in children aged 2-8 years with minor aggressive or destructive behaviour. We have therefore dealt thoroughly with this method in 7.4.7 Ignoring.

7.3.4 Observational learning or modelling

Observational learning or modelling means that you learn by observing others – you start doing what they are doing. Let us take an example: A child who views another child being rewarded for talking politely in class, will be more likely to talk politely in class himself. The reason is that he sees that it pays off.

Parents and caretakers should remember that they are very influential models for the child. If he feels loved, he will feel attached to the caretaker, love him and admire him. Therefore, his desire will be to become like his caretaker. What the caretaker does, the child will do. What the caretaker says and means, the child will mirror. Thus, the child learns by modelling. It is therefore of utmost importance that a child with behavioural problems has a caretaker that fills his emotional tank with love. Actually, this will be the most important part of the treatment!

Everyone who has seen children growing up with older siblings has witnessed the very strong modelling effect that older siblings have on their younger brothers and sisters. This effect may be used in the treatment of children with behavioural problems: Consider if it is possible to use an older well-behaved child or adolescent as a model for the misbehaved child. Involve the adolescent and ask him if he is willing to be a big brother and model for this particular child. To make the strategy even more effective, you could make sure that the misbehaving child continuously witnesses how his model reaps positive consequences from his good behaviour.

7.3.5 Social and cognitive skills training

Many children with severe behavioural problems don't know how to behave in a positive manner and need to be trained in this area. For example, many of these children have problems making friends, and the only way they are able to approach others is by teasing or scolding or fighting. Also, bad behaviour can have much to do with wrong thoughts. For example, studies show that aggressive boys tend to interpret the motives of their peers as hostile even when they are not. The result is that these boys, because they feel threatened by their peers, act aggressively. A child like that easily ends up in a vicious circle: He expects his peers to be hostile, and therefore he is aggressive towards his peers. Then his peers become more hostile towards him, and he himself, as a result, becomes even more aggressive.

It is important to teach all children social and cognitive skills such as how to solve problems, how to regulate one's emotions and how to get friends. Many behavioural problems would be prevented, reduced or eliminated if the children in your care learnt these skills. Therefore, we deal thoroughly with this theme in an own chapter: 6.6 Teaching problem solving, emotional regulation and friendship skills. The target group for chapter 6.6 is children aged 2-8 years. However, the principles are also applicable for older children.

Below we will give some principles for what is called cognitive skills training. Included is also some information on a general problem-solving plan. Such a plan is dealt with in more detail in 6.6.3.

The word "cognitive" has to do with thoughts and reasoning. Thoughts are very important – there will always be a thought before an emotion or an action. If we get afraid, or angry, it is always a consequence of a thought. Let us use an example: If a large dog comes running towards you, you may think: "I am sure this dog is dangerous. It will attack me and bite me." Having such thoughts makes it natural to become scared of the dog. And how will you act? Maybe you will scream, or kick the dog, or run away. Now, let us suppose that the same dog is running towards your friend. He likes dogs. And he knows this dog, that it won't bite. It is just happy to see your friend. Having this thought, your friend will not be afraid. Actually, he will be pleased, and he will pet the dog. That is, it is the same dog and the same situation (the dog is running towards a person), but you and your friend get very different feelings. The reason why you feel differently about the same situation is that you have different thoughts about the dog and its intention. The different thoughts and feelings will also lead to different actions.

Cognitive skills training may be a more complicated principle to use than reinforcement and punishment. However, we will give you some ideas about how it can be used. Let us suppose that a boy has problems with anger, and that he fights a lot. Then it would be important to identify the exact situations where he starts fighting. Thereafter you and the boy find out together why he is responding by anger and fighting. That is, how does he perceive this situation, what are the thoughts that go through his mind? Maybe he gets angry because he is being teased, and he thinks that those who tease him deserve to be punished, and that if they are punished, they will stop teasing him. You could help him by making him understand that it makes things worse to get angry, pointing to the lack of results that his anger outbursts have had in the past. After all, he is still being teased! Then you could help him come up with alternative solutions to his problem, and decide on one of them and try it out, as an experiment. For example he could decide just to ignore it when he is teased. After having tried this strategy, the two of you would need to evaluate how it worked. If it didn't work, what went wrong? If it worked, would it work even better if he did any adjustments? In this way the boy can learn new and better ways to behave, based on a new way of thinking about the problem.

Cognitive skills training also has other elements, such as teaching the child some simple techniques. For example, if the child has a problem with anger you could instruct him to count to 10 whenever he gets angry, before he says or does anything. Another method is to teach the child to say “stop” to himself in such situations. That is, he instructs himself to stop and think before he acts. In the beginning, while practicing, he uses an audible voice, and later he can instruct himself without using an audible voice. This stop and think method is an example of teaching the child to give himself instructions, to say the right things to himself. We may say that what you think is what you say to yourself. Thus, being able to instruct ourselves is very important for changing our thinking.

This stop and think strategy is often coupled with a problem-solving plan. We have already had a look at such a plan (in the example of the angry boy, above). Let us now look more systematically at a problem-solving plan. The child is taught the following steps:

1. Stop.
2. Identify the problem (for example, he asks himself: “What am I supposed to do?”).
3. Generate alternatives (for example, he instructs himself: “Look at all the possibilities”).
4. Select the best solution (the child tells himself: “Pick an answer”).
5. Evaluate the solution (he tells himself: “Check out your answer”).
6. Self-praise or redirection back to task.
 - If it went well, he may say to himself: “I did a good job”.
 - If he didn’t succeed, he may tell himself: “I’ll pick another answer and do better next time.”

Let us go back to the child who easily gets angry. Another strategy that may be helpful is to have the child tell you about a situation where he did not get angry as usual. Then the two of you could try to find out what he did that one time, when he succeeded in managing his temper. If you help him discover a strategy that he himself has already successfully used, he will be prone to use that same solution again, and it will usually work very well, because it is his own solution (“What I hear, I forget. What I see, I remember. What I do, I know. What I discover, I use.”)

7.3.6 An overview of the use of the Law of Effect in handling behavioural problems

The Law of Effect is very useful for handling behavioural problems. However, many find it rather complicated to learn and practice. Therefore we have included an overview of the topic, hoping that you will get the courage to start practicing these principles. But remember that you have to construct the foundation wall first: The emotional container needs to be kept full (chapter 6.3), and the basics of discipline should be practiced, including being a good model for the child (chapter 6.4). Also, the child should be surrounded by an atmosphere of encouragement (positive conduct is noticed and met with a nod, a smile, a “thank you” or other encouraging words from the caregivers; see 7.4.4 and 7.5. Encouragement is the basic strategy for rewarding – see table below). In many cases, bad behaviour vanishes or fades away when these principles are applied. However, when they are not enough, and when reasoning with the child doesn’t give the desired results, the following guidelines will be helpful.

Every time when → then!

We learn by the consequences of our actions: Action → consequence → learned lesson. Therefore it is very important to make sure that the child receives the right consequences from his actions, every time. When he does something positive, then he is rewarded (that is, his positive behaviour is reinforced). When he does something negative, then he is punished. In

this way he learns that it pays off to do good. When dealing with behavioural problems it is essential to create a contingent environment where good behaviour is consistently encouraged and bad behaviour consistently discouraged. Every time when a behaviour occurs, then the consequence follows. In this way the child learns the connection between the action (when) and the consequence (then), and his behaviour will improve. However, to have success, it is essential that all the staff involved act consistently and in the same way. This demands close collaboration between the staff, in order to agree on aim and strategy, to regularly adjust plans and adjust to each other, and to evaluate the results.

We recommend that you use house rules for the things that the children regularly struggle with (see also 7.5.3, House rules). Make the rules as few (maximum 10) and specific as possible. Add consequences if the rules are violated more than twice. This will increase predictability. That is, the children will know what is expected from them and what happens if they break the rules.

The messages of reward, punishment and ignoring

A child is walking down the road. He is on his way home from school. You want to teach him how to find the way on his own. After having walked the distance with him several times, you walk some steps behind him, which makes it possible for you to correct him when needed. The road has many exits, so there are plenty of opportunities to go astray. As long as he walks in the right direction, you encourage him, telling him that he is doing good, that he is on the right way. However, every time he takes the wrong exit, you shout: “Stop!” Then you tell him where to walk to get on the right track again, and as he once again is moving in the right direction, you encourage him.

This little story is an illustration of the purpose with reward and punishment. We use rewards (in the illustration: encouraging words) to show a child the right direction, that is, what he should do. The purpose with punishment, on the other hand, is to make the child stop doing the wrong thing (in the illustration: your “Stop!”) – you show him what he should not do. You correct him so that he doesn’t continue in the wrong direction.

Ignoring can be used in children between two and eight years of age to get rid of minor aggressive or destructive behaviour. If you ignore a misbehaviour, you tell the child: “Just keep on with this behaviour as long as you want – I don’t care”. Also when using this strategy, the clue is to be consistent: Every time when the child shows a certain misbehaviour, then the behaviour is ignored.

How to use reward and punishment

In all: Be consistent!	Good action	Bad action	
Consequence	<i>Reward</i>	<i>Punishment</i>	<i>Ignoring (extinction)</i>
Message	“This is the way!”	“Stop!”	→ “Just keep on with this behaviour as long as you want – I don’t care”
Basic strategy	Encouragement	Time-out/work chore	
Back-up strategy I	Tokens	Privilege: Remove	
Back-up strategy II	Privilege: Add	Tokens	

As the table shows, reward and punishment have to do with the same principles, but with opposite signs. Reward and punishment relate to each other as the two sides of a coin. For basic punishment in different age groups we recommend the following, dependent on the child’s maturity and the problem behaviour: Time out for children aged from two to (eight or) 10 years; work chores from (eight to) nine years and upwards.

Rewards should be used much more frequently than punishment. Firstly, rewards are usually more effective than punishments. Secondly, too much punishment strains the relationship between you and the child. Punishment should only be used when necessary.

Even when the child does something wrong it is often better to use a reward: In these cases you reward him for doing something different than the wrong thing he does.

Use small rewards/punishments, because only in this way you can be consistent (every time when → the same consequence!). It is particularly important to use small punishments, because when you use small punishments:

1. You can be consistent.

You can punish every time the misbehaviour occurs, which is not possible (nor advisable!) if harsh/serious punishments are used.

2. You can correct small problems.

You don't wait until a small problem has grown big – you correct early, while the problem is small and easy to correct. Remember the boy that learned to walk home from school: If you shout “Stop!” immediately when he takes the wrong exit, it is much easier to get him on the right track again than if you wait until he has gone far astray.

3. You can keep your word.

If you use big punishments, you will hesitate to use them, and will instead tend to use threats, without backing them up. Empty threats will teach the child that you don't keep your word – that there is no consistent consequence of bad behaviour. Therefore he will not change his behaviour, but continue to do the wrong thing.

4. You don't remove the child's bad conscience.

A sound conscience is the strongest protection against a repetition of bad acts. If we punish a child harshly in situations where he is sincerely sorry for what he has done, the punishment will remove the feeling of guilt and repentance (he feels that he has paid for his sin. Also, he will remember the punishment better than the bad feeling of having done something wrong). That is, harsh punishment may cause exactly what we wanted to avoid, namely that he repeats the negative act (see chapter 6.4).

You should not work on more than one or two problems at a time, because it will demand too much of both you and the child. Also, if you use punishment as part of the strategy and work on more than two things, there is a real danger that the child is punished too often, and that he therefore becomes disheartened.

Remember

-Learn to observe the child, and reinforce good behaviour.

-Do not reinforce negative behaviour. That is, don't let the child get what he wants if he uses bad behaviour to get his will. Don't give in to the child to avoid conflicts. Also remember that children often prefer negative attention to no attention. If the only way they get your attention is by doing something bad, they will do bad things.

-Do not treat the child harshly! If you punish, use mild punishment for misbehaviour.

If you practice these principles, you will be able to help the majority of children with behavioural problems.

***7.3.7 Biblical references**

When struggling with behaviour problems in a child, it is very important to pray for him. Remember that God is a “master of breakthroughs” (Baal Perazim, 1. Chronicles 14:11), and he does miracles as a response to your prayers. Prayer changes both the situation, the child and us as caregivers.

Re 7.3.3: Is the application of the Law of Effect biblical? Although God shows himself as a merciful God also in the Old Testament (see for example Nehemiah 9:17), and righteous men may suffer (Job), there is no doubt that the Old Testament conveys the idea that what happens to you (that is, how God treats you) is dependent on your actions. The whole of 1 and 2 Chronicles carry this message. See also Deuteronomy 27-28 as one of many examples.

Then, what about the New Testament, where grace is the ruling principle (Ephesians 2:8-9)? Even in Galatians, the great “Letter of Liberty”, it says in 6:7-8: *“Do not be deceived: God cannot be mocked. A man reaps what he sows. The one who sows to please his sinful nature, from that nature will reap destruction; the one who sows to please the Spirit, from the Spirit will reap eternal life.”* There are a number of passages that communicate the same idea (for example, Romans 8:13; 2 Corinthians 5:10; James 2:20). However, the basis of our faith is God’s unconditional love and his grace and mercy towards us. This should also be the fundament of our relationships with the children in our care, also when we apply the Law of Effect.

When teaching in children’s homes we have become aware that institutionalized children often are punished, and in many different ways. We would like to emphasize that praying, fasting and other biblical disciplines should never be used for punishing a child. If you use such methods, it is easy for the punished child to get mad and bitter at God and turn his back to Him.

Why not corporal punishment? See 6.4.7 and 6.4.8.

7.3.8 Suggestions to work tasks for improving the care of your children

1. Do you have any house rules in your children’s home? If so, are they written down and placed where everybody can see them? Do the children have the opportunity to give their input regarding rules? If you don’t have house rules, would it be helpful to make some?
2. Consider each of the children in your care. For those who have behavioural problems, think through, for each child:
 - a) What could be the reason for his problem(s)? Does the child get his emotional container sufficiently filled up?
 - b) How can you help the child to get rid of his problem(s)? Consider his age and maturity and the nature of his problem. Use the principles of this teaching. Discuss with others that know the child well. Then make a plan for how to solve the problem and carry it out. Evaluate the progress and make necessary changes at regular intervals.

7.3.9 References

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7.4 How to cope with behavioural problems in children aged 2-8 years

7.4.1 Summary

Behavioural problems in children between two and eight years of age are frequent, but usually rather easy to handle if you use the proper strategies: Reinforce good and appropriate behaviour; ignore minor aggressive or destructive behaviour (alternatively, redirect the child or give him choices); use Time Out for misbehaviour that you cannot ignore; consider using natural and logical consequences for undesired behaviour; reconnect with the child after correcting his behaviour. Respond to a child's behavioural problems with a plan, not with an impulsive reaction. In general, positive reinforcement for good behaviour is often effective for reducing aggressive and destructive behaviour in younger children. Therefore, apply this principle before you choose more punitive techniques. Remember to consider if the child has the ability to do what you expect him to do.

Always make sure that the principles taught in 6.2, 6.3 and 6.4 are attended to, and particularly that the child's emotional container is kept full.

7.4.2 Introduction

All children have behavioural problems. For example, 70% of toddlers have at least one temper tantrum a day. In chapter 7.3 we taught some general principles on how to cope with behavioural problems. These principles are also applicable to children younger than eight years of age. However, the methods used vary considerably according to the child's age and maturity. In this chapter we will give some more specific information on how to deal with behavioural problems in young children. However, we remind you about the importance of applying the principles taught in 6.2 (Some basic rules), 6.3 (How to fill the child's emotional container) and 6.4 (How to discipline the child) before you start using reward and punishment systems. We will also stress the importance of teaching the child problem solving skills and emotional regulation (see 6.6) – skills that often prevent, reduce or eliminate behavioural problems.

Except from 7.4.3, the teaching of this chapter consists of summaries of relevant chapters in Webster-Stratton's excellent book *The incredible years* (See 7.4.11 References).

7.4.3 Overview

Behavioural problems in children between two and eight years of age are usually rather easy to handle. For this age group, authorities recommend the following approach (most of the information, but not the algorithm itself, is taken from Rice & Groves - see 7.4.11):

1. Reinforce good and appropriate behaviour (see 7.4.4 and 7.4.5).

- a) Let the children know what they can do. For example,
 - instead of saying "stop poking him", say "hands on your lap, not on your neighbour"
 - instead of saying "don't spit", say "you can spit in the toilet, not on the floor"
 - instead of saying "no throwing blocks", say "no throwing. Blocks are for building".

b) Catch children being good.

Children want and need positive interactions with adults. Give them the attention they crave for the "good stuff" to help change the more challenging behaviours. For example, "I noticed that you did a great job cleaning up today without any reminders! Keep up the good work!".

- c) Use simple reward systems when appropriate (see 7.4.5). But remember that young children need to be rewarded for appropriate behaviour as soon as they behave successfully. Delayed praise or token systems that expect a young child to earn points toward a prize over a period of days don't work for toddlers and preschoolers. It is very hard for children to wait for a sticker at the end of the day and they often forget the connection between the behaviour and the reward. In addition, young children are just beginning to understand connections between events (cause and effect).
2. Teach basic problem solving. This is important so that children can learn to think before they act. Work through simple problem solving with children at their developmental level. Toddlers and preschoolers are still learning about cause and effect, so they need a lot of help coming up with strategies. For some children, talking about their behaviour works best after "the heat of the moment" when everyone is calm. Staff have to use language and problem-solving strategies that are within the child's abilities to understand. For example, "I know you want to colour too, but you can't grab crayons from others. What else could you try to get crayons?" Or, "remember at choice time when you ripped up your art work? Let's figure out how to deal with your mad feelings when you get frustrated, without hurting something." (For more information about problem solving skills, see 6.6.3.)
3. a) Use ignoring (extinction; see 7.4.7) to get rid of minor aggressive or destructive behaviour (i.e., when the child doesn't attack people or destroy things), for example temper tantrums. However, for ignoring to be effective, it has to be absolutely consistent. That is, you have to ignore the temper tantrum every time. If you don't manage to ignore it every time, you actually make things worse.
- This strategy is best used with older toddler and preschool children who understand the connection between cause and effect. It should not be used with children less than two years of age, because they may feel abandoned by the adult. Staff should also remember to balance taking away attention with giving special attention to the child at other times in the day, so the child still feels connected.

Alternatives to ignoring for getting rid of minor aggressive or destructive behaviour:

- b) Redirection. This is particularly useful with the younger children. Distract a child from the undesired behaviour with something they can do. For example, if they want to throw and reach for a block, invite them to play catch with a ball. If the child needs help managing his difficult feelings, help him recognize his feelings and then try distracting him from his distress with songs, humour or by giving him something interesting to do, for example: "I know you are sad. You miss your mom. Come, let us find your favourite book."
- c) Choices. Let children choose between other behaviours that are OK. This gives children a feeling of control, calms a tense struggle, and teaches children what they can do. For example, "You can look at books or pick a new toy, but you can't rip pages."
4. If there are bad acts that you don't find right to ignore (or handle with redirection or choices),
- a) give a clear and concise one-time command when the child is misbehaving, for example if the child is teasing his younger sister.

If this doesn't help,

b) give a single warning of impending consequences for failure to comply with the command.

If the child still doesn't obey,

c) use a Time Out (three to five minutes, dependent on the child's age) to punish the non-compliance (see 7.4.8). Do not use Time Out for children younger than 3 years of age. (Ignore and redirect strategies will be sufficient for toddlers.)

5. Consider using natural and logical consequences for undesired behaviour (see 7.4.9).

6. Reconnect with the child.

When adults and children clash over behaviour, it causes a disconnection in the relationship, and the child may believe that the adult doesn't care for him any more because he interfered with the child's behaviour. Reconnecting with the child after a tough interaction is essential for the child to feel safe and secure in the relationship. Reconnecting can be a kind exchange of words, a hug, a smile, or other gesture that sends a message to the child that he is still cared for and loved. For example, "boy we had a hard time together, huh? Let's shake hands and try again, it will be OK!"

That is, have an intervention plan...or two: Respond with a plan, not an impulsive reaction. In general, positive reinforcement for good behaviour is often effective for reducing aggressive and destructive behaviour in younger children - the younger the child is, the more appropriate is this approach. Therefore you should apply the principle of positive reinforcement first, before you choose more punitive techniques. Remember to consider if the child has the ability to do what you expect him to do. Be careful not to treat the child unfairly!

In the following, some of these issues and strategies will be dealt with in more detail.

7.4.4 Positive attention, encouragement and praise

This section is a summary of Chapter Two in Webster-Stratton's book *The incredible years* (See 7.4.11 References).

Praise and encouragement can be used to guide children through the many small steps it takes to master new skills, to help them develop a positive self-image, and to provide the motivation they need to stay with a difficult task. Children who receive a lot of praise from their caregivers develop increased self-esteem. They are also more likely to praise others, which makes them more popular among peers.

Children do not know by themselves how to behave. The only way a child learns to engage in a particular behaviour is by having that behaviour reinforced. If it is noticed and given attention by the caregiver, it is more likely to occur again. If it is ignored, it is less likely to occur in the future. A lack of praise and attention for appropriate behaviours can lead to an increase in misbehaviour.

Children are not spoiled by praise, nor do they learn to work only for external rewards. In fact, the opposite is true. Praise is not manipulative or phoney. The word manipulative implies that a caregiver is contriving secretly to bring about some desired behaviour against the child's wishes. In fact, the purpose of praise is to enhance and increase positive behaviour with the child's knowledge.

Praise should not be saved for outstanding performances. No one achieves perfection without completing many steps along the way. A caregiver's focus should be on the process of trying. Otherwise, the opportunity to praise may never come: children of caregivers who

save praise for perfection usually give up trying before they have reached it. Therefore, instead of hoarding praises, practice catching the child being good. If you focus on the fact that he is trying, you will be shaping his behaviour in the desired direction. In other words, remember to praise the process of trying to achieve, not just the achievement.

Does behaviour have to change before praise is given? Caregivers have to learn to focus on the positive things their children are doing and to praise them for their efforts. Then children will likely repeat and expand these positive behaviours. In other words, only if adults take the responsibility for changing first is there likelihood of positive changes in the relationship.

Very often caregivers who don't praise their children are people who don't praise themselves. They are often very critical of themselves for their mistakes, conflicts and difficulties. Such caregivers do not model self-praise. They must learn to speak to themselves in positive statements (for example, "I did a good job on my assignment at work") and to create positive experiences for themselves as incentives or rewards. They will then be more likely to do the same for their children. By modelling self-praise for the children, we teach them how to internalize positive self-talk to themselves. This is important because they are learning how to self-evaluate and internalize their own self-motivation strategies.

Remember to increase praise for difficult children. Remember to give pats and hugs and kisses along with praise, and express your belief in your children.

Here is some advice for making praise more effective:

Be specific

Describe the particular behaviour that you like. Instead of saying "Good boy," or "Good job", you would say, "You are sitting so quietly in your chair," or "I am pleased that you said thank you." This description of the positive behaviours will help the child understand exactly what prosocial behaviours are important.

Praise appropriately

It is critical that praise be contingent on the child's appropriate behaviour. Praise for sharing should occur at the time when the child is actually sharing a toy with his little sister. However, if he is behaving inappropriately it is better to ignore whatever positive aspect there might be to his behaviour rather than try to give some form of praise. It would not be appropriate to praise John for sharing his crayons with Sarah when they have been using them to scribble all over the wall. Wait for the child to do something more constructive and then praise that positive behaviour.

Show enthusiasm

The impact of a praise statement can be increased by using nonverbal methods of conveying enthusiasm. Smile at the child, greeting him with warmth in your eyes or giving him a pat on the back. The praise should be stated with energy, care and sincerity. Particularly children who are inattentive, impulsive and distracted need praise that is underscored by means of an enthusiastic tone of voice, clear descriptions of the positive behaviours, clear positive facial expressions and positive touch. If giving praise is difficult for you and you are not used to it, it is to be expected that it will sound somewhat artificial in the beginning. The genuine positive feeling will come as you use praise more and more often. Here are some phrases that will help you get started: "I like it when you..." "You have done a good job of..." "I am very proud of you for..." "Beautiful!" "Great!" "You are such a good friend for..." "Thank you for..." "You must feel proud of yourself for..."

Avoid combining praise with put-downs

Giving praise in a sarcastic way or combining praise with a punisher is one of the most disruptive things a caregiver can do in the reinforcement process. In particular, seeing a child do something new seems to tempt some caregivers to make a sarcastic or critical remark about the new behaviour. For example, “Thanks for putting your gum in the garbage and not under the table like you usually do,” or “Tom, I’m glad you are making your bed, but why can’t you do it every morning?” It is important to be positive about new behaviour, because if you seem discouraged or discouraging, the child will stop trying. When you give a child praise, it should be clear and unequivocal without reminders of prior failures or less than perfect performance.

Praise immediately

Unfortunately, praise loses its reinforcing value with time and tends to sound more artificial. While delayed praise is better than no praise, the most effective praise is that which is given within five seconds of a positive behaviour. This means that if you are trying to encourage a new behaviour, you should watch for every time the child does it. Praise him as soon as he begins to perform the desired behaviour – don’t wait for perfection (or completed action) before you praise. The praise should be frequent and consistent in the beginning, and then gradually it can be replaced by more intermittent praise.

Target specific behaviours you want to encourage according to the child’s individual needs

For example, if he is quiet, withdrawn or fearful you can plan to praise him every time he takes a risk, speaks up or tries something new. For the highly oppositional child, the single most important behaviour to target for praise is his compliance to your requests. It can be helpful to make a list of behaviours you want to see more of and then select a couple to systematically watch for and praise. This plan can be shared with others in the family group.

Behaviour doesn’t have to be perfect to deserve recognition

In fact, when children are first attempting a new behaviour, they need to be reinforced for each small step toward the goal. Otherwise, they may give up altogether. Praising a child at every step along the way reinforces him for his efforts and learning. This process, known as “shaping”, sets the child up for success.

Encourage children to praise themselves and others

Ultimately, we want children to learn to praise others, for this is a skill that will help them build positive relationships with other children. We also want them to learn to praise themselves, for this will help them attempt and persist with difficult tasks. Caregivers can help their children learn how to recognize their own feelings of accomplishment by the way they phrase the praise. For example, “You must feel proud of yourself for reading that entire chapter all by yourself. Give yourself a pat on the back” focuses on the child’s own positive recognition of his work. Caregivers can also prompt the child to give compliments to others and then praise him for this friendly behaviour.

Doubling the impact

The task of teaching a child a new behaviour is long and difficult, and often very slow. It involves trying to reinforce the positive behaviour every time it occurs. If there are two adults in the family group, they should discuss which behaviour they want to improve and how they will try to reinforce that behaviour. With both participating, things should go more quickly. In addition, adults can double the impact of praise by praising children in front of other adults and by modelling self-praise.

7.4.5 Tangible rewards and incentives

This section is a summary of Chapter Three in Webster-Stratton's book *The incredible years* (See 7.4.11 References).

Tangible rewards are a type of reinforcers than can be used as an incentive to motivate children to learn a particularly difficult behaviour. A tangible reward is something concrete: a special treat, additional privileges, stickers, a celebration, or time spent with someone special (more examples: Inexpensive items such as stickers; special privileges at home such as playing on the computer; special outside activities such as going to the movie; special time with caregivers such as 10 minutes extra playtime with caregiver or extra bedtime story). These rewards should be used less frequently than social rewards. They are generally reserved for encouraging children to accomplish a difficult task such as toilet training, playing cooperatively with siblings, doing homework without complaining, or getting dressed independently. When using tangible rewards, it is important to continue providing social rewards as well. The impact is much greater when both types of rewards are combined because each serves a different purpose. Social rewards are used to reinforce the small steps and efforts children make to master a new skill or behaviour. Tangible rewards are usually used to reinforce the achievement of a specific goal.

There are two general ways of using tangible rewards. The first is as a surprise or spontaneous reward whenever the child is behaving in some desired way, such as sharing. This approach works if he already exhibits the appropriate behaviours fairly regularly and you wish to increase the frequency with which they occur. This is an especially valuable strategy for preschool children.

The second approach is to plan in advance with the child which behaviours will result in a reward. This type of program, which is like a contract, is recommended when you wish to increase a rare behaviour. Example: Seven-year-old Phil and five-year-old Hannah often argue and fight over toys. Explain to them that you will do a program together ("we are going to start a sticker chart"), and state the purpose (be specific: "to help you share with each other and play more quietly"), the reason ("right now, you are having some trouble sharing and when you play together you argue a lot. I end up getting mad at you. That is no fun for any of us") and the program ("from now on, from the time you get home from school until dinner time, I will be noticing how you are playing together. We will set the kitchen timer each 15 minutes and every time it rings, I will give you a sticker if you have been friendly, sharing and helping each other. After dinner you can trade your stickers in for a prize"). Have them involved in what rewards should be used ("now, I want you to help me make a list of some things you would like to work for"). Make a reward menu, and make it clear that you can add to the list if either of them thinks of something else they would like to work towards. Then it should be decided how many stickers each of the prizes is worth.

For older children (6-8 years), it is a good idea to make the reward menu fairly long with small, inexpensive items as well as slightly bigger items. Children will vary in how long they are able to wait for their rewards. Five to six year olds may need to trade in stickers for something each day while older children can often wait a few days. However, children vary in their developmental maturity and ability to wait. Preschool children between the ages of three and four will be confused by a complex system of trading in stickers for prizes. At this age, a special sticker, or small prize, given as soon as the desired behaviour occurs, will be rewarding all by itself. Remember to involve the child in choosing rewards. One trick is to look for things they often do or ask to do, as these are likely to be highly reinforcing.

In the example, 15 minutes was chosen because the caregiver had noticed that the children usually got into a fight about once every 20-30 minutes. Thus, 15 minutes offered a realistic opportunity for them to be successful. However, if she observed after a day that they were not able to last 15 minutes without a fight, then she would need to shorten the time

period to 10 minutes. If, on the other hand, she noticed that they always got a sticker in 15 minutes, then she could extend the time to 20 minutes. The idea is to begin by making the steps small, attainable, and neither too hard nor too easy. It is also important to try to make the program fun for the children by involving them in the planning of their reward menu.

Tangible reward programs will only work as long as you

- choose incentives that are motivating
- make the program simple and fun
- monitor the charts carefully
- are persistent and follow through with the rewards immediately
- revise the program as the behaviours and rewards change
- set consistent limits concerning which behaviours will receive rewards

Once children learn a new behaviour, tangible rewards can be phased out and praise from the caregiver can be used to encourage the behaviour.

How to overcome problems related to tangible reward systems

1. Establishing objectives

a) Be specific about appropriate behaviours

b) Make the steps small and work up to bigger goals

c) Pace the steps correctly

When the steps are too easy, which can become a problem as the program continues, the child loses the motivation to work for the reward because he gets it too often. A good rule of thumb is to make it fairly easy to earn a reward when children are first learning a new behaviour. Then you can make it a little harder. Gradually, the rewards are spaced farther and farther apart until they are not needed at all. However, sometimes caregivers who are feeling successful with their program step it up too quickly and their children then regress in frustration at their inability to succeed. Therefore, constant monitoring of the correct pacing of the steps is important.

d) Choose the number of behaviours carefully

There are three main things to consider when deciding the number of behaviours to help children learn at one time:

-The frequency with which each behaviour occurs.

Behaviours such as non-compliance, whining, teasing or arguing may occur often and therefore will require much supervision. This means that realistically you will not be able to focus on more than one such behaviour at a time. On the other hand, behaviour such as dressing, brushing teeth or wearing a seat belt in the car, occurs relatively infrequently and three or four of these could be included on a chart at the same time.

-The child's developmental stage.

Young children require easily understandable programs that focus on one or two simple behaviours at a time. Learning to be compliant to the caregiver's requests or staying in bed at night are major developmental tasks for a young child, and each will require many repeated learning trials, time and much patience on the part of the caregivers. However, as children get older (school age and adolescent), tangible reward programs can become more complex because they can understand and remember them better. As well, the problem behaviours at this stage usually occur less frequently and are easier to monitor. For a school age child,

therefore, it would not be unrealistic to establish a program that included stickers for brushing teeth, hanging up clothes, doing homework and helping with the dishes.

-What is realistic for you to carry out.

The caregiver of several preschoolers is unlikely to be able to monitor child compliance throughout the day. Therefore, he may want to choose a period of the day when he can focus on problem behaviours, for instance, two hours in the late afternoon.

e) Focus on positive behaviours

Identify the positive behaviours that are to replace the negative behaviours and include them in the tangible reward program. Focusing exclusively on negative behaviours doesn't teach the child what he should do. Thus, inappropriate behaviour receives more attention than appropriate behaviour. Instead of rewarding the children for not fighting, they should be rewarded for sharing and playing quietly together, as well as for going 15 minutes without getting into an argument. It is critical that the positive behaviours be spelled out as clearly as the behaviours that are to be eliminated.

2. *Choosing rewards*

a) Choose inexpensive rewards

Inclusion of expensive rewards is destructive to the program. Even when the caregiver/the children's home can afford more expensive rewards, exclusive use of these teaches children to learn to expect big rewards for their successes. The emphasis is placed on the magnitude of the reward, rather than on the satisfaction and pride felt by both caregiver and child at the child's success. It is a good idea to set a limit on the expense of any item on a list. The child can be told this at the beginning. Young children often like to earn time with caregivers, such as extra story time. Small food items can also be appealing. Older children like to earn money and special privileges such as having a friend overnight. Remember, it is much easier to scale up a reward system than to scale one down, and that the best rewards often cost nothing.

b) Calculate daily and weekly rewards

Most young children (3-4 years) will give up if they don't receive a reward on a daily basis. Older children (6-8 years) should earn something every week. It is very important for success to set up a realistic price for each item, based on the child's usual daily salary of points. To set a realistic value on your rewards, first determine how many stickers, points or tokens could be earned in a day if your child was 100 percent compliant with the program. A reinforcement menu should include small items that the child may earn if he obtains 2/3 of all possible points in one day, for example four out of six points. Other items on the list should range in value from the minimum of four to 25 points so that he could choose to wait a few days before cashing in his points. Caregivers who use points for compliance to their requests may find that their children can earn as many as 30 points a day. The price for items would therefore be higher than for a child who can only earn six a day.

c) Involve the child in the program

Unless children are given some control, the program is likely to fail. The goal of a tangible reward program should be to teach the child to take more responsibility for his own behaviour. Find out what is most rewarding for him. You may help him in case he doesn't have any idea or reward to start with. For example, you may say "you like having Peter over. How about putting that on your list?" However, try hard to get him to come up with his own suggestions. And remember that a reinforcement menu can be added to over time. If you use stickers, allow him to pick them out in the store, and involve him in drawing up charts and

deciding how many stickers particular items are worth. Get him involved in the fun of the game and excited about how to earn the items.

d) Appropriate behaviour, then the reward

Bribes are given before the desired behaviour occurs and are prompted by inappropriate behaviours. The caregivers are teaching their children that if they behave badly, they will be rewarded. Rewards should be given for positive behaviours after they have occurred, i.e., in accordance with the “first – then” principle.

e) Use tangible rewards for everyday achievements

Saving the rewards for perfection gives the child the message that everyday behaviours, such as compliance, sharing or completing chores, don’t really count. Think about giving small, frequent rewards. Certainly you can plan rewards for special achievements, but you should also use them for smaller steps along the way, such as doing math homework. Only by rewarding the steps can the larger goal of good grades be accomplished.

f) Replace tangible rewards with social approval

The use of tangible rewards should be seen as a temporary measure to help children learn new and more difficult behaviours. They must be accompanied by social rewards. Once you have taught the new behaviours, you can gradually phase out the tangible rewards and maintain them with your social reinforcers. Then, if needed, you can use stickers to help the child with a different behaviour (“you remember how well you did learning to go pee with the sticker game we played? Well, let us help you learn to get dressed in the mornings using stickers”). An important aspect of a reward program is the message that accompanies the reward. Caregivers must clearly communicate that not only do they approve of their child’s success, but they also recognize that the child’s effort – not the payoff, per se – is responsible for the success. In this way, caregivers help the child internalize successes and take credit for them.

g) Have clear and specific reward menus

Effective reward programs are clear and precise. Write down, together with the child, the chart that includes the rewards you have agreed on and the value of each item. This menu should be posted in a place where everyone can see it. It might look like this:

No teasing – playing together nicely

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
4:30-4:45							
4:45-5:00							
5:00-5:15							
5:15-5:30							
Total							

A sticker means no teasing and playing together nicely for 15 minutes.

3 stickers = extra story read by Mom or Dad, or pick favourite dessert, or pick from grab bag

6 stickers = go to park with Dad, or take bike to school

12 stickers = have friend overnight, or go to movies with friend

Caregiver’s name

Child’s name

The above chart resembles a contract. If you have older children in your care, you may want to sign it with them to signify that everyone understands it. It is also a good idea to let them know that you will look at the program after one week to see if there is need for revisions, changes, or new items to be added.

h) Have a varied menu

At the beginning, children often aren't sure what they want to work for. They may think of more interesting items later on. Make your reward menus flexible and varied. Usually, appealing and varied menus give children options as their interests and moods change from day to day. Moreover, it is important to evaluate menus every few weeks and permit them to add new things as this will help keep them interested after the initial novelty wears off.

i) Be sure your incentives are age appropriate

For 3- to 5-year-old children your incentive program should be clear, simple and playful. They love to collect different stamps and stickers or perhaps even earn a little prize from a surprise grab bag. There is no need to complicate the system with reward menus or trading things in for bigger prizes. Just receiving the sticker coupled with your encouragement and seeing their sticker book fill up is all the reward they need. Once children have learned the concept of numbers and understand the notion of days in a week and of time passing (6 years and older), they like collecting things and trading in things. This is the age when "collections" start. At this age they can be offered a chance to collect stickers and trade them in for a bigger prize.

j) Be positive – show your child you expect success

If your child fails to earn points or stickers it is best to calmly say, "You didn't get one this time but I'm sure you'll earn some next time." It is helpful to convey a positive expectation. However, if your child continues to have difficulties earning points, make sure that you have not made the steps too big.

k) Keep reward programs and discipline separate

Do not remove earned points or rewards as punishment because this will defeat the purpose of the program, which is to give attention to appropriate behaviours. If you want to use privilege removal as a discipline technique, keep any privileges you foresee withdrawing (TV time, use of bicycle, for instance) off your reward menu.

l) Keep control of your program

There are several ways you can lose control of your reward program:

-By paying for "almost" performance.

You must be a consistent limit-setter. Stay committed to the program, and ignore arguments, debates or pleading when your child has not earned enough points.

-By leaving the stickers and rewards around the house so the children have access to them.

Prizes and stickers should be hidden and awarding points and stickers determined by you, not the children.

-Lack of follow-through. Tangible reward programs require a lot of work. You must consistently monitor the child's behaviour, and rewards should be given immediately after the desired behaviour has occurred.

3. Co-ordinate your program with the child's teacher

If you are working on a behaviour problem that also occurs in the classroom, it is wise to coordinate your plans with the child's teacher. When children receive the same behaviour management program across settings, the misbehaviour improves much more quickly. The teacher might give him a sticker whenever he notices desired behaviour. At the end of the day this report card goes home informing you of how many stickers he earned that day. You can then double the impact by offering him bonus stickers on his chart at home for achieving an agreed upon number of stickers at school.

7.4.6 How to give effective commands

This section is a summary of Chapter Four in Webster-Stratton's book *The incredible years* (See 7.4.11 References).

Consistent limit-setting helps children feel calm and safe. However, all children will test their caregivers' rules and commands. Only consistent consequences for misbehaviour will teach the child that good behaviour is expected. Research shows that normal children fail to comply with their caregivers' requests about one-third of the time. This is normal behaviour, and a healthy expression of a child's need for independence and autonomy. When such protests happen, don't take them as an attack on you personally. Remember, the child is simply testing your rules to see if you are going to be consistent. If you aren't he will probably test even harder the next time. Try to think about children's protests as learning experiences, ways they can explore the limits of their environment and learn what behaviours are appropriate and inappropriate. It is important to strike a balance between a child's choices and adult rules. Sometimes you can involve the child in the decision regarding a rule. This works best with youngsters four and older. Introducing negotiation and discussion with children as young as four or five, can provide excellent early training. Problem solving with children should also be encouraged (see 6.6.3). Giving commands is an important part of limit setting. Here are some advice on how to give effective commands:

Some effective ways to give commands

Reduce commands

The average caregiver gives 17 commands in half an hour. In families where children have more behaviour problems, the number rises to an average of 40. Frequent commands do not improve a child's behaviour. Therefore, reduce them to those that are most necessary. If caregivers are giving 20-40 commands in half an hour, it is impossible for them to follow through. The result is that confusing messages are given about the importance of commands. Before giving a command, think about whether or not this is an important issue, and whether you are willing to follow through with the consequences if the child doesn't comply. One helpful exercise is to write down the important rules for your family group. You will probably find that you have five to ten that are "unbreakable". These should be posted on the fridge or in some other place where all in the family group can see them. Once you have clarified the important rules, you are able to reduce other, unnecessary commands.

Give one command at a time

Sometimes caregivers string commands together in a chain, without giving their child time to comply with the first command before going on to several more. For young children, this can result in information overload. Another problem with rapid commands is that the caregiver is not able to praise the child for complying. Eventually, this usually results in non-compliance, partly because he simply can't comply with everything, partly because there is no reinforcement for compliance. Another type of chain command involves the caregiver

repeating a command several times. Then the child quickly learns that there is no real need to comply until, for example, the fifth time. Instead of repeating commands as if you expect your child to ignore them, state your command once. Say it slowly and then wait to see whether he will comply. You might want to count silently as you watch to see how he will respond. This will help you resist nagging.

Give realistic commands

Don't set them up for failure and yourself for frustration. Here are some examples of unrealistic commands: A three-year-old to make his bed, share his favourite toy with his one-year-old sister, to be quiet while his caregivers have a long discussion; a four-year-old to keep the bathroom clean; children of any age to eat everything on their plate every time.

Give clear commands

Be specific about the behaviour you want when you give a command. Don't tell a child "be careful" when he is spilling juice; say, "Use both hands to pour the juice into your glass." Examples of unclear orders are vague or non-specific commands such as "watch out", "be careful" and "be good, and "let us" commands" such as "let us get ready for bed." This can be confusing for young children especially if their caregivers have no intention of becoming involved.

Give "do" commands

Question commands can be particularly confusing for children. At issue here is the subtle distinction between a request and command. A request implies that the child has the option of choosing whether or not to do what is requested. If you expect the child to comply but phrase your command as a question, you are providing a confusing message. Also, you may find yourself backed into a corner if the child doesn't respond as expected. Therefore, deliver your commands as assertive statements rather than as questions. Give "do" commands, with the action verb at the beginning of the sentence, and in this way make sure that the child cannot miss it: "Put away the toys," "go to bed," "walk slowly" etc. (The Manual's author: If you expect the child to respond positively to a request, and you can "afford" that he doesn't comply, then a request is usually a better alternative than a command – see 6.4.7)

Give polite commands

If caregivers are angry when they give a command, they often seem to encourage non-compliance by including criticism or a negative comment. The feeling that is expressed behind the command is just as important as the actual words that are used. The child who senses your frustration may choose not to comply as a way of retaliating for your criticism. Avoid criticizing the child when you give a command. Negative commands cause them to feel incompetent, defensive and less inclined to comply. Commands should be stated positively, politely and with respect.

Use start commands

A stop command is also a type of negative statement because it tells a child what not to do. It has also been shown that a person tends to do what he is told not to do, simply because that is what the words make the person visualize. Therefore, give positive commands that detail the behaviour you want from the child. For instance, instead of saying, "stop shouting," say, "please speak quietly".

Allow time to comply

After giving a command, pause. You might want to count silently to five. If the child has still not complied, then you can consider this non-compliance. However, when you give children time to comply, they often do. Waiting after you give a command also forces you to pay attention to whether the child has minded or not. Then, you can reward compliance or follow through with consequences for non-compliance.

Give warnings and reminders

Whenever feasible it is helpful to give a reminder or warning prior to a command, to prepare children to make transitions. E.g., “in two more minutes, it will be time to put your blocks away”. For young children who don’t understand the concept of time, a timer can be helpful: “when the timer goes off, it will be time to put these blocks away.” Children’s requests and preferences should be considered, as well. For instance, if an eight-year-old is busy reading a book, you might ask, “how many more pages do you have to finish the chapter?” If you are responsive to the child’s wishes and give him some lead time, you are more likely to obtain compliance than if you expect immediate obedience.

Use “when – then” commands

Use “when-then” commands that tell the child in advance the exact consequences of his actions: “When you have set the table, then you can watch your television program”. First you get the appropriate behaviour, then you provide some positive consequence. It is important to ignore all protests and arguments and to follow through with the consequences. Obviously, this kind of command should only be used if you can allow the child to decide whether or not to comply. If you need compliance to your command, then give a direct positive command.

Give options

Give the child options whenever possible. Commands that prohibit the child from doing something should include suggestions for what to do instead: “You may not watch TV now, but you can play with this puzzle with me.” Such an approach can help reduce power struggles because, instead of fighting about what he cannot do, you are focusing on some other positive activity.

Give short commands

Keep your commands clear, short and to the point. It also helps to have eye contact with the child. If you give some rationale for the command, it should be brief and either precede the command or follow his compliance (most children will argue with the rationale and try to distract their caregivers from the original command). Ignore arguments and protests about your commands as giving attention to them may actually reinforce non-compliance.

Give supportive commands

It is important for the caregivers to listen to the commands that each one of them gives and be supportive of one another’s commands. Be sure to let the child complete a request made by one person before giving him another one.

Follow through with praise or consequences

If there is no follow-through and children are neither reinforced for their compliance nor held accountable for their non-compliance, then caregivers must expect that their commands will be ignored. If the child doesn’t do as told, then give a warning – a “if – then” statement. You should then wait five seconds. If he complies, he should be praised. If he still doesn’t comply, he should be taken to Time Out.

7.4.7 Ignoring

This section is a summary of Chapter Five in Webster-Stratton's book *The incredible years* (See 7.4.11 References).

Ignoring is one of the most effective techniques that can be used with children. It works because children's behaviour is maintained by the attention it receives. Even negative attention such as nagging, yelling and scolding is rewarding to children. If behaviours are consistently ignored, children will eventually stop what they are doing. While ignoring is highly effective, it is also probably the hardest technique for caregivers to carry out. The most difficult part is to be consistent. If you are not, the problem will actually increase! Consistency is the essence of ignoring. And remember that ignoring is not likely to affect how the child behaves unless a positive relationship has been built up between the two of you. The first task in any plan to change behaviour is to increase your attention and praise for positive behaviours. Although ignoring will decrease annoying misbehaviours, it will not increase positive ones.

How to ignore a behaviour

Effective ignoring occurs when you are able to neutralize your reaction to what the child is doing. Your facial expression should be neutral, you should avoid eye contact and stop all discussions. Ignoring also involves moving away from the child, especially if you have been in close contact. Just as the most powerful form of positive attention includes a smile, eye contact, verbal praise and physical touching, the most powerful form of ignoring is a neutral expression, involving no eye contact, no communication and a turning away of the body.

Most children will initially react to ignoring with an increase in negative behaviours to see if they can get their caregivers to back down. That is, when you first start ignoring a misbehaviour it will usually get worse. All children will test their caregivers' ignoring skills by escalating their misbehaviours.

Sometimes you can use distraction to reduce the child's reaction to being ignored. Distractions are particularly useful with two- and three-year-olds, but they also work with older children. The idea is to ignore the misbehaviour, and then distract him as soon as he starts behaving more appropriately. Of course, if he misbehaves again in response to the distraction, you will need to resume ignoring. For example, if the child starts whining when told that he cannot get the candy he wants, ignore him until he stops whining and then ask him to help look for a piece of fruit.

Another way is to distract yourself from your child's inappropriate behaviours, for example by involving yourself in another activity. If you are ignoring a child who is having a tantrum, you may want to go to the other side of the room and do some work, or comment on something occurring outside the window. If the child thinks you have been distracted, he may quickly stop misbehaving. That is, it is advisable to move away from the child but to stay in the room. The difficulty with leaving the room is that you will not be able to pay attention to and reinforce appropriate behaviour. Therefore, stand up and walk to another part of the room. Then you can monitor his behaviour and reinforce him as soon as he stops misbehaving. If he follows you, holding to your legs or arms, it may then be necessary to leave the room. However, you should return as soon as possible to respond to appropriate behaviours as soon as they occur.

Never threaten to leave or abandon the child, no matter how great the temptation. Don't be dramatic about the ignoring (no exaggerated gesture of pulling away etc). Neutralize your emotional reactions and be subtle. Ignoring maintains a positive caregiver-child relationship based on respect rather than fear. Also, if you can ignore screaming or swearing instead of yelling or criticizing, you show the child that you can maintain self-control in the face of conflict and anger. By you modelling self-control the child will learn self-control.

Ignoring many things at a time will cause a child to feel neglected and leave the caretaker feeling overwhelmed. Also, the caretaker will find it difficult to be consistent in his ignoring, and to remember to give attention for the opposite, positive behaviours. Therefore, limit the number of behaviours to ignore. Identify specific behaviours to focus on, and choose only one or two to systematically ignore at any given time.

Behaviours that are destructive to children themselves, other people or property should not be ignored. It is also inappropriate to ignore behaviours in situations where children receive attention from someone else (e.g., a tantrum on the bus), or behaviours such as lying, stealing, non-compliance or forgetting chores. Remember that ignoring will only be effective with those behaviours for which the caretaker's attention is the primary reinforcement. Here are some examples of behaviours that can be effectively ignored in preschool children: Whining, pouting, temper tantrums, swearing, facial grimaces, smart-talk, minor squabbles between children, brief crying period in the middle of the night, picky or messy eating, protests when prohibited from doing or having something, nose picking, nail biting, thumb sucking and garbled baby talk.

Remember to pay attention to positive behaviours. If positive behaviours are ignored, they will disappear. A negative cycle of paying attention when the child misbehaves and ignoring him when he is behaving appropriately actually increases the frequency of misbehaviour. Therefore, if you use ignoring, it is crucial that you give attention and praise to positive behaviours, particularly those that are the opposite of the one you are ignoring. It is important to focus on the positive behaviour you want to see replace the problem one.

Another effective technique involves combining ignoring and praise in a group of two or three children. When one is misbehaving, give your attention to the one demonstrating appropriate behaviours. Then the misbehaving child will probably begin to behave because he sees that appropriate behaviour gains attention and misbehaviour doesn't.

Give back your attention as soon as possible, that is, as soon as the child stops misbehaving (within 5 seconds) and praise some appropriate behaviour. That is, just as soon as he stops, begin to smile, talk to him and look for something to praise.

7.4.8 Time out

This section is a summary of Chapter Six in Webster-Stratton's book *The incredible years* (See 7.4.11 References).

While a child's social and emotional development is built on ongoing and regular deposits of the caregiver's love, support, positive attention, understanding and communication, it is also necessary to provide clear limits and appropriate consequences for misbehaviour. Physical punishment, lecturing and disapproval are ineffective methods of discipline. Hitting, smacking or spanking children is quick and most likely will stop the inappropriate behaviour in the short term. Yet, these methods have long-term disadvantages: Firstly, the caretaker models an aggressive response, particularly if the caretaker loses control when punishing. This is frightening for the child and creates feelings of guilt in the caretaker. He may then respond by overcompensating with reassurance or gifts, or by avoiding the use of discipline in the future. Secondly, spanking/hitting tends to "wipe the slate clean" for children, leaving them with no ongoing sense of remorse or guilt for misbehaviour without teaching them what we want them to do instead. This may cause the child to obey in the caregiver's presence while he is more likely to behave inappropriately in other settings or with other adults. He also learns to hide or lie about problems in order to avoid corporal punishment. The more hurtful the discipline (whether it be degrading criticisms or physical punishment), the more devious and resisting the child becomes.

A better and more effective punishing method is Time Out. It is reserved specifically for high intensity problems, such as aggression and destructive behaviour. It is also useful for highly noncompliant, oppositional or defiant children (children who refuse to obey in more than 75% of the situations), since compliance is the cornerstone of a caretaker's ability to socialize a child. Time Out is short for "Time Out from positive reinforcement" and is actually an extended form of ignoring in which children are removed for a brief period from all sources of positive reinforcement, especially adult attention and are given an opportunity to calm down and to reflect on what they have done and to consider other solutions. It fosters their development of an internal sense of responsibility, or conscience. Also teaching children how to take brief time away to calm down or self-regulate is an anger management approach that children can use throughout their lives.

Time Out should not be perceived as a substitute for reasoning with children and teaching them. It is only one tool to be used briefly when a child's anger or frustration level is high. Later when things calm down and the child is behaving appropriately, the caregiver can model, teach and talk about other more appropriate problem solving behaviours.

Two important steps to make Time Out work are: 1. It must be short (generally 5 minutes is sufficient); 2. The caregiver must control the start and the end of the Time Out process.

What is a good location for having Time Out? If possible, choose a chair away from all family activities and the television. It is important that this not be called the "naughty chair" but rather can be called the "Time Out" or "calm down place" or "thinking chair". At first, it may also be necessary to have another room that can be used as a backup – a room that should be in a dull, boring and safe place. It will only be used at the beginning when your child may be testing to see if you are going to follow through on using Time Out. Some families/family groups who have little space will need to use the children's (or child's) room for Time Out. It is problematic to use the bedroom if it contains interesting toys and games.

If you are still using Time Out regularly after six weeks for the same problem it is worth looking again at the problem to see if the child is capable of avoiding Time Out – that is, have you taught him the alternative behaviour? Or, is Time Out enabling your child to avoid something unpleasant?

Decide which specific misbehaviours will result in Time Out, and describe it to the child. Remember that all young preverbal children frequently engage in mild pushing and aggressive behaviours and sometimes biting. These behaviours can usually be handled with a redirection, a prompt by the caregiver for the child to use his words, or a direct command to stop. Likewise, typical children disobey their caregivers one out of every three requests and a warning from the caregiver is usually sufficient to handle the problem. Time Out should be saved for serious and intentional aggression or persistent non-compliance. Remember, first build your relationship with the child through play, praise and support and by using proactive strategies to prevent problems when possible before initiating Time Out. Ensure that you are spending more time supporting, teaching and encouraging appropriate behaviours than you are focusing on negative ones. Time Out will only work if there are frequent positive consequences and attention and praise of appropriate behaviours from the caregiver. Time Out is only effective if it is used infrequently. Overuse of Time Out is inappropriate and removes misbehaving children from opportunities to learn or demonstrate good behaviour.

Time Out length: A general rule of thumb is three minutes for three-year-olds, four minutes for four-year-olds and five minutes for children five years and older. Time Outs longer than five minutes are not more effective. However, not let the child out of Time Out until there has been two minutes of quiet, signalling that they have calmed down. This means that when you first use Time Out it may last longer (30 to 40 minutes) if the children continue to scream. Once they learn that screaming does not get them out and quiet calm behaviour

does, the Time Outs will usually be short (five minutes or so). The main idea is to make it as brief as possible and then to immediately give your child opportunity to try again and be successful. Do not use Time Out for children younger than 3 years of age. (Ignore and redirect strategies will be sufficient for toddlers.)

How do you initiate Time Out? If the child is *aggressive*: When you have decided to use Time Out, explain to the child that whenever he is aggressive he will go to Time Out. No warning is given before Time Out in the case of aggressive behaviour. Hitting/aggressive behaviours should result in an automatic Time Out because “no hitting” is one of your non-negotiable household rules.

If the child is *chronically noncompliant*: You have clearly and politely asked your child to do something and he defiantly refuses and ignores your request. You have waited 5 seconds to see if he will follow through despite his attitude, but it is apparent he is not going to comply. Next, you give a clear, polite warning. You again wait 5 seconds and see that he is still refusing. Next you tell him in a firm, respectful, calm voice to go to Time Out.

Once your child is in Time Out, set a timer for three to five minutes and ignore him while he is in Time Out. Most young children don’t understand the concept of time. Focusing on the timer can be calming for children and it provides a visual symbol of how much time is left to sit on the chair. Put the timer where your child can see, but not touch it. It is important not to talk to your child while he is in Time Out.

When the timer goes off and the child is still crying and yelling, wait until he has calmed down for at least 2 minutes. Individual differences in calming down should be respected. Letting the child out when he is still misbehaving reinforces that particular inappropriate behaviour.

If you used Time Out because the child was oppositional, then once Time Out is over you need to repeat the original command. If he still doesn’t comply, then the entire sequence needs to be repeated. If Time Out is used for hitting or some destructive behaviour, then once Time Out is over you should look for your child’s first positive behaviour that can be reinforced.

What do you do when children refuse to go to Time Out? If the child is six years of age and younger, give him a warning. “You can go to Time Out like a big boy, or I will have to help you go.” If he still refuses, then gently and calmly take him by the arm and walk to Time Out. If he is old enough to have a sense of time (around 7 years of age) and refuses, add on one extra minute for arguing and not going. You can continue that up to ten minutes. At that point, give a warning to go to Time Out or lose a privilege – no television for the evening, or the bike is locked up for 24 hours. If you take a privilege away, it is important that you take it away briefly the same day and then return it the same day or the next day. Longer punishments are not more effective. Briefer consequences allow children to have fresh starts and new learning trials and chances to be successful.

What do you do if the child refuses to stay in Time Out? If he comes away from the Time Out chair location, calmly return him with one warning: “If you get off the chair again, you will have to go to the Time Out room.” If he does not stay in the chair location a second time, then gently take him to the Time Out room leaving the door open. If he comes out of the room, give another warning: “If you can’t stay in the room with the door open, I will need to close it.” If the child is over seven years old and comes out of Time Out, you can try a different approach involving a privilege removal. Give one warning. If your child still refuses, then you must enforce the loss of the privilege and the Time Out sequence is dropped.

Remember, initially the misbehaviour will get worse, so be prepared for testing. When Time Out is over, do not scold or lecture. Look for new learning opportunities in which your child can be successful.

Children are less likely to resist Time Out if you have explained to them the meaning of Time Out and practiced going before it is needed. "...when you are in Time Out you will have time to calm down and think about what you have done. When it is over, you will have a chance to try again." It is also a good idea to rehearse with him how he will behave when he goes to Time Out and what he will do and think to himself when he is on the chair. You can coach him to say to himself, "Stop. Calm down. I can calm down. I can do it. I can handle this. I'll take a big breath. I'll try again." Practicing this self-talk will help him to gain self-control and learn to calm down more quickly. But remember, this coaching can only occur when you are introducing Time Out, not during an actual Time Out.

Avoid criticisms and nagging. In order to avoid an escalation of negative exchanges, the caregiver must decide to stop his own criticisms and be polite and stay calm at the very time the child is being impolite, obnoxious and unreasonable. This means doing some "editing", i.e. that you delete negative comments and reactions and state exactly what you want him to do and why, in an assertive but courteous fashion. This also means not lecturing him when Time Out is completed. When Time Out is over, say for example, "now let us try again. I know you can do it." Once Time Out is over, you should view this as a clean slate or a new learning trial – a chance to try again and be successful.

The key to success is staying calm. Don't be surprised if the child tells you that Time Out doesn't bother him, and don't be fooled. He is only bluffing. Remember, the purpose of Time Out is not to get revenge or make children experience pain, but rather to stop the conflict and withdraw the reinforcing effects of negative attention for a misbehaviour. It gives the child a cooling off period and a chance to self-regulate and reflect upon what they have done. Time Out helps children learn self-control.

Only mention Time Out if you have the time and energy to carry it out. Otherwise it is better to ignore the misbehaviour. You must also be prepared to repeat the Time Out until the child obeys the initial command (e.g., the child is asked to wash the dishes but refuses → Time Out → the command is repeated → warning → Time Out etc, until the dishes is washed). You must control both the start and the end of the process.

There should be no communication with children when they are in Time Out. At any point where you find you are starting to physically try to enforce Time Out, either to get the child into Time Out, or to keep him in Time Out, you need to shift gears and give him either the choice of going voluntarily or taking a different consequence. If Time Out for noncompliance, then restate the original command. If your child refuses (or refuses to come out of Time Out), add two minutes. This can be continued for up to ten minutes and then a privilege can be withdrawn. If Time Out for hitting (i.e., there is nothing that you need him or her to do), and the child refuses to come out, you can simply respond, "come out whenever you are ready", and ignore any refusal. When an older child refuses to go to Time Out, you can use the strategy recommended for withdrawing a privilege. Think about possible privileges that you can remove immediately.

The caregiver has to forgive the child after Time Out, to avoid a power struggle. It is not uncommon for children to react strongly to Time Out, especially in the beginning. If your child damages things in a room during Time Out, repeat the original command if this is a Time Out for noncompliance. Afterwards, he should be asked to clean up the Time Out room. If he has broken something, then he should be held responsible for paying for it or have some privilege removed for the day.

Expect that Time Out will be difficult at times because all children will test the limits.

When children misbehave in public places (grocery stores, restaurants etc), try to avoid using Time Out until you have established consistent Time Outs at home for certain misbehaviours. In fact, it is a good idea to avoid public places with children until you have achieved some success with Time Out at home. Once you feel confident that it is working, then impose Time Out when aggressive behaviour occurs in public places as well. This may mean leaving the grocery store to do a modified five-minute Time Out in the car or next to a tree in a park. If there is no place for a Time Out, you can say, "If you don't stop yelling (or whatever), then you'll have a Time Out when we get home." You must follow through with this as soon as you get home.

The adults should agree on the following:

- Which behaviours will result in Time Out
- who will take the lead in carrying it out
- ways for each to show support while supervising a Time Out
- how one caregiver can signal to the other that he is losing control and may need help to finish the Time Out
- acceptable ways to give feedback about the use of discipline

It is a mistake to expect four or five Time Out trials to eliminate a problem behaviour. Time Out is not magic. Children need repeated learning trials. Even when Time Out is used effectively, behaviour changes slowly. Be patient. Remember that it will take your children at least 18 years to learn all the mature adult behaviours you would like to see.

Build up your account with deposits of love and support, praise and encouragement. Then every now and again you temporarily make a withdrawal and use Time Out. Make sure that your account is constantly growing.

One of the hardest things to do when a child is disruptive is to move beyond the Time Out to repair and rebuild your relationship with the child. This means not holding onto grudges and resentment after consequences have been implemented, and continue praising/encouraging for positive behaviours as well as teaching problem solving, emotional regulation skills and self-management. Be patient with the child and with yourself.

7.4.9 Natural and logical consequences

This section is a summary of Chapter Seven in Webster-Stratton's book *The incredible years* (See 7.4.11 References). However, we would like to quote Ross Campbell (in "How to really parent your child", p 92; see 6.3 for reference): "The key is to be constantly educating our children about the consequences of behaviour. Privileges, they need to see, are dependent on responsible behaviour."

One of the most important and difficult tasks of caregiving is to prepare children to be more independent. An important way to foster decision making, a sense of responsibility and the ability to learn from mistakes is through the use of natural and logical consequences. A natural consequence is whatever would result from a child's action if there were no adult intervention. A logical consequence, on the other hand, is designed by caregivers as a negative consequence inherently related to the misbehaviour. In other words, when using this technique, caregivers refrain from protecting the children from the negative outcomes of their behaviour.

Examples of natural consequences:

- If the child breaks his toy when angry, he will have no usable toy
- If the child jumps in mud puddles, he will have to wear wet shoes
- If the child doesn't eat at meals, there will be no food until the next meal and he will be hungry

Examples of logical consequences:

- If the child can't keep crayons on the paper, they will be taken away
- If the child refuses to eat dinner, there will be no snacks or dessert
- If the child watches more television than allowed, then the same amount of television is taken away the next day

Natural and logical consequences are most effective for recurring problems where caregivers decide ahead of time how they are going to follow through.

Be sure your expectations are age appropriate. Most natural and logical consequences work best for children five years of age and older. They can be used with younger children, but caregivers must first evaluate carefully whether the children understand the relationship between the consequences and the behaviour. Natural consequences should not be used if children may be physically hurt by them. Because of the cognitive skills involved, natural consequences will work better for school-age children than for preschoolers. Logical consequences that young children do understand are "if-then" statements.

Be sure you can live with the choices and that you are not giving idle threats. When using consequences it is important to think about the pros and cons. Consequences should be fairly immediate. For preschoolers and school-age children it is important that the consequences closely follow the inappropriate behaviour. If a child does not put his clothes in the laundry hamper, he should have to wear dirty clothes.

Give your child choices ahead of time. Discuss the various consequences with him ahead of time so that he can think about them and know that he is responsible for the decision. Example: "If your toys aren't picked up by seven, there will be no snack or story".

Consequences should be natural or logical and non-punitive. A calm, matter-of-fact, friendly attitude is essential for deciding upon and carrying out consequences. The consequences should not be degrading nor cause physical pain. Involve the child whenever possible. Set up a natural and logical consequence program. Consider this an opportunity for you and the children to work together to promote positive behaviours, allowing them to feel respected and valued. For instance, "you seem to be having trouble agreeing about what to watch on TV. I feel bad about yelling at you and I want to make the evenings better for all of us. You can decide either to take turns choosing programs or not watching it. Which would you prefer?"

Be straightforward, friendly and positive. Caregivers may sometimes undermine their consequence program by becoming angry with the children and criticizing them for being irresponsible. This defeats the program's purpose of letting children discover for themselves, through experience, the negative consequences of their behaviour. Moreover, the anger and disapproval may reinforce the misbehaviours. It is important to be straightforward and assertive about consequences, to follow through, and to ignore the children's protests or pleading. If they refuse to accept consequences, you should use Time Out or the loss of a privilege. Expect testing. But do not lecture or criticize them or offer sympathy after the consequences occurs. Instead, once it is completed, they should be given a new opportunity to be successful.

Consequences should be appropriate. If a four-year-old girl is using crayons and starts colouring on the kitchen table, a logical consequence to present her with might be, "If you can't keep the crayons on the paper, then I will have to take them away." If she continues to colour on the table, then the crayons would have to be removed. However, they should be returned within half an hour to give her another opportunity to use them appropriately. The principle is to make the consequences immediate, short, to the point, and then to quickly offer the child a chance to try again and be successful. Remember that the consequences approach takes time, planning, patience and repetition. Most of all it requires a calm, respectful attitude.

7.4.10 Suggestions to work tasks for improving the care of your children

Consider each of the young children in your care:

1. Does the child have one or more behavioural problems?
2. For the child with problems: Write a plan for what you will do to help him get rid of his problems. For each problem, use the line of action suggested in this teaching. Remember to include the principles of chapters 6.2, 6.3 and 6.4! And remember to work at one (or maximum two) problems at a time.
3. Implement the plan and monitor the effect of treatment regularly.
4. Seek help within reasonable time if there is little improvement.

7.4.11 References

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7.5 How to cope with behavioural problems in adolescents

7.5.1 Summary

Before applying the guidelines of this chapter, make sure that the principles of chapters 6.2, 6.3 and 6.4 are applied, and that you have studied chapter 7.3 (How to cope with behavioural problems – general principles).

Behavioural problems among adolescents are frequent in institutional settings, and are often a considerable challenge to handle. It is important to help the behaviourally disturbed youngster to develop compliance by using house rules, good requests etc. The adolescent should be carefully monitored and tracked. His environment should be contingent, which means that positive behaviour is consistently reinforced, while bad behaviour is consistently followed by negative consequences. Encouragement is a very effective and usable reinforcer. When using reinforcers, remember to reinforce tiny steps!

Punishment should be used in a proper way: Select one or two behaviours and use small punishments, consistently and immediately. The five-minute work chore is the punishment of choice for behaviourally disturbed teenagers. As backup punishment, privilege removal is recommended. For more serious problems, work chores longer than five minutes can be used. Don't give up on mild punishment! It works, but it takes some time.

7.5.2 Introduction

Before reading this chapter it is very important to carefully study 6.2 Some basic rules, 6.3 How to fill the child's emotional container, 6.4 How to discipline a child and 7.3 How to cope with behavioural problems – general principles. It would also be an advantage to repeat chapter 3.4 Adolescence.

We will spend a whole chapter on behavioural problems in adolescents, because it usually is this age group that is most difficult to help in the area of problematic behaviour. Adolescents often have more serious problems than younger children. Also, coping with problem behaviours is usually more complicated in this age group, as adolescents are physically, socially and cognitively stronger than younger children, and have a stronger need for independence (see 3.4). In addition, it is very easy to get angry at them, at the same time as you don't know when and how to punish them. However, by being more detailed about the treatment of teenagers, you will hopefully learn principles and methods that can also be used in younger children, particularly in those aged 10 years and above.

The most important task for parents regarding adolescents is to prepare them for adulthood, so that they become able to take care of themselves and their own family. Therefore it is wise to help adolescents grow by giving them gradually more responsibility for their own lives.

Adolescents are challenging. They are often like chameleons. One day they may behave with wisdom and maturity, and the very next day they may show poor judgment or act as silly as a 10-year-old. This flip-flop from adult to childlike behaviour is confusing to the adolescent as well. This stage of life is full of ups and downs. Adolescents are subject to startling hormonal changes that come and go with accompanying fluctuations in mood. They burst into tears or throw temper tantrums for no apparent reason. Adolescents tend to see the world in black and white. They often seem to say just the opposite of what their parents want them to say. Teenagers are afraid of being different from their peers, regarding sex, the clothes they wear, the length and colour of their hair etc. And they worry that they should be rejected by their peers. Adolescents have very strong feelings. They very easily feel judged, controlled and misunderstood. And many feel a strong need to decide for themselves.

It is important to remember that teenagers are not adults, and that they need their caregiver's love, support and discipline. Many are very responsible, and will need very few

rules and regulations to behave and develop appropriately. The better behaved the teenager is, the less rules and regulations are needed. However, the more behaviourally disturbed an adolescent is, the more he needs to know what is allowed and what is not, and the more he needs his caretakers to practice the Law of Effect. Severe behaviourally disturbed adolescents will need consistent discipline and close supervision.

Most of what will be presented below is taken from Patterson and Forgatch's book "Parents and adolescents living together". (Gerald Patterson is an authority internationally on behavioural problems in adolescents.) The more problems an adolescent has with his behaviour, the more the principles of this teaching should be implemented, and the more important it is to go about it in a systematic way.

7.5.3 Compliance

Compliance is the core behaviour to teach a child. It is important for all children, including adolescents, to be compliant, to obey their parents. They should be able to do what you told them to do within 15 seconds. Research shows that noncompliant children tend to have severe adjustment problems, and that they often get serious problems living together with others later in life. House rules may be an effective tool for increasing compliance when you find yourself making the same requests over and over again. It is also important to know how to make good requests to help a teenager develop compliance.

House rules

If you find that you are constantly reminding your children about specific rules, then it is wise to write them down, as so-called "house rules". House rules tell everybody what is being expected by the group. There shouldn't be more rules than necessary. The fewer rules, the better it is. The only house rules that need to be posted are the ones that are not being followed consistently. The maximum number of rules should be 10. They should be posted in a place where everybody sees them every day. Adolescents should be involved in making the rules. Here are some examples of house rules:

1. Dinner will be ready at around six o'clock, and everybody is expected to be home and ready to eat at that time.
2. If you make a mess, you clean it up.
3. Family members are required to speak courteously to each other.
4. Ask before borrowing things that belong to others. Borrowed items must be returned to their proper places in good condition. If you break something that belongs to someone else while you are using it, you are responsible for replacing it.
5. Knock and wait for a response before opening someone's closed door.

If a rule is violated more than once or twice, it is often necessary to add a consequence for breaking the rule, for example doing some extra housework for 5 minutes or more, depending on the severity of the act. The consequence should be applied every time the house rule is broken. That is, the rule should be enforced consistently.

Making good requests

As mentioned, it is very important that children are compliant. When you make a request, the teenager should obey. However, knowledge about how to make good requests is also very important for increasing compliance. Application of the following principles will make it easier for the adolescent to respond positively to your requests:

Make as few requests as possible

Many parents and caretakers make a lot of requests, particularly to teenagers with behavioural problems. Research shows that if parents make too many demands on their children, they make things worse. Therefore, observe yourself, and work on limiting the number of requests during a day.

Make one request at a time!

Then it is much easier for the child to respond positively. If you make many requests at a time, it is easy to forget one or two of them. Also, it is irritating to be asked to do a lot of things at the same time.

Requests should be specific, brief and clearly stated

The teenager should know exactly what you expect from him. Instead of saying, “Be home at a reasonable hour”, you should say “be home by 9 o’clock.” Your requests should also be brief and clearly stated. Avoid long explanations – the child should respond, not be encouraged to start a discussion.

Requests should be statements rather than questions

If you ask questions, then the adolescent may respond by a no. You need to communicate clearly – he needs to know what you expect from him.

The observant reader may have noted that the word ‘request’ is used slightly different by different authors. According to Patterson & Forgatch, a ‘request’ can be presented either as a question or as a statement, but should, when dealing with noncompliant children, be presented as a statement. On the other hand, Campbell and Webster-Stratton understand ‘request’ to be a question. For statements, they use ‘direct instructions’/’orders’ (Campbell) and ‘commands’ (Webster-Stratton), respectively (see 6.4.7 and 7.4.6).

Presenting a child with a question implies that he has the option of choosing whether or not to comply. The advantage of questions compared with statements is that they give the child the feeling that he himself has a certain responsibility. The caregiver shows him confidence, which will inspire him and create growth. However, a question presupposes two conditions: That you can expect the child to cooperate, and that you can live with a “no” from him. If these conditions are met, questions are to be preferred. However, if you need a child aged 2-8 years to comply but address him with a question, you easily provide a confusing message. Also, you may find yourself backed into a corner if the child doesn’t respond as expected. Therefore, statements are usually preferred when addressing young children. When addressing noncompliant children and adolescents (that is, when cooperation is not expected), the youngster should be addressed with a statement, not with a question.

Deliver your requests in a polite and pleasant manner

Then the teenager is much more prone to respond positively. Also, remember that you are a model – if you want him to be polite and pleasant, you need to be so yourself.

Requests should be well timed

For example, if you observe that the teenager is spending a few moments greeting his friend, you should wait till he is done before you ask for his help.

Requests should be start-up requests instead of stop requests

The reason is that start-up requests are less likely to result in an argument than stop requests. Instead of telling a child what not to do, you should tell him what to do. For example, instead of telling two teenagers to stop quarrelling, it is smarter to separate them by asking each of them to do something constructive. You may ask one of them to start doing his homework and the other to clean his bedroom.

7.5.4 Monitoring and tracking

Monitoring

Teenagers with behavioural problems need to be monitored. That is, their caregivers need to keep track of their behaviour when they are away from home. Even when they are out of sight, a parent figure needs to know

1. whom the adolescent is together with,
2. where he stays,
3. what he is doing, and
4. when he will be home.

This is very important. If you are not able to answer these questions, you don't have sufficient control over the teenager's life, and you need to monitor him more closely.

Tracking

While monitoring is to get the big picture, tracking is to focus on the details of the adolescent's behaviour. Tracking is a necessity if you want to help the teenager to change. If you tell him that "everything" is wrong by the way he does something, then how can he change? And if he really tries to change, and you don't see a change before he does a thing perfectly, then he will never make it. So if you really want the teenager to change in an area, you need to be specific. Therefore, first track the behaviour carefully, then use reinforcement (plus punishment if necessary) to help him change his behaviour (see 7.5.5). Here are some suggestions that could help you:

1. Be specific about the problem behaviour and its replacement

For example, if you say that the teenager shows a "bad attitude", you need to explain to him very clearly what are the things that you react on. It could, for example, be that he doesn't say "good morning" to you, or that he says "good morning" in an angry voice. In addition to telling him what he does wrong, you need to tell him what you expect him to do. There should be no confusion about what is wrong and how things should be.

2. Start with problems you can see

It is difficult to start with problems that he has while being away from home. It is easier to start with a problem you see at home.

3. Start with relatively neutral behaviours

It is smart to begin with a problem that doesn't infuriate you. The reason is that you easily run into problems if you get angry. For example, if you make angry remarks, that could cause the teenager to respond negatively to your suggestions. It is smart to save the most difficult problems till later, when you have gained some experience.

4. Select behaviours that happen at least two or three times a day

Learning to pay careful attention to specific behaviours takes lots of practice. It is easier in the beginning to focus on something that is a frequent problem.

5. Register the problem behaviour

Register, on your own, how often the problem behaviour happens. Then you can more easily evaluate later on if there has been a change, if the teenager really has improved. For example, the first time you register, you find that he teases others 20 times a day. Some time after having started your project you find that he teases 10 times a day. This means that he has improved a lot, even if he still teases.

It is also an advantage to register when things happen, and in what situations. Then it is often possible to find a pattern. Let us suppose that you find that the teenager teases every day, but that it only happens the last hour before dinner, when he is hungry and bored. Then you could make sure that he was engaged in a meaningful activity at that time, and in this way you could solve the whole problem.

7.5.5 A contingent environment, and the use of reinforcers

A contingent environment

Children and youth with behavioural problems need a contingent environment. By that we mean that there is a 'when/then' connection, a connection between what the child does and how his caretaker reacts. For example, when he teases someone, then he must wash the dishes after dinner. It is very important that he understands that having a bad behaviour has consequences. However, it is just as important to be contingent with positive responses: The teenager should be shown that you appreciate it when he shows a good attitude and when he is polite and willing to help. Such behaviour should be reinforced, for example by means of a smile, a "thank you" or an encouraging remark.

Encouragement as reinforcer

We all learn from our experiences. Therefore it is important for all children and adolescents to learn that positive behaviour pays off while negative behaviour has negative consequences. Reinforcing good behaviour with encouragement, such as an encouraging remark, a smile or a "thank you", is very effective. Such a reinforcer is very meaningful to the teenager, and increases the chance that he will grow in obedience and cooperation. Receiving lots of positive reactions from you and others makes the teenager feel good about himself. And if he feels good about himself, he will also manage much better in life. So, if caretakers pay attention to their teenagers and generously praise them for their good behaviours, but also let them experience negative consequences from their bad behaviours, the teenagers will understand the relationship between their own behaviour and the way people respond to them. They will learn that it pays off, that it is good for them, to have a good behaviour. These things are important to ordinary teenagers. However, it is crucial when dealing with teenagers with behavioural problems. The more problems, the more important it is to make a when/then connection: When you do like this, then that happens.

Encouragement is very meaningful to the teenager. Also, research has shown that reinforcers that immediately follow a behaviour are the most effective (this is particularly the case for children less than 10 years old). A smile, a nod, a positive comment or some kind and grateful words can be "given" immediately after a desired behaviour and is very effective also for this reason. In addition to being effective, encouragement doesn't cost anything, and you don't run out of it – you don't run out of smiles and positive comments. Thus, encouragement is a very helpful reinforcer. However, it must be used in the right way. That is, always when the behaviourally disturbed teenager has done something good. But he should not be praised if he hasn't done anything good (if a person is given praise no matter what he does, then praise becomes meaningless). If you use it in this way, you make a connection in his mind between good behaviours and positive consequences. In this way the world becomes predictable for him.

Types of reinforcers that are effective with adolescents

To change behaviour is hard work for all of us, not least for behaviourally disturbed adolescents. Therefore, for a reinforcer to be effective, it must be viewed by the adolescent as something that is worth an effort. It is necessary to offer the adolescent something that in his

opinion is worth struggling for. It doesn't necessarily help to use something that would be rewarding to you or to other adolescents. Therefore, to find an effective reinforcer, it is necessary to know the adolescent that you want to help, and to find out what will be rewarding to him. However, we will give you some examples of typical "adolescent" reinforcers used in many countries.

Social reinforcers

Praising or encouraging remarks, "thank you!", smiling, head nodding, attention, touching, hugging, listening, bragging about them to others (in front of them), spending time together, doing things together etc.

Non-social (or tangible) reinforcers

Money (money is important to adolescents of all ages!), special foods, telephone use, points (or other tokens) that can be converted into rewards, computer time, having friends over to visit etc.

How to use reinforcers – a summary

So far reinforcement and reinforcers have been mentioned several times, and you have got some ideas about how to use reinforcers. However, it is timely to summarize how reinforcers should be applied when helping behaviourally disturbed youth:

1. When the positive behaviour takes place, then the reinforcement follows (when/then).

2. Reinforce tiny steps.

This is very important. Don't expect perfection before you reward the child! Pay attention to the small evidences of progress, and reward them.

3. At first, reinforce every time!

It is hard to start the process of change. Therefore it is very important to reinforce consistently in the beginning. However, when the teenager has made considerable progress and the desired behaviour doesn't take him much effort any more, it is not necessary to reinforce that particular behaviour every time. Instead, you should move on to another area where the youth need to change, and provide a rich supply of reinforcement in that area until he has made considerable progress. Then you move on to a third area and so on. In this way the overall level of reinforcement you provide does not decrease.

Setting up point charts

We have earlier mentioned the use of contracts (see 7.3.3; a) Reinforcement). A point chart is one kind of contract. It outlines the agreements between parents and adolescents. It documents parental expectations on the one hand and the rights granted to the teenager for responsible behaviour on the other hand. That is, it describes which rewards the adolescent will earn for what behaviours. It consists of a list of positive behaviours that you want your teenager to do, for example different work chores that you need to have done and that also help the adolescent to prepare for adult life. The point chart also shows how many points he gets for each of the work tasks listed. Then you agree on a reward menu that the teenager can choose from if he earns enough points. You also make it clear how many points he needs to earn during a day to obtain a reward for that day. Between 50 and 75% of the total points possible is recommended. Particularly in the beginning (the first three weeks) it is important that the adolescent has some success and, therefore, that the demand is not too high. The point chart should be modified each week: new behaviours added, old ones removed (as they no longer represent any problem), point values changed, and the reward menu modified.

The use of point charts is usually very effective, for several reasons:

- it places the focus on positive behaviour
- it gives the teenager a strong motivation to comply
- it allows the caregiver to work on several things at the same time.

Point charts are also effective for punishment, thus making it possible to combine reinforcement and punishment in the same system. However, you will soon see that the punishment of choice when helping behaviourally disturbed adolescents, is the five-minute work chore. But if you for some reason don't want to use the five-minute work chore, you could use the point chart also for punishment (see 7.3.3; b) Punishment; Response cost).

7.5.6 Punishment

Punishment and reinforcement – effective for what?

First of all, why can't we just ignore problem behaviours in teenagers? If his caretakers don't pay any attention, then the adolescent will not have to do the wrong things? The reason is that a lot of behavioural problems in this age group have strong reinforcers connected to them, for example, substance abuse and promiscuous sexual behaviour. Adolescents use drugs because the drugs make them feel good. They have sex because they enjoy it. That is, the enjoyment of these activities is a strong reinforcer. It makes them want doing it again. This means that the withdrawal of parental attention has very little effect.

Secondly, why not discuss the problem with the adolescent and make him understand that he needs to change his behaviour? Because it does not work. Discussions and lectures do not change behaviour. Adolescents with behavioural problems do not listen to arguments in a way that make them change. Unfortunately it is just a waste of time and energy to try to explain to them why they should behave a certain way.

Then, how do we help the adolescent getting rid of his problematic behaviour? Both reinforcement and punishment should be used. Punishment is effective for reducing problem behaviours. It is used to turn adolescents away from a negative behaviour. It teaches them what not to do. However, it does not teach them what they should do instead. Therefore, if it is necessary to punish, it is very important to simultaneously teach them what to do. This can be done by means of reinforcement, which is effective for building new behaviours.

How to use punishment

Thus, punishment is effective for reducing problem behaviours in adolescents. However, punishment by itself is not enough. You have to love the teenager, and to be able to communicate this effectively! If not, punishment will only lead to active resistance. You have to make it clear to the child that even though you are punishing him, your love and respect for him is unaffected. Also, punishment must not be used too often! Positive reinforcement and support should occur much more often than punishment, which should be reserved for one or two problem behaviours that you have selected to work on. Punishment should not constitute the majority of your interactions with the adolescent. In Patterson & Forgatch's experience, for example, some parents with children who steal are very effective in their use of punishment but show their children very little love and respect. The parents "win" all the battles in the household. The only way the child is able to "win" the war is to attack the reputation of the family by stealing and being picked up by the police.

Punishment is not revenge. Remember that punishment is used as a part of disciplining the child. You punish because it is the best for the teenager, not to get revenge. In this context it is very important to remember that punishment in the form of scolding and hitting is not very useful. Usually such punishment makes things worse.

Punishment must be applied in the right way to be effective. Here are five guidelines for how to use punishment:

1. Use small punishments

Punishments do not have to be severe to be effective. The repeated use of brief punishments effectively weakens problem behaviours. Many parents assume that it is better to use intense punishments, so that the behaviour changes immediately. This means using a big punishment. However, this is a mistake. It makes the victim angry, and then the parents also often get angry. Anger on both sides usually hinders a good solution to the problem.

Also, parents who use intense punishments save them for extreme behaviours. This means that lesser infractions, which are steps in the progression towards more serious behavioural problems, go unnoticed. Caregivers need to have punishments they can use for smaller events so that the larger crises don't happen. They need to teach their children at an early stage what they should do and not do, before the process has gone too far.

Thus, small punishments are better than big punishments.

2. Use many small punishments

Most problem behaviours are bad habits with long histories. It takes a new history of good habits to gradually replace the bad. The best way to get rid of bad habits is to use many small punishments. Likewise, the best way to make good habits is to use many small encouragements. If the punishments are small ones, it is easier to use them every time the adolescent break a rule. If the punishments are too extreme, caretakers don't use them very often. This means that the caretakers are inconsistent in their use of punishment. Quite often a serious problem behaviour is punished only once in a while (for example by means of corporal punishment) while the same misbehaviour most times is ignored or nagged about by the caretaker. When caretakers are inconsistent like this, the teenager doesn't know what to expect. So, be consistent, and use a small punishment every time the bad behaviour occurs. If you only punish a problematic behaviour every once in a while, it often gets worse!

3. Select a punishment you can use right now

Punishments should immediately follow the problem behaviour, because then it is easier for the teenager to make the link between behaviour and consequence. That is, immediate punishment is more effective than delayed punishment.

4. Don't use threats unless you plan to back them up

This is very important. Caretakers should never threaten to use a punishment they cannot or will not carry out. The reason is that empty threats teach the child not to take their caretakers seriously. Instead, when you tell your teenager to stop doing something, only make the request once. Tell them what will happen if they continue the behaviour. Deliver the warning in a neutral, not angry, tone of voice. If the behaviour does not stop within 15 seconds, then give a brief warning, and if no immediate response, use the punishment. Remember that it is important for you to stay calm. If you avoid getting angry at the teenager, you are much more effective.

5. Limit your battlefields

Don't try to change everything that bothers you about the adolescent. Select one or two behaviours that concern you most or that you feel are important to his long-term well-being. Concentrate on those things first. (However, if you think that these most important problems are too difficult to start with, then choose an easier problem to practise your new skills before

you move on to the harder issues.) When the problem behaviour(s) that you have selected shows adequate improvement, then you can add a new problem to the list.

It is important to know that even when punishment is used correctly, behaviour still changes slowly. In many cases the problem behaviours actually increase when you begin to use punishment, because the adolescent tests the new system to see if you are going to be consistent about enforcing the rules. Even after you are making progress, the teenager will wait a month or two and then try again to see if you really mean what you said.

The five-minute work chore – an effective punishment

As you will understand, it is very important for caretakers of behaviourally disturbed adolescents to have small punishments at hand that can be applied immediately and consistently when the youth doesn't comply/obey. The punishment of choice is clearly the five-minute work chore. It is a small punishment, you can use it every time the misbehaviour occurs, you can use it right away, and it is effective.

A common question from caretakers is whether work chores used for punishment may give the adolescent aversions against working. That does not seem to be any problem. On the contrary, many behaviourally disturbed adolescents are not used to working and do not know how to do ordinary tasks in and around the house. By doing different work chores they will learn to work and how to do things.

What you need to do is to write down the little jobs in and around the house that would take about five minutes of work to complete. Have the list ready. Then, if the teenager doesn't obey you, you can pick from the list and use a five-minute work chore as punishment.

Here are eight steps for using the five-minute work chore as punishment:

1. Set the stage so you will not have to impose a work chore.

That is, the first thing we need to do is to try to prevent conflicts and the use of punishment. This is done by creating a friendly atmosphere before making a request, and making the request in the right way (see above for how to make good requests).

2. Warn the adolescent that you will impose a work chore as soon as your request is met with non-compliance.

That is, he should be warned about this new strategy that you have decided to use. It is very important to act immediately when the teenager refuses to obey you. Keep in mind that your chances of success are better if you act right away.

3. Don't lecture or argue.

4. Each time you are about to make a request, have two work chores in mind that you can impose if necessary.

Any of the routine household tasks are good, and picking weeds and other types of yard work are also effective.

5. Impose no more than two work chores before you withdraw a privilege.

If he refuses to do the (first) work chore, another chore should be imposed. However, if he also refuses to do this chore, you need to withdraw a privilege. A privilege is something he has gained for good behaviour, for example playing soccer with the other kids every afternoon. Once you withdraw the privilege, do not impose any more work chores. You can create a lot of problems for yourself and the youth if you add new chores and he refuses to do them all.

6. Make sure the chore is brief.

It should be possible to do it in 5 minutes when working at a reasonable pace. However, if it takes the teenager an hour to do it because he works slowly, it is his problem.

7. Stay out of the way while he is doing the work.

8. Stay calm and neutral.

Privilege removal: The backup punishment of choice

Step 5 above dealt with privilege removal. When you say, “Do the five-minute work chore or else...” you need to back up your threat. Privilege removal is the backup punishment of choice. When you remove privileges, it is very important to take away things that are small, but noticeably important to the teenager. Make a list of the things that you routinely give him. NEVER remove the essentials, like his place of sleep, food and necessary clothes. Use the same principles as for the five-minute work chore: Make the privilege removal brief, mild and something you can control. Use it every time the adolescent refuses to do the imposed work chores.

Privilege removal should take place on the day of the incident (that is, it should also be finished that same day), because the purpose is to help the child choose the easier way out of the situation, which is to do the work chore.

Here are some examples of privileges that you could remove:

- The use of television, computer or telephone (if he usually has access)
- The use of bicycle, skateboard or radio (if he usually has access)
- An earlier bedtime, no goodies when the others get it.

How to punish adolescents with behavioural problems – a summary

Let us repeat the main points. The rules should be explained very well to the teenager. It is important that you make him understand why you start such a program - that he sees the advantages both for him and for you. However, you should make it clear to him that arguing is not going to change your plan – you have made up your mind to implement the rules below, which are as follows:

1. When you make a request, you expect obedience within 15 seconds.
2. If the teenager doesn't comply with the request within the specified time, you will label the lack of response as not minding, and a warning will be given that a work chore will be forthcoming without immediate compliance.
3. Failure to comply means that the work chore will be assigned.
4. After assigning a work chore, walk away from the scene to give the youngster some space.
5. If the adolescent continues to ignore the original request, then give a warning that one more work chore will be assigned if compliance doesn't follow immediately.
6. Further non-compliance (that is, refusal to carry out these chores) will result in the removal of a privilege until the chores are completed, but for no longer time than the rest of the day.

More serious problems

What do we do if the teenager shows more serious behavioural problems? Such problems may involve work chores longer than 5 minutes. Skipping a class at school, for example, might result in an hour of weed picking. A police offence such as shoplifting, on the other hand, might require 20 hours of work on the woodpile. It is important to negotiate the consequences in advance for common problems. For unexpected problems, give yourself some time to think of an appropriate consequence.

Here are some guidelines for using longer chores – you will see that they are very similar to the guidelines for using short chores:

1. Make it mild – the punishment is not revenge!

You want the punishment to be mild, but you also want it to fit the crime. Use short punishments for small problems and longer punishments for bigger problems. Consider the age of the teenager before deciding on the punishment. For example, for a younger adolescent you might use 2 minutes of work for every minute he is late after 8 p.m. because you worry. Here are some suggestions:

- Let the punishment for lying be 30 minutes.
- Let the punishment for smoking be one hour for each time caught.
- Staying out all night means one full day's work.

Don't give up on mild punishment because it doesn't eliminate the problem behaviour the first few times you use it! And don't change the rules in midstream. You may need to change the rules that you set up initially, but give a warning first! And if you do make changes, continue to impose punishments that are mild enough to use each time the problem comes up.

2. Make it clear

Describe chores in detail so that there is no room for confusion or debate.

3. If you must, remove a privilege

Make sure you remove privileges that are not too difficult to monitor. Establish the length of time for which privileges will be removed.

4. Provide personal space while the work is in progress

5. Inspect the work site

This, too, must be done in a neutral style.

6. When the consequence is finished, drop the topic

For example, don't ask them after they have finished the work if they learned their lesson. When the job is done, make some positive comments about the work and erase the incident from your mind.

Really long work chores

Some offences are so serious that they require a heavier consequence, for example shop lifting. Then you must tell the teenager how much work he has to do daily, and for how long (one to two hours a day during the week and four to six hours during weekends is recommended). A good strategy is to tell the child that privileges will be restored for the day after a certain amount of work has been finished.

Fines

Using fines is an effective alternative to using work chores for punishment. Money is very meaningful to adolescents. If the teenager doesn't have money and you still want to use fines for punishment, you could offer him the possibility of earning money by working for you.

7.5.7 Suggestions to work tasks for improving the care of your children

1. Do you have any house rules in your children's home? If so, are they written down and placed where everybody can see them? Have the children had the opportunity to give their input regarding rules? If you don't have house rules, would it be helpful to make some?
2. Consider each of the adolescents in your care. For those who have behavioural problems, think through, for each one:
 - a) What could be the reason for his problem(s)? Does the adolescent get his emotional container sufficiently filled up?
 - b) How can you help the adolescent to get rid of his problem(s)? Consider his age and maturity and the nature of his problem. Use the principles of this teaching. Discuss with others that know him well. Then make a plan for how to solve the problem and carry it out. Evaluate the progress and make necessary changes at regular intervals.

7.5.8 Reference

-Patterson GR, Forgatch MS: Parents and adolescents living together. Part 1: The basics, 2nd ed. Champaign, Illinois, Research Press, 2005.

7.6 Some specific behavioural problems

7.6.1 Summary

Stealing, lying, sibling rivalry and fights between children, poor behaviour in public places and dawdling are all common behavioural problems in children, particularly in young children. This chapter shows how to handle these problems in an effective way, using modelling, encouragement/praise, reward systems, logical and natural consequences, teaching of problem solving skills, Time Out and other strategies described earlier (see 6.6, 7.3 and 7.4). However, first of all, remember to keep the child's love tank full, to be encouraging, and to employ the disciplinary steps taught in 6.4.

7.6.2 Introduction

Stealing, lying, sibling rivalry and fights between children, poor behaviour in public places and dawdling are all common behavioural problems in children, particularly in young children. This chapter offers some effective strategies for coping with these problems. The strategies are mainly focusing problems in children aged 2-8 years. However, the principles are easily applied also in older children. The teaching is a summary of relevant chapters of Part Three in Webster-Stratton's book "The incredible years" (See 7.6.10 References), except for some additional information that has been included from various sources in 7.6.3 Stealing. We are aware that some of the examples given may not be relevant in your situation (for example, have a dawdling child dress in the car, and practice going to the restaurant with the children). However, we trust that you still will be able to apply the principles involved.

When a child shows behavioural problems, please remember to ask the crucial question: *What does the child need?* The answer always includes: 1. A full love tank (see chapter 6.3); 2. An atmosphere of encouragement; 3. Disciplinary steps as shown in chapter 6.4. Then, when these needs are met, and there is a repetitive pattern of misbehaviours, other more specific measures, such as reward/punishment systems, may be used.

7.6.3 Stealing

Most of this teaching is a summary of Problem Eight in Webster-Stratton's book *The incredible years* (pp 268-270, see 7.6.10 References). However, some additional information from Patterson & Forgatch (see 7.6.10) and other sources has also been included.

Of all behaviour problems, stealing probably worries parents the most. All children try to steal something at some point in their lives. Taking something away from another child without asking begins when they are two or three and peaks when they are between five and eight. By the age of 10 most normal youngsters have stopped stealing. If they haven't, they often need professional help. Preschoolers may take things because they have no concept of private ownership or because they don't understand the difference between borrowing and stealing. The best response for very young children is to say, "We don't take other people's belongings. Let us take the toy back to Jimmy." Older children may steal for a variety of reasons: To see if they can get away with it; because they feel deprived and want to have the things they steal (in fact, they may feel that these things will make them more popular); to get even with their parents ("how does it feel when you force me to steal what you won't buy for me?"); because they are depressed, unhappy or angry; to get attention from their parents; to replace something that is missing in their lives, such as love and affection.

It is a common experience that stealing often occurs in children who are disciplined rather harshly and strictly and feel unloved by their parents. Stealing may be the only way for these children to voice a protest, a "no", to their parents' way of dealing with them. The

parents “win” all the battles in the household. The only way the child is able to “win” the war is to attack the reputation of the family by stealing and being picked up by the police.

Stealing is often a problem in institutions, not least for the reason just mentioned (the children are often treated harshly and receive little attention due to shortage of staff and the staff’s need for control). However, some children “steal” because they have never learned to ask or in other ways act adequately when they want something. Finally, institutionalized children often steal when they are not allowed to own their own things, things that are valuable to them: They do not learn to distinguish between “mine” and “yours”, nor to understand the concept of and respect for ownership (for an example, see 5.1.5).

The suggestions below are primarily focusing stealing in children up to about nine years of age. If a child 10 years or older has this problem, you should apply the principles taught in chapters 7.3 and 7.5. If you don’t see any significant progress after applying these principles for three or four months, you should get some professional help.

Remain calm

Don’t overreact or take this episode as a personal attack or a sign that they will become delinquents. Don’t shame, criticize or force them to confess. Remember that what a troubled child needs most is affection and encouragement in learning to handle problems.

Confront the child

Confront the child in a straightforward way and label the act as stealing without humiliating the child. Express your understanding of the motive and end with positive expectations for the future. Encourage the child to try to understand the feelings of other people towards those who steal (“how would you feel if someone took something of yours?”).

Enforce a consequence

The most reasonable, natural consequence of stealing is to have a child return what was stolen. If the stolen object is lost, damaged or eaten, the child should be required to repay it from his allowance or by doing chores. If he lied about stealing then there should be a punishment for lying as well as for stealing. Enforce consequences immediately even if your child apologizes and promises never to do it again. It is essential to hold them responsible for stealing at the time it occurs. If one of the children has a habit of stealing, you need to redefine stealing. Tell him that he will be responsible for any new object found or anything missing from the house or school. New purchases must be accompanied by sales receipts and an account of where the money came from to buy them.

Monitoring

While older children need some freedom to investigate their environment, they should be held responsible for telling their caretakers exactly where they are, what they are doing and when they will be home. Children who habitually steal need close monitoring by their caretakers. Youngsters who steal need regular pocket emptying and room searching until the problem is corrected. In other words, they have sacrificed their right to privacy.

Provide reassurance and praise

Some children steal in reaction to divorce, a new baby, lack of attention or feelings of deprivation. In such cases, caretakers will need to provide extra love, praise and reassurance in addition to following the above courses of action.

7.6.4 Lying

This part of the teaching is a summary of Problem Nine in Webster-Stratton's book *The incredible years* (pp 271-274; see 7.6.10 References).

Most caretakers become upset when their children lie because they place a high value on honesty. All children lie from time to time. At first, they may tell exploratory lies in order to test the limits of what they can get away with and to see what will happen if they break the rules. Another type of lie is a deliberate attempt to conceal something that they have done wrong. A third type involves extreme bragging or exaggeration about a family member or an experience. The fantasy lie, a fourth type, occurs when children use their imagination. Since preschoolers have particular difficulty separating fantasy from reality, they are more likely to exaggerate, deny or exhibit wishful thinking. School-age children are more likely to tell a deliberate lie in order to avoid trouble or gain an advantage over someone else. These are some suggestions to what you can do to solve the problem:

Don't panic

Respond calmly. Lying represents another opportunity to help children learn. Avoid trying to scare or force them to confess. If you know one of the children broke a plate, don't ask, "Did you break it?" This invites the child to lie. Instead, state matter-of-factly, "I see you broke the plate. What should we do about that?"

Confront the child in a positive way

If you have a preschooler who tells a story about something that isn't true, calmly respond that you know it is make-believe. You can confront an older child who lies to avoid punishment or to conceal something by saying, "I know that isn't true. It doesn't help to lie. Let us see how we can solve this problem." The idea is to point out the truth in a way that doesn't make the child feel defensive. Never call the child a liar, for such a negative label reduces self-esteem.

Try to understand the reason for the lie

For instance, suppose one of the girls told her friends, "I got all A's" when, in fact, she is having problems at school. It is important to figure out whether she is under too much pressure from you or her peers and lying helps her to compensate for feelings of inadequacy. If, on the other hand, lies are told to avoid punishment, you need to be sure that your discipline is not so fearful or painful that the child would rather not tell the truth than get in trouble with you. Remember that consequences are designed to teach, not to inflict physical or emotional pain.

Follow through with discipline where appropriate

When school-age children lie in a deliberate attempt to cover up some problem, they should be held accountable both for not telling the truth and for the misdeed. This may result in a double punishment or the loss of two privileges. For example, you may tell an 8 year old child: "I want you to be honest with me. If I discover that you have done something wrong and lied about it, the punishment will be twice what it would have been if you had told me the truth. If you tell the truth, I will be proud of you. For example, let us say that you broke a window and told me about it. I would be proud of you for telling me the truth and we would probably work out an arrangement for you to pay for the window. But if you broke a window and lied about it, you would have two punishments. You would have to pay for replacing the window and you would lose one privilege for lying, such as no TV for a few nights."

Model honesty

A caretaker may tell a child who is answering the phone, “If that is John for me, tell him I’m not home.” You need to establish the same standards of honesty for yourself that you set for the children.

Misplaced honesty

Misplaced honesty means saying truthful things that are better left unsaid, for example, “Your grandma is fat and ugly.” You should explain to the child that although saying such things is honest, it is nonetheless better not to say them.

Praise and reward honesty

Teach them about honesty and how dishonesty is destructive to themselves and others. Remind them of the boy who “cried wolf” so often that no one believed he was telling the truth when he was really in trouble. If the child has a problem with frequent lying, it is helpful to set up a reinforcement program where he gets a sticker or token for each day without lying. These can then be traded in for various privileges.

7.6.5 Sibling rivalry and fights between children

This part of the teaching is a summary of Problem Four in Webster-Stratton’s book *The incredible years* (pp 248-255; see 7.6.10 References).

Bickering, arguing and fights between children living in the same house (for example, sisters and brothers; for the rest of this chapter ‘sibling rivalry’ means rivalry between children living in the same house) are a normal part of growing up. Through the experience of disagreeing with each other, children learn how to stand up for their rights, defend themselves and express their feelings. Mild teasing may even be a way to communicate affection and playful fun. Caretakers who rush to mediate arguments or resolve disputes are inadvertently denying the children opportunities to learn these communication and conflict resolution skills. Physical fights should never be allowed under any circumstances. Caretakers should take excessive sibling rivalry seriously.

Excessive sibling rivalry may develop for a number of reasons. Caretakers may exhibit favouritism toward one child and this may spark resentment. Sometimes older siblings resent the attention that caretakers give to younger ones. In other situations, the other children may act out caretakers’ unconscious dislike or rejection of a child who is hyperactive, difficult or less intelligent than the other children. Rivalry tends to be greatest between two children of the same sex. Sometimes children fight because they are imitating conflicts between their caretakers. Such children may also fight in an attempt to divert their caretakers from marital problems. These are some suggestions to what you can do to solve this problem:

Ignore minor squabbles

Sometimes you can get out of it by saying, “settle it yourselves.”

Beware of tattlers

Do not reinforce or give satisfaction to the tattler. On the other hand, sometimes a tattler tells you about something that cannot be ignored. In this case, the trick is to help the tattler think about how he could solve the problem in ways other than tattling.

Teach problem-solving skills

See 6.6.3! You might make up stories or use puppets to illustrate problems when the children are not fighting. For example, “what should Ernie do when Bert takes his toys?” Many children hit simply because they don’t know any other strategies for getting what they want.

Set up a reward system

Explain to the children that if they don’t bicker or fight for a certain amount of time, they will each get a sticker. Tell them they will also earn a sticker every time you see them sharing or cooperating with each other. Their stickers can then be turned in for rewards. Watch for when they play quietly together and provide praise as well as the stickers!

Use Time Out and natural and logical consequences

It is important for them to recognize that they will be held responsible for their behaviour. Whenever hitting occurs, immediately call a Time Out for both children because they need to learn that they are equally responsible for starting a fight. Don’t talk about the fight or try to determine who started it. It is just as important that the victim learns to avoid the aggressor as it is for the aggressor to learn self-control. Time Out for fights should include children’s guests as well as siblings. If their caretakers object, you can always send the children home.

Natural or logical consequences can also be effective. If arguing over a toy, take it away until they decide who will play with it first. If they are fighting over TV programs, turn off the set until they decide which program to watch first.

Hold family meetings

With school-age children, it can be helpful to set up weekly family meetings for discussion, sharing and planning. If someone uses the opportunity to blame or abuse a family member, stop him immediately and encourage him to focus on how to solve problems.

Love uniquely rather than equally

Try to treat each child as a unique and special person with his own talents and needs. Avoid comparing one child with another. Focus on each child’s particular strengths. Another way to demonstrate unique feelings for each child is to give them special privileges that are appropriate for their age. When you buy things for the children, make need rather than fairness the basis for your decision. Don’t feel that each child must receive exactly the same things or that you need to spend the same amount on each.

Avoid favouritism

Be aware of your feelings and try to protect the less favoured child by focusing on his special abilities. Wise caretakers will strive to accept any child, focus on his individual strengths and not demonstrate a possible preference openly. It is important to do everything possible to make all the children feel loved, cherished, appreciated, admired and important to you. However, beware of over-compensating due to the feelings of guilt concerning a less favoured youngster.

Prepare children for new family members

When a new baby or a new child is expected, let the other children help with preparations and give them the feeling that the baby/new child belongs to them as well as to you. If gifts are given to the baby/new child, all youngsters in the family group/family should receive a (small) gift.

Give each child time alone with you

Try to spend some uninterrupted time alone with each child. It is not necessary to give each child exactly the same amount of time each day. Instead, give your time according to their needs. Often, a youngster who is sick or celebrating a birthday or having trouble at school will need extra time and attention. The ups and downs of life ensure that each of the children will have special need of you at particular times.

Encourage separate spaces

In general, it is prudent to encourage children to have some separate experiences and pursuits as well as different companions. Forcing an older child to always include a younger one may backfire and result in increased rivalry and resentment. It is ironic that when you push closeness, you often get the opposite result, but if you promote separateness you may find that children/siblings will become friends. A certain amount of physical separation fosters the development of separate identities and helps reduce friction.

On the other hand, older children should be encouraged to develop empathy and patience for a youngster's needs and abilities. Taking a balanced approach that fosters separateness when feasible but also uses strategies to promote acceptance and understanding between children/siblings is more likely to lead to long-term friendships than either approach alone.

Teach property rights

Children should not be expected to share all their belongings with one another. Adult or child, we all need some special objects of our own. Moreover, if you try to force sharing too early you may trigger even more selfishness. Encourage your children to respect each other's belongings and to ask permission to use them.

Avoid overprotecting a younger child

It is more often a younger child who triggers aggressive behaviours than an older one. However, it is usually the older child who is blamed. In such a situation, both children must learn to control their contribution to the conflict.

Avoid placing too much responsibility on older children

Caretakers may inadvertently give too much responsibility to the older children. This is particularly true of older girls. This imbalance can contribute to older children resenting younger ones who seem to get off easily. At the same time, younger ones may become jealous of older children's increased responsibilities. Give the children tasks that are appropriate for their age and developmental ability.

Managing games

Sometimes caretakers need to act as referees and help enforce rules and other times they may need to support a younger child. It helps to buy games that focus on chance and luck rather than skill to win.

Remember that fights between children/siblings are normal

Be realistic about the amount of family harmony you expect. A great deal of quarrelling goes on in normal households. Don't moan loudly in the children's presence that they fight all the time. Keep your anxieties to yourself or the children just may live up to your complaint.

7.6.6 Behaviour in public places

This part of the teaching is a summary of Problem Two in Webster-Stratton's book *The incredible years* (pp 240-243; see 7.6.10 References).

Children's behaviour can deteriorate in public places for a variety of reasons.

1. Sometimes caretakers are busy and ignore the quiet, well-behaved child. Not until he misbehaves does he get noticed. Caretakers who pay attention to misbehaviour while ignoring good behaviour teach the child that misbehaving earns more of a payoff than behaving appropriately.
2. Visits to restaurants, the doctor's office etc usually last too long for them. The expectation that a child of four or five will be able to stay quiet, cooperative and compliant for one or two hours is unrealistic.
3. The child has had relatively few learning experiences in public. Unsure about what to expect and how to behave appropriately, he becomes anxious and misbehaves. These behaviour problems will likely escalate if caretakers respond differently than they would at home, hoping to avoid a scene.
4. Public places such as stores and restaurants provide children with hundreds of inviting temptations that require limit-setting on the part of their caretakers.
5. When young children are in settings such as parks with lots of other children, they can become very excited, especially if they haven't had much experience with other children. They may misbehave in order to see what kind of a reaction they can get or in an effort to show off.

These are some suggestions to what you can do to solve this problem:

Set up learning experiences

The trick is to rethink these situations as learning opportunities. Say the child has difficulty in a grocery store. Set up trial runs, or training trips, by taking him to the store with no intention of shopping. Stay in the store only five or ten minutes so that he has an opportunity to be successful. Praise appropriate behaviours, such as staying by your side and not picking things off the shelves. Be sure to choose a time when there are few people in the store so that if you have to discipline him, you won't have many onlookers.

If restaurant behaviour is a problem, take training trips to inexpensive places. Instead of ordering an entire meal, have a drink or snack so your stay can be brief. Reinforce appropriate mealtime and restaurant behaviours.

Another approach is to practice at home: have the family dress up as if you are going out to dinner and practice your best manners. Praise the child every time he displays appropriate behaviours.

State the rules

Be clear about the rules for behaviour in public places. For example, "remember, in the bank you must stay by my side and speak quietly."

Time Out

Be prepared to discipline the child in public places. Ignore tantrums if possible, if not do a short Time Out. Once completed, give him another chance to be successful. It is important that he learns that the rules that apply at home also apply in other settings. If he runs away when you visit grocery stores, explain that it will cost him one minute in a shopping cart. When you have to discipline him in public, try not to worry about what other people are thinking.

Reinforcement programs

Set up tangible reinforcement programs for misbehaviours in public. For example, with a four-year-old running away from your side in the grocery store, tell him, “If you stay by my side until we get to the end of an aisle you’ll get a sticker. When we’re done, you can trade your stickers in for something you want.” Praise the child for staying by your side as soon as he gets in the store. In fact, you will need to praise him every 15 or 20 feet at first.

Be realistic and teach gradually

Sometimes it is better to enjoy shopping or eating out with other adults and leave the children at home with a baby sitter. Whenever you start to bring the children, be sure to set up brief learning trips and gradually lengthen the time. The idea is to allow the children to have successful experiences, so be sure you can leave before they misbehave.

Involve the child if possible

Try to involve the child in conversations in public places. For example, in the grocery store you could say, “Will you please hand me the can of tomato sauce over there?” You can use these experiences to teach all kinds of things, such as where pineapples grow, how much things cost and so on. The more involved the children are in helping you, cooperating and talking, the less likely they are to misbehave.

7.6.7 Dawdling

This part of the teaching is a summary of Problem Three in Webster-Stratton’s book *The incredible years* (pp 244-247; see 7.6.10 References).

Dawdling occurs for many reasons. Sometimes caretakers have unrealistic expectations for the children. They may expect a four-year-old to get dressed without any guidance or reinforcement from the caretaker, and they may not allow enough time to complete the process. Remember that young children don’t understand the passage of time. Therefore, it is unrealistic to expect them to be punctual without adult help. Individual temperamental differences also affect their activity level and concept of time. In other instances, children dawdle in order to avoid some unpleasant experience. Children soon discover that through dawdling they can assert their independence and power, rendering their caretakers helpless and frustrated. Attention from the caretaker, albeit negative, inadvertently reinforces dawdling and perpetuates the power struggle. These are some suggestions to what you can do to solve the problem:

Praise and reward programs

The most important is to give positive attention (praise) for any effort the child makes to behave well. Tangible reinforcement programs may also be used.

Ignore stalling

Don’t criticize the child for what he can’t do well. This negative attention actually reinforces not getting dressed, not eating, and other stalling behaviours. Pay lavish attention to what they can do and ignore what they can’t do.

Make up games

For instance, “I wonder if you can be dressed by the time I count to 20.” Others respond well to rocket warnings, such as, “Five minutes left to go...two minutes left...one minute left...and now we are taking off.” Some children like marching music to help them dress, get

ready for bed or do their chores more quickly. Another idea is to play “follow-the-leader” to the school bus in the morning.

Natural and logical consequences

These can include having to get dressed in the car on the way to school or not having time for breakfast etc. However, if you use this approach, explain the consequences in detail to the child ahead of time. Usually, experiencing consequences once or twice will put an end to dawdling.

Time Out

Time Out may be used for the highly oppositional child. Be sure to combine Time Out with a reinforcement program where he is praised and reinforced for his efforts to do things more quickly. Motivating good behaviour at the same time as you use discipline for the misbehaviour is crucial.

Give plenty of warning and lead time

Young children need plenty of time to make transitions. Most young children need regular reminders as well. These warnings help them make the transitions and are especially important for intense youngsters who have difficulty switching from one activity to another.

Establish a routine

Predictable routines help children feel secure and learn behaviours more quickly. Specific rules should be established about dressing in the bedroom, no breakfast until completely dressed, no evening snack until in pyjamas and so on.

Self-talk

You can show the child how to use self-talk by saying things aloud to yourself about speeding things up and promoting cheerfulness. For example, “It feels good getting ready faster in the mornings. I have more time to relax.”

Have appropriate expectations

Be sure your expectations are appropriate for the age and developmental stage of the child. Few children can be expected to completely dress themselves until they are four or five. It can help to choose their clothes the night before and to lay them out. Moreover, preschoolers need at least 30 minutes to complete dressing. Remember, learning to dress starts at two or three and takes two to three years to complete, so try to be patient and make it fun. If you have a three-year-old who is just learning, make sure clothes are big and easy to pull on. Gradually, you can step back and watch your child do more and more. However, each step of the way you must supply encouragement, support and praise.

What is the hurry?

Ask yourself from time to time, “What is the hurry?” We may be rushing the children in the same way we rush ourselves. Are we being unnecessarily impatient with the child, hurrying him from one achievement to the next without allowing him time to enjoy a sense of accomplishment? Too much hurrying can create stress and disrupt normal social and emotional development. Slow down and give both the child and yourself time to learn and explore.

***7.6.8 Biblical references**

Re 7.6.3: Judas, the disciple that betrayed Jesus, obviously had a stealing problem (John 12:4-6). Jesus, knowing all things, also knew the heart of Judas (John 6:70-71) and that he was stealing from their communal supplies. Why didn't Jesus correct Judas? Why did he let Judas continue his stealing? Only God knows the answer. However, it may be that we sometimes should wait before we confront a child that steals – that we should pray about the situation and for the child before we confront. God is patient with us. We need to be patient with “our” children. And we need God’s wisdom and timing to help the child in the best way possible.

7.6.9 Suggestions to work tasks for improving the care of your children

Consider each of the children in your care:

1. Does the child have one or more of the problems mentioned in this chapter?
2. For the child with problems: Write a plan for what you will do to help him get rid of his problems. For each problem, use the line of action suggested in this teaching.
3. Implement the plan and monitor the effect of treatment regularly.
4. Seek help within reasonable time if there is little improvement.

7.6.10 References

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7.7 Problems related to institutional life

7.7.1 Summary

This chapter deals with some of the problems that are caused by early institutionalization. Most of these problems seem to be more frequent and serious in “bad” institutions, while children’s homes with a high staff-child ratio and caring caregivers experience fewer and less serious problems. Children with the described problems need to be better stimulated and cared for, preferably by being permanently placed in a family.

Rocking, self-injury, unusual sensory interests and eating problems are very rare in non-institutionalized children but are found pretty often in children’s homes. Disinhibited attachment disorder is caused by lack of continuity of care. The core symptoms in preschool age are a definite lack of differentiation between adults, clear indication that the child would readily go off with a stranger, and definite lack of checking back with the caregiver in new, anxiety-provoking situations. From middle childhood and onwards some of the most typical traits are excessive talking and social problems. Inhibited attachment disorder is typically seen in maltreated, emotionally deprived children. These children appear wary, hyper-vigilant and excessively inhibited. Attachment behaviours are absent or markedly restricted. These children are affectively withdrawn, apathetic and unresponsive.

A high level of motor activity and concentration problems is very common in institutionalized children. The symptoms are usually indistinguishable from those of AD/HD. Some children in poor institutions develop symptoms (almost) identical to autism, that is, lack of interest in and ability to communicate and interact socially with others, and strange/meaningless rituals, hobbies or movements. Normal cognitive development is dependent on proper stimulation and care, particularly in the first years of life. Institutionalized children are at particular risk for experiencing a low level of stimulation and, therefore, for developing cognitive deficits, even mental retardation.

The combination of attachment problems, inattention/overactivity and quasi-autistic traits is not a rare finding in poor institutions, but seems to be found only in such institutions.

7.7.2 Introduction

In 4.2.3 we stated that institutional life exposes a child to considerable risks, mainly because it is very difficult to provide for children’s needs in such a setting. This chapter deals with some of the problems that are caused by institutionalization. The information below is obtained from research on children that have been placed in institutions as infants. Little is known about the occurrence of the described problems in children placed in institutions after infancy. Most of these problems seem to be more frequent and serious in “bad” institutions, while children’s homes with a high staff-child ratio and caring caregivers experience fewer and less serious problems. The described problems are usually indications that the children have not received sufficient care and attention. This may have happened before placement in the children’s home, but in most cases it is caused by the institutionalization. Some children would have developed their problems anyway, whether living in a children’s home or with a family (for example, some children with overactivity/inattention and cognitive delays, see 7.11.4 and 7.9.3, respectively). However, no matter the cause, most of the children suffering from the problems dealt with in this chapter, need special attention, care and stimulation. The best way of securing an improved care is by adoption or placement in a permanent foster home (see chapter 4.2). However if these options are not available, these children should be dedicated extra time with their caregivers.

7.7.3 Rocking, self-injury, unusual sensory interests and eating problems

These problems are very rare in non-institutionalized children but are found pretty often in children's homes. Often the problems will disappear within a few months after improving the care, but may also last for years.

Rocking means that the child moves his body, head and/or limbs back and forth. Sometimes it is a reaction to boredom or stress. It is frequent at bedtime before or during sleep. It is a very common way for institutionalized children to stimulate themselves. It doesn't help to hold the child to stop the rocking, neither to distract him. Rocking will usually continue for a long period after improving the care.

By self-injury is meant head banging, wrist biting, severe chewing of nails and fingers, and eye poking. In some cases it occurs as a reaction to stress or being told off, in other instances it may accompany rocking. Some children may develop these problems after improvement of care.

Unusual sensory interests is defined as an unusual interest in the feel and smell of persons or objects and unusual preoccupations with visual sensations. For example, one child may be fascinated by the smell and texture of rubber, while another may be preoccupied with light and hold things up to the light to observe patterns. It is not as common as rocking and self-injury. In some cases it is seen together with quasi-autistic behaviour (see below). Also this phenomenon may occur after improvement of care.

Eating problems is defined as a difficulty in eating (that is, chewing and swallowing) solids. This is a rather frequent problem in institutions, particularly when the children are not given solid food until after their first year of life.

7.7.4 Attachment disorders

Disinhibited attachment disorder is caused by lack of continuity of care. That is, children who are not given the opportunity to bond to one (or a few caretakers), are at risk. The caregiver(s) should be caring and loving, and available to the child on a daily basis for several years (see 5.1.3). The younger the child, the more important it is for the child to have such a parent substitute. If lacking, one of the problems the child may develop is disinhibited attachment disorder. The three core symptoms in preschool age are 1) a definite lack of differentiation between adults. This means that the child is as comfortable together with a complete stranger as with his parent (figure), and when distressed he is (almost) as likely to seek comfort from an unfamiliar adult as from his caregiver; 2) clear indication that the child would readily go off with a stranger. This may be dangerous for the child, as he may grab the hand of a complete stranger and follow this person without hesitating or showing any discomfort; and 3) definite lack of checking back with the caregiver/parent in new, anxiety-provoking situations. Usually, a child will look to his caregiver in new and stressful situations to get help or a cue as how to react.

Children with this disorder appear to be interested in interacting with others, but relate to others in a superficial/shallow and impersonal way. They "give little back" in relationships (that is, there is a lack of mutual sharing and contribution). These children not only lack reservations towards strangers, but are overfriendly and even affectionate towards them. Particularly the youngest children are perceived as being clingy towards adults.

From middle childhood and onwards some of the most typical traits are excessive talking (not least during school hours!), problems picking up important social cues, and low awareness of interpersonal boundaries. For example, it is rather typical for them to persistently make questions, often intrusive or personal questions, without showing any genuine regard for the answer. That is, their social understanding is weak.

Some of the children suffering from disinhibited attachment disorder get rid of their problems within a year after a radical improvement of daily care (usually adoption), while a considerable proportion continue to have substantial social problems in childhood and adolescence.

Inhibited attachment disorder is caused by one or more of the following three conditions: 1) persistent disregard of a child's basic emotional needs for comfort, stimulation and affection; 2) persistent disregard of the child's basic physical needs; 3) repeated changes of primary caregiver that prevent formation of stable attachments. This condition is typically seen in maltreated children. Contrary to the disinhibited type, the inhibited type seems to disappear within some months after a radical change of care. This condition is less studied and less clearly defined than the disinhibited type. Children suffering from the inhibited type appear wary, hyper-vigilant and excessively inhibited. They are generally ambivalent in response to caregivers and social interactions (for example, they may react towards adults with a mixture of approach and avoidance), resist comforting and easily react with "frozen watchfulness" (that is, without moving and with an empty or worried facial "mask", as if "frozen"; they are watching the adult/the situation). Attachment behaviours (such as seeking and accepting comfort, showing and responding to affection, relying on caregivers for help, and cooperating with caregivers) are absent or markedly restricted. Exploratory behaviour is limited (owing to the absence of a preferred attachment figure). The children are often described as being affectively withdrawn, apathetic and unresponsive. They often have gaze abnormalities, and they frequently react strangely to social cues.

7.7.5 Overactivity and inattention

A high level of motor activity and concentration problems is very common in institutionalized children. The symptoms are usually indistinguishable from those of AD/HD (see 7.11.4), although the hyperactivity seems to be less striking and less pervasive than in AD/HD. The problems are typically more evident at school (where the child has to sit still and concentrate for long periods of time) than in other situations. The symptoms are usually lasting for years, even after a radical change of care.

7.7.6 Quasi-autistic patterns

Particularly in poor institutions (i.e., in institutions with a low staff-child ratio, a low level of care and stimulation, and with a lack of specific caretakers for the individual child, see chapter 5.1) some children will develop symptoms (almost) identical of autism. Children with autism show problems in three areas: 1) Lack of interest in and ability to interact socially with others. Examples are failure to adequately use non-verbal behaviours (such as eye-to-eye gaze, facial expression, body postures and gestures) to interact with others, and failure to develop peer relationships that involve a mutual sharing of interests, activities and emotions. 2) Lack of interest in and ability to communicate with others. Typical problems are lacking or delayed spoken language without attempts to compensate for it through the use of non-verbal communication, failure to have conversations that are not entirely on the child's premises, and lack of interest in make-believe or social imitative play. 3) An all-consuming interest in certain (parts of) objects, behaviours or activities that (usually) seem meaningless or strange to others. Examples are a special interest in the rubber wheels of toy cars, the making of certain movements (for example hand twisting) that is repeated countless times during the day, and performing meaningless/strange rituals during the day.

Children showing quasi-autistic patterns differ from autistic children by being more interested in people and relationships. Further, contrary to autistic children, they will improve considerably over time if they experience a radical change of care, preferably adoption.

7.7.7 Cognitive deficits

Normal cognitive development is dependent on proper stimulation and care, particularly in the first years of life (chapter 3.2). Research shows that the more serious the lack of stimulation and the longer it lasts, the greater is the risk for detrimental effects on the level of intelligence. It has also been shown time and again that institutionalized children are at particular risk for experiencing a low level of stimulation and, therefore, for developing a reduced mental capacity. In fact, quite a large number of children growing up in children's homes develop mental retardation. The prevention and treatment of cognitive deficits due to under-stimulation is, of course, proper stimulation and care. Again, the best option for the child would be permanent placement in a family. The topic of mental retardation will be treated in 7.9.3.

7.7.8 Combinations of symptoms – patterns specific to institutional upbringing

Some children growing up in institutions characterized by little stimulation and care, develop a combination of attachment problems, inattention/overactivity and quasi-autistic traits. This combination of problems seems to be found only in institutions.

7.7.9 Suggestions to work tasks for improving the care of your children

Consider each of the children in your care, whether they have one or more of the problems mentioned in this chapter. If so,

- what can you do to help the particular child improve or get rid of his problems?
- what can you do to prevent other children from developing these problems?

7.7.10 References

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7.8. Children affected by HIV/AIDS

7.8.1 Summary

The AIDS epidemic is affecting millions of children worldwide. The majority of HIV positive children have been infected through their mothers. HIV negative children whose caregivers have AIDS, often suffer tremendous psychosocial consequences of the disease: Stigma, social isolation and impoverishment, loss of parents/family/home, loss of regular schooling; malnutrition, long work hours, abuse, loss of inheritance and emotional problems. Thus, these children are in tremendous need for loving care and support.

Children who have acquired HIV have a more rapid progression to death than adults. However, HIV/AIDS also has mental consequences: Significant neurological, developmental, cognitive and language deficits. Progressive encephalopathy (about 20% of children with AIDS) is characterized by the loss of developmental milestones in young children, and by declining IQ scores and increased difficulties with language, attention, concentration and memory in older children, as well as apathy, increasing fatigue, decreased social functioning and emotional problems. Progressive encephalopathy signals the end stage of the disease.

HIV-infected children seem to have increased risk for emotional and behavioural disorders.

The help and support provided for HIV-infected children depends on the age and maturity and specific problems of the particular child. However, they all need to be touched and cared for, and someone to talk to (or play with) when in need of working through tough issues.

7.8.2 Introduction

The AIDS epidemic is global and of enormous proportions. Children are affected in various ways. Women of childbearing age now make up an ever-increasing proportion of people with HIV worldwide. In addition to ordinary modes of transmission, a child may be infected “vertically”, i.e., during pregnancy, labour and delivery and through breast feeding. Vertical transmission is the most common way for a child to acquire an HIV infection (90% of cases worldwide). However, the AIDS epidemic has become both a cause and a consequence of the commercial sex trade of children.

This chapter will deal with the psychosocial aspects of HIV/AIDS. The particular vulnerability of the child when the disaster strikes, as well as the mental consequences of the infection, will be summarized. We will also take a look at the needs these children have, and how they can be met.

7.8.3 Psychosocial consequences of the HIV/AIDS epidemic for HIV negative children

The psychosocial consequences of the AIDS epidemic in hard-hit communities are largest for children. The children feel the impact as they lose parents, teachers and caregivers to AIDS, as health systems are stretched beyond their limits and as their families take in other children who have been orphaned by the epidemic. Worst off in such a situation are the children who already face hardship or neglect: children in institutional care, children in poor neighbourhoods or slum areas, and refugee children, and even more so for young girls who have unequal opportunities for schooling and employment.

Being orphaned is one of the worst consequences of this epidemic. The trauma of losing their parents, and often their homes as well, is compounded by the struggle simply to survive. They may suffer the loss of their entire families. Most orphans drop out of school, suffer malnutrition, receive little if any medical care (including immunizations), and have emotional problems (depression etc) due to unresolved grief and not having their losses

restored. Orphans are more likely to be forced to work long hours, to suffer from beatings and to experience sexual abuse. Loss of inheritance, forced migration, crime and exposure to HIV infections are other things they experience.

Individual households struck by AIDS often suffer disproportionately from stigma, discrimination/social isolation and impoverishment. Living through the stigma of having a parent with HIV and witnessing his or her slow, often agonizing death causes great emotional stress and trauma. The deprivation of maternal care results in varying degrees of acute anxiety and an excessive need for love. Fears, stigma, losses, uncertainties and despair for a meaningful future deeply affect emotional well-being. Difficult relationships with new caretakers can also be a significant stress factor. The stress can cause children to become depressed, reducing their ability to cope with the new and ever-growing pressures.

Meeting the needs

Children's psychological needs are best met when they are allowed to remain integral members of their communities, finding security in familiar structures and community networks. We remind about the need for a constant caregiver (5.1.3).

Bereavement counselling and strengthening of coping skills are needed for traumatized children to move beyond their grief issues and gain a new perspective on their situations. Children with HIV-infected parents or siblings need psychological and emotional support in order to

- understand what is happening to the person with AIDS
- deal with their own feelings (worry, fear, anger, sadness, confusion)
- know what to tell their friends and other people
- deal with the possibility of losing a very important person (parent, sibling)
- know they are loved and that they will be cared for and not left alone (one of the greatest fears of non-infected as well as infected children of HIV-infected parents is that they will be left alone)
- deal with the stresses that the reality of AIDS bring.

When parents are diagnosed with HIV, they should be encouraged to demonstrate courage in informing their children and to begin preparing them for future responsibilities. Disclosing this information also facilitates the children's anticipatory grief process. Caregivers can help parents prepare their children for life after their deaths, by:

- finding another family or person who can care for and shelter them
- making a will. This is very important to protect the property normally grabbed by next of kin, leaving children with nothing
- avoiding debt burdens because of their illness. This should also include the planning of a simple funeral to hold down the costs of funeral debt
- passing on skills and knowledge to children so they can become economically independent. It also could include seeing that the children are apprenticed to a community worker who can train them in a marketable, income-generating skill
- teaching the children to take measures to protect themselves and others while caring for the sick. They need to know that they can become infected from contaminated body fluids, especially when they are cleaning and dressing open wounds or cuts.

7.8.4 Mental effects of paediatric HIV

Being the weakest members of the society, children are the most vulnerable physically when the infection has been acquired, having a more rapid progression to death than adults.

However, HIV/AIDS also has mental consequences.

There are significant neurological, developmental, cognitive and language deficits in HIV-infected children. In general, the severity of these problems increases with the severity of

HIV-related illness; the children with the most significant delays have higher viral loads and the most severe non-neurological health-related symptoms.

Two relatively distinct neurodevelopmental patterns have been described: Progressive encephalopathy (AIDS dementia; corresponding with the AIDS dementia complex in adults), is characterized by the loss of developmental milestones in young children, and by declining IQ scores and increased difficulties with language, attention, concentration and memory in older children. This pattern is a direct effect of HIV on the central nervous system and is associated with a poor prognosis. Antiviral treatment, particularly if a combination of drugs is used, have the potential to ameliorate the development and progression of this condition. Progressive encephalopathy is rather common in children with AIDS (about 20%). In addition to the above mentioned symptoms, these children manifest apathy, increasing fatigue, decreased interest in and resistance to regular activities, behaviour more characteristic of younger children, and symptoms of depression and irritability. These symptoms can be misinterpreted as oppositional behaviour or as depressive disorder. Progressive organic development in children is an important prognostic sign, signalling the end stage of the disease. This is an important time to help the child and his family to prepare for the final stages of the child's life.

Static encephalopathy, characterized by non-progressive deficits in cognitive, motor and/or language function, is not directly attributable to HIV, but is usually the result of drug exposure during pregnancy, prematurity etc in children whose mothers abuse drugs.

To date, the literature on emotional and behavioural disorders in HIV-infected children is extremely limited. But studies indicate that these children may be more exposed to AD/HD symptoms (see 7.11.4), depression, anxiety and bereavement reactions. However, these problems may be more strongly related to other factors such as drug exposure during pregnancy, prematurity and low birth weight.

The normal developmental challenges of adolescence, including puberty, sexuality and the desire to 'fit in' or be 'normal' are seriously complicated by HIV disease. The detrimental effects of HIV on growth and pubertal development pose significant challenges.

Meeting the needs

Children's age and developmental level dictate their capacity to understand the meaning of their HIV illness. Preschool-aged and young school-aged children generally cannot grasp the concept of chronic illness and understand episodes of HIV-related illness as discrete and unconnected events. They are usually not informed by family members or health care providers about their HIV infection. Older school-aged children needs open communication about their HIV status, among other things to receive adult help regarding how to cope with secrecy, stigma and potential rejection by peers, coping with chronic illness, and anxiety about the future.

Given the prevalence of progressive encephalopathy and the symptoms that follow this condition, HIV-infected children are at high risk for school-related problems. Therefore, their performance and educational program require regular evaluation.

As death approaches, the child may experience confusion and great anxiety. For many pre-adolescent children, separation from family, and especially from a primary attachment figure, is the most worrisome aspect of death. A caregiver or therapist may be able to draw on elements in the child's spiritual or religious belief system to sustain hope of continuity of attachment between the deceased and his most important attachment figures.

Ignorance about transmission of HIV may cause the child's caretakers to avoid touch. There is no scientific evidence establishing touch as a realistic route of transmission. The need for children to experience physical touch is paramount. Children with AIDS need physical touch even more than other children. Tactile stimulation of HIV children may move beyond

the important communication of affection and relationship. Some children with HIV develop impairments similar to cerebral palsy, such as spasticity or hypotonia and may need massage and stretching exercises.

Play therapy may be an important intervention for children with HIV. An important therapeutic goal for HIV children is the expression of emotions and fears. Play therapy may provide these children the opportunity to express their emotions related to fear of death, sense of vulnerability, changes in physical health, and concerns about acceptance from peers and family members, as well as the repeated expression of emotions and fears regarding medical procedures and illness for terminally ill children.

Early in the presentation of progressive encephalopathy in children, stimulants such as methylphenidate can be very helpful.

For an HIV infected child living in his family, the infection often causes significant disruption in the family system. Family members may feel overwhelmed, anxious, angry and guilty. These feelings often disrupt the parent-child relationship, which may be further compounded by other psychosocial stressors. The issue of maintaining secrecy about a social embarrassing medical condition may also place stress on the family. These stresses may result in the child with HIV experiencing a crucial disruption of emotional support when it is most needed. Additionally, many children with HIV may experience the death of their mother, through whom they contracted the illness. The loneliness of having a chronic illness is then compounded by feelings of abandonment.

7.8.5 HIV infection in adolescence

Adolescents acquiring HIV are at risk for a range of mental health problems related to their specific risk factors for acquiring HIV infection (such as inner-city life in ethnic minority groups, substance use, homelessness, homo- or bisexuality), psychiatric conditions they had before they got HIV (depression, AD/HD, conduct disorder etc), and consequences of having the disease itself (difficulties developing a healthy self-identity – many HIV infected adolescents see themselves as infectious people and feel self-contempt for this reason; worries for being rejected etc). That is, many of the factors that placed them at risk for HIV infection in the first place also place them at risk for future psychiatric disorders and problems with psychosocial functioning.

7.8.6 Suggestions to work tasks for improving the care of your children

1. Are there reasons to believe that one or more of the children in your care are HIV positive?
If so, these children should have an HIV test if they have not been tested already.
2. If you have HIV positive children in your care, do they get sufficient love, attention and help?
 - Do they get their emotional containers filled? (See chapter 6.3)
 - Do they receive any help to work through difficult issues, as suggested in this chapter?
 - Are they regularly examined medically?
 - Are their academic performance and educational plans regularly evaluated?
3. Have the children received sufficient help to ensure their rights regarding inheritance etc?

7.8.7 References

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7.9 Some academic problems

7.9.1 Summary

Academic problems are common, not least among children in institutions. A child with an academic problem (for example, low motivation for studying) should be systematically examined, so that the reason(s) for the problem is found. The following can be used as a check list (see table in 7.9.4): Abuse/violence, lack of stimulation and care, issues with identity and expectations, poor classrooms, large class sizes, poorly trained teachers, language problems, mental retardation, AD/HD, behavioural problems, specific learning disabilities, hearing/vision problems, depression, and drug misuse.

Mental retardation affects a child's development in various areas: Academics, physical functioning, self-care, language and social skills. Children with mental retardation have increased risk for mental disorders.

In the last section we offer a strategy for overcoming motivational problems.

7.9.2 Introduction

Academic problems in institutionalized children are very common. In our experience, a considerable part of the children in children's homes have low motivation for academic work. When a child shows learning problems or poor motivation, it is important to go systematically ahead and find the reason for the problem. Then, the right measures should be implemented.

Mental retardation is included here, because most mentally retarded children are mildly affected and may be "discovered" because of their poor academic progress. Other specific causes of learning problems that we have included are specific learning disabilities and motivational problems, because these problems are frequent and often hinder the affected children in making use of their academic potential. Reading skills is very important for academic progress. We remind the reader about 6.5.7 How to stimulate reading skills, as the recommendations given there are helpful for children who struggle with their reading.

Although the treatment principles for most of these problems are rather simple technically, they are often challenging to implement, because they demand a considerable amount of the caregivers' love, attention, time, energy and patience. Thus, also this chapter is a reminder of the importance of having enough caregiving staff in the children's homes.

7.9.3 Mental retardation

That a child is mentally retarded means that his mental functions are significantly weaker than those of the average child his age. The mentally retarded child has difficulties learning new things. It is common to define mental retardation (MR) as an intelligence quotient (IQ), measured by a standardized intelligence test, below 70 and a social functioning (including self-care abilities such as ability to move, speak, dress, feed and wash independently) significantly below average. Some 85% of children with MR have a mild form, which may be difficult to detect. MR should be suspected if a child is slow to reach the important developmental "milestones" given in the table below (Adapted from Patel, box 8.1, p. 155. See references).

However, there may be other reasons why a child is slow to reach these milestones. Most of the milestones will be affected by motor or coordination problems. If a child has problems talking, consider hearing problems, which is a common reason for language deficits and delays. MR is particularly considered if there is a combination of problems – if the child is retarded in several areas at the same time.

Milestone	Normal age of achieving milestone	Suspect MR if milestone is delayed beyond...
Responds to name/voice	1-3 months	4 th month
Holds head steady	2-6 months	6 th month
Sits without support	5-10 months	12 th month
Stands without support	9-14 months	18 th month
Walks well	10-20 months	20 th month
Talks in 2-3-word sentences	16-30 months	3 rd year
Is toilet trained	3-4 years	4 th year

The causes of MR are many: Problems before birth (for example that the mother had an infection during pregnancy), during birth (for example prolonged birth) or during the first year of life (for example meningitis and malnutrition), and genetic conditions (such as Down's syndrome). A very common cause of MR in institutionalized children is emotional neglect and lack of stimulation in the first years of life (see 7.7.7). In most cases of MR the exact cause is never found out.

Most children with mild MR will be able to go to school. They will reach a mental age in adulthood of approximately 9-12 years, and most of them will be able to care for themselves and be fairly independent. Their main problem will be to make friends as they grow older. Routine jobs are usually the preferable employment. Children with moderate MR (IQ between 35 and 49) will need to be in special schools. Most of them will be dependent on their families to a certain degree, not least for social interaction, and will not be able to have a regular job. They will reach a mental age of 6-9 years in adulthood.

MR affects a child's development of physical functions (for example walking and grabbing), self-care, language (both talking and understanding others) and social functioning (for example playing). Children with mental retardation also have increased risk for mental disorders (for example anxiety and depression) and physical illnesses. Particularly adolescents with MR are prone to develop depression (when they understand that they are different from others).

MR should be suspected if a child is delayed in reaching key milestones, is unable to carry out instructions, has difficulties in school work or has social problems (for example, prefers to play or hang out with much younger children). An adolescent with MR may show inappropriate sexual behaviour. If you suspect MR, you should obtain information about key milestones, self-care abilities, school performance and behaviour. When talking with the child, note the level of attention and involvement in the conversation. Note if he has problems understanding simple questions and if he gives inappropriate answers. Does the child have any specific physical features (for example, persons with Down's syndrome have slanting eyes, low ears, a short neck etc)?

If a child has MR, is there anything you can do? Yes! First of all, the child should be devoted at least as much time, love and attention as other children (see section 6). Secondly, if the cause of the retardation is lack of stimulation/emotional neglect, the child may be cured or improve considerably if he is properly taken care of, usually by being adopted into a family. If the child has a specific medical problem, there may be medicines that can improve the level of functioning or prevent deterioration. Thirdly, it is very important to teach and train mentally retarded children, to help them learn as much as possible and become as independent as possible. They learn slower than others, and therefore need more practice and more time to develop. When teaching the child, start with simple tasks and move on to more demanding activities only when the simpler tasks have been learned. Break more complex activities and tasks into smaller parts, so that the child practises and learns one piece at a time before he is challenged to do the whole activity as a whole.

7.9.4 Learning problems

A child may have difficulties with studies for many reasons. The table below shows some of the most important causes:

The family/children's home	The school	The child
Abuse, violence etc	Poor classrooms	Mental retardation
Lack of stimulation and care	Large class sizes	AD/HD (see 7.11.4)
Identity and expectations	Poorly trained teachers	Behavioural problems
	The language of schooling	Specific learning disabilities
		Hearing/vision problems
		Depression
		Drug misuse
		Child abuse

If a child is unhappy or mistreated in his family or children's home, he may lose interest in studying. He may also find it very difficult to concentrate (chapters 7.1 and 7.2). A serious lack of stimulation in the first years of life may cause cognitive deficits, even mental retardation (see 7.7.7). In some families or institutions there may be lacking expectations to the child about studying. Sometimes children are even discouraged from working hard at school, because they have to work to help their families survive, or because there is a prevailing attitude that "in our family we don't care about/we are no good at studying".

Learning problems may also be due to teachers that are very strict and punitive or that use poor teaching methodology (for example, having the children to learn everything by heart instead of helping them to understand what they study). In some countries it is rather common that children from ethnic minorities are placed in schools where the language of teaching is different from their mother tongue. This may, of course, cause considerable learning problems.

Learning difficulties may also be caused by problems related to the child. Mental retardation is dealt with above. Mental disorders such as fears, AD/HD and depression (see chapter 7.11) may also strongly affect learning. Anxiety, depression and other emotional problems are obvious hindrances for learning. Academic achievements will especially be affected when the child enters a new learning experience, particularly one that requires a major change or increased difficulty in content. Such learning related anxiety often appears among children who are moving from a grade where thinking and learning concretely dominates to a grade where thinking and learning abstractly is included.

Behavioural problems are often detrimental to learning, because the child misbehaves and gets into trouble, and often lacks motivation for studying. How to cope with behavioural problems is shown in chapters 7.3-7.6. Child abuse (which may happen within or outside the family/institution) also causes considerable learning problems, due to distress, lack of concentration etc (see 5.2.3). Some space will be devoted to the topic of specific learning disabilities. However, the remaining causes in the table above will shortly be commented on first:

One of the most important things to do if a child has learning problems, is to examine if his vision and hearing are normal. If a child doesn't hear or see properly, it is natural that he finds it difficult to learn! It is rather common for children to be near-sighted (that is, to have poor vision when looking at a distance), a problem which makes it difficult to read what the teacher writes on the blackboard if the child is sitting in the back of the classroom. There are also many children that have hearing problems, particularly due to middle ear infection. That adolescents are drugged during school hours is a problem in some parts of the world. If an

adolescent is lagging behind at school, the thought should occur that it may be caused by misuse of drugs such as cannabis.

Specific learning disabilities

That a child has a specific learning disability means that he has a substantial problem with a particular aspect of studying in spite of normal vision and hearing, normal intelligence and age-appropriate education. There are three different kinds of disabilities:

1. Developmental reading disorder.

The child with a specific reading disability will often misread questions or instructions, skip words or lines and read the same lines twice. Another common problem is to be unable to remember what has just been read (in spite of being able to read each word).

2. Developmental disorder of written expression.

Typical problems are spelling problems such as reversal of letters or words that look like a mirror image of each other, for example 'b' and 'd' or 'no' and 'on'; omission of letters; and the use of wrong letters in a word. Usually these problems will also be present when the child copies off of the blackboard. The handwriting is usually untidy.

3. Mathematics disorder.

Typically, the child has problems learning and using multiplication tables (times tables). It is also common to do "silly" mistakes such as writing '21' instead of '12', mix up the columns, and add when meaning to subtract. Many children with mathematics disability have difficulties with word problems where they have to read and understand then change the words into formulas. Finally, a common problem is to start a math problem but halfway through forget what one is trying to do.

Although such a child has normal intelligence, he is easily considered to be stupid because of his learning problem. He is prone to enter a vicious circle: Failure to understand → loss of concentration and boredom → loss of self-confidence, unhappiness and frustration → misbehaviour, depression or anxiety → worsening of ability to understand etc. Children with specific learning disabilities do as well as other children if they receive special educational help (in a regular school – they should not be placed in special schools for mentally retarded children). They should be explained what their problem is, and that they are not stupid!

A practical thing that can be done to help these children is to read their homework for them, and sometimes even to be their "secretary" by writing down the answers to their homework assignments (by dictate). It is important to help the child learn through the "channels" that work for him (for example, by listening), instead of only practicing the methods that the child struggles with (for example, reading and writing).

7.9.5 Motivational problems (older children and adolescents)

When motivation for school related work is low, it is very important to find out if there are any specific reasons. It is rather often found that low intelligence, AD/HD, specific learning disabilities or other problems mentioned in the table of 7.9.4 are hiding behind what is perceived as low motivation. If such explanations are found, they should be dealt with first. For those whose problem is motivational, it is often connected with a rather poor relationship between themselves and their caregivers. They often "use" low academic performance to "punish" their caregivers. Therefore, it is very important for caregivers to work on their relationship with such children, especially to make sure that their emotional container is full

(see chapter 6.3). It is also important to help them understand that it is for their own future they should be studying, not for their caregivers’.

If you, after doing the above, still find that the child is poorly motivated, we suggest that you make a plan based on the following principles:

1. Designate a specific time every day for studying.
2. Find a good place for him to study, where others will not disturb him and where there are few distractions (no television).
3. Make sure that the basic materials necessary for studying are readily available (paper, pen or pencils, good light, and a desk).
4. Start small! 15-30 minutes of home work every school day is a good start.
5. Use small rewards for complying with your request.
6. Reward work habits instead of results, because when he works, then the results will follow.
7. After the child has acquired good work habits, then gradually require good evaluations for rewards. However, make sure that you don’t expect more than his mental capacity renders possible.

Example:

16-year-old Bill had a low motivation for studying. His caregivers wanted to help him with this problem, and did the following:

1. They ensured that the needs mentioned in points 1-3 above were met.
2. They rewarded him for sitting at his desk each evening for 30 minutes right after dinner.

Most of us feel silly rewarding an older child or adolescent for simply sitting at a desk. But this makes it possible for the child to actually receive the rewards and experience what it feels like to succeed. Also, most of the people who learn to sit at a desk learn to make use of that time. When Bill’s caregivers tried this, all he did was sit there and read a magazine. His parents kept their part of the bargain, however, and rewarded him for going to his desk right after dinner and sitting there. The next week, however, they added another step:

3. They rewarded him only if he only had schoolbooks at his desk, and only if he had the books open in front of him.

That is, he didn’t have to work, but he was not allowed to read magazines or other things. However, after another week they added the next step:

4. They rewarded him only if he achieved some academic goals, but these goals were small enough so that it was easy for Bill to achieve them with little effort (a certain number of pages in the math book, or writing several paragraphs of his essay, and so on).

As the child masters each step in acquiring good homework skills, the caregiver should gradually raise the criteria required to earn the reward. This slow-moving process means that the caregiver has to be involved in tracking the child’s homework assignments for a long period of time. However, as the child gradually improves his homework skills, the caregiver will be able to reduce his involvement.

When the child begins to see his own progress and gains confidence in his academic skills, he may actually begin to enjoy the learning process. What this means is that doing well in school becomes a rewarding experience in itself. Thus, “self-motivation” has developed. But it requires an attentive, patient and supportive caregiver. In general, competency experiences are usually rewarding in themselves.

In certain circumstances, a reward system can be combined with punishment, for example removal of privileges (see chapters 7.3 and 7.5). Used skilfully, this may make it easier to help the child improve his homework skills.

7.9.6 Suggestions to work tasks for improving the care of your children

Consider each of the children in your care:

1. Does the child have one or more of the problems mentioned in this chapter?
2. For the child with problems: Write a plan for what you will do to help him improve or get rid of his problems. For each problem, use the line of action suggested in this teaching.
3. Implement the plan and monitor the effect of treatment regularly.
4. Seek help within reasonable time if there is little improvement.

7.9.7 References

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7.10 Problems related to natural functions

7.10.1 Summary

This chapter covers problems related to natural functions such as elimination of urine and stools, sleeping and eating, and offers strategies for handling these problems.

Bed-wetting is common, particularly in institutions. When a child wets his bed, consider stress, anxiety and urinary tract infection as causes. If it is an “ordinary” bed-wetting, make sure that the sleeping arrangements are satisfying, talk to the child about the problem and encourage him. Consider the following strategies: Reduce intake of liquids at night, empty the bladder before going to bed, encourage/reward the child for every dry night, have the child participate in cleaning up, and wake the child during the night (an alarm clock may be used). Don’t give up! Use of medication is possible but not recommended.

If a child wets at daytime, search for reasons, including urinary tract infections. Soiling usually occurs because the child has not learnt how to use the toilet appropriately, or because of severe constipation.

Make sure that the children get enough sleep! Bedtime problems, night wakings and mealtime problems are common challenges in infancy and early childhood.

7.10.2 Introduction

This chapter covers problems related to natural functions such as elimination of urine and stools, sleeping and eating. Bed-wetting is common, particularly in institutions. It is therefore given much attention in this chapter. Daytime wetting and soiling are more rare, but important to treat when present. Resistance to going to bed, nighttime awakenings and mealtime problems are common problems in young children, and are therefore included.

Although the treatment principles for most of these problems are rather simple technically, they are often challenging to implement, because they demand a considerable amount of the caregivers’ love, attention, time, energy and patience.

7.10.3 Bed-wetting

By bed-wetting is meant urinating while sleeping in bed after the age of four years (children with mental retardation may take longer to learn how to control their urine). Bed-wetting is a frequent problem, particularly in children’s homes. Outside of institutions about 10% of children aged five years wet their beds, while 5% of children aged 10 years have this problem. After 10 years of age only 1-2% of children wets their bed.

One of the main causes of bed-wetting is a genetically delayed maturation of the bladder control. Thus, it “runs in the family”. It is of note that bed-wetting children seem to be somewhat more difficult to wake up than other children. However, also environmental factors contribute: Being dry at night is something that needs to be learned. The most important contribution from the caregiver in this learning process is to approve and encourage the child, without making him stressed about being dry at night. For children with delayed bladder control, this support is particularly important. This means that the caretaker needs to invest time and energy in the process. Therefore, shortage of staff and time is one of the reasons why bed-wetting is more frequent in institutionalized children compared with children in ordinary homes.

It is also known that bed-wetting is more common in crowded homes and where toilets are filthy, conditions which are often found in institutions. Explanations may be that it is more unpleasant and inconvenient to get up in the night to go to the toilet if the house is crowded (others may wake up and get irritated) and the toilet is filthy. Another problem for many children is that they are afraid of the dark, and therefore avoid going to the toilet at night.

If the child wets his pants at daytime in addition to wetting his bed, it is possible that he has a urinary tract infection or a malformation of the urinary tract system. The latter should be suspected in children with a constant dribble of urine (suggestive of an ectopic ureter, in this case a ureter that brings the urine from the kidney to the urethra and not to the bladder) and in girls who are dry at night but wet on getting up (suggestive of overnight pooling of urine from an ectopic ureter opening in the vagina). If in doubt, the child should be brought to the doctor for a medical exam.

If the child starts to wet his bed again after having learned how to control his urine (such secondary bed-wetting usually starts between the age of five and seven years), an emotional/psychological reason should be sought, since the problem usually is caused by the child becoming upset or worried about something, such as fights in the family, loss of a caregiver (through death, divorce or simply that the caretaker stops working in the children's home), problems at school or the arrival of a baby. (Developmentally, the skill a child has most recently learned is the most vulnerable to relapse if there is added stress.) In such cases the child first of all needs an extra dosage of his caregiver's love and attention for a period, and the opportunity to talk with him about the current problem. Then, if the child continues to wet his bed after a period of extra love and attention, the steps below should be followed.

Other, less common reasons for secondary bed-wetting include urinary tract infections, child abuse (including sexual abuse!), diabetes, chronic renal failure and some neurological problems. If you suspect such a cause, you should immediately seek help from a medical doctor or another professional health worker. A urine analysis is a very important part of the examination, since it can disclose urinary infections, diabetes and other diseases.

When do you suspect an urinary tract infection?

You have probably noticed that we have mentioned the possibility of urinary infection several times. When do you suspect this condition so strongly that you need to take the child for a urine analysis/medical exam? It is important to know that an infection in the urinary system should be treated with an antibiotic agent before you move on to steps 3-7 below!

- When the child wets his pants at daytime
- When the child starts to wet his bed again after having achieved bladder control, and you don't find any emotional reason for his bed-wetting
- When the child usually wets his bed more than once a night
- When the child wets his bed after the age of 10 years
- When you don't see any progress after carefully following steps 1-5 (6) below
- When the child shows one or more symptoms of urinary infection (ask him if it hurts or burns when he urinates, and examine yourself if his urine smells badly, is blood-stained or in other ways look different from normal urine).

"Ordinary" bed-wetting: What do you do?

Step 1: Make sure that the sleeping arrangements are satisfying

To reduce the frequency of bed-wetting in your children's home, make it as easy as possible for the children to empty their bladder at a convenient place during the night. The best solution is to avoid over-crowding, to have a toilet rather close to the bedroom, to keep it clean, and to have the corridor to the toilet illuminated. A practical solution may be to have a potty (a jerry) available, for example under the bed. Make sure that the children keep warm during the night – they more easily wet if they are cold and uncomfortable.

Step 2: Talk to the child about the problem

Does he have any explanations himself why he is wetting his bed (for example, fear of the dark)? Ask him (in an understanding and neither blaming nor angry voice) how he feels about

the problem (most bed-wetters feel very ashamed). Assure him that you want to help him and that you by no means will punish him for his bed-wetting. It is important to note that anger and harsh punishment (particularly corporal punishment) usually make bed-wetting worse! (You have probably seen children passing urine when very afraid. Fear reduces control over the bladder.) Have a positive, supportive and confident attitude about his ability to eventually learn bladder control.

Ask him about symptoms of urinary tract infection (see above), and take him for a medical exam (including a urine analysis) if you suspect an infection before continuing with step 3.

Step 3: Reduce the intake of liquids at night and empty the bladder before going to bed

If the child doesn't drink (too much) the last two or three hours before bedtime, the production of urine will become reduced during the night, and it is easier for the child to keep dry. However, don't limit the amount of fluid for children less than six years old. Liquids with caffeine and theine should always be avoided at night time, because these substances increase urine production (in addition to causing insomnia). However, it is very important that the child gets enough fluid during the day, particularly in hot season (make sure that the child passes urine several times a day, and that the colour is rather blank, not dark yellowish). Webster-Stratton comments that it has not been conclusively proven that the amount of drinking before bed relates to bedwetting per se. Also, the focus of the caretaker's attention on drinking can serve to make the child more sensitive about the bedwetting. However, clinical experience and recommendations from authorities agree that this step is worth implementing.

It is also important to make sure that the child passes urine before going to bed at night. With an empty bladder the chance increases that the child will keep dry during the night.

Step 4: Encourage/reward the child for every dry night

The child should be praised for every dry night. Remember that nothing matches a caregiver's encouragement, praise and support. It may be very effective to use a star chart in addition to step 3: Take a sheet of paper and put it close to the child's bed. Draw a star or a smiling face for each dry night. For the youngest children this may be rewarding enough. However, it might be necessary to give the child an extra reward if he gets a certain amount of stars during a specific period of time. This (extra) reward could be tangible or intangible (social), see chapters 7.3 and 7.4. In the beginning, make sure that it is rather easy for the child to obtain the reward (for example, if he wets his bed every night, you may demand (two or) three stars during the first week before he gets the reward. As he improves, you gradually demand more stars).

A reward system may be effective even without step 3. However, if the child is six years or older, we recommend you to do step 3 first, since rewards probably are more effective then. For children between four and six years of age, a reward system should be tried without step 3.

Step 5: Use logical consequences and promote the child's responsibility

Wet beds should be treated in a matter-of-fact way, and the child should not be blamed for them! However, it may be helpful to motivate children to keep dry by increasing their participation in and responsibility for tidying up after the bed-wetting. For the school-age child, it can be helpful to put a towel (or a folded sheet) over the bottom sheet. Then show him how to pull off the wet towel if he has an accident, replace it with a new one, and get back into bed without waking you. Be sure the child has access to a supply of his own towels and knows where to put wet pyjamas and towels. This approach not only gives the child

responsibility for his behaviour but it minimizes the amount of attention he gets from his caregiver for wetting.

Step 6: Wake the child during the night

Many children get rid of their problem if you implement the first four (or five) steps. However, if these are not enough, we encourage you to take the child to the toilet during the night. This should be done at a time when the bladder might be expected to reach maximal capacity (you need to know the child's habits of passing urine at night to find this point of time), or after two to three hours of sleep (the recommended procedure if you don't know when the child's bladder usually reaches maximal capacity).

Step 7: Use an alarm clock

Special "buzzer" alarms are available in some places that can be attached to the bed sheets. They make a loud noise in the moment that the bed gets wet. This wakes the child up. In this way he learns the connection between a full bladder/the need for passing urine and waking up/going to the toilet. Some children become instantly dry as soon as the alarm is put to use. In these cases the alarm mainly works through increasing the motivation of the child to keep dry. (In some Western countries, this bell-and-pad method has been superseded by miniaturized body alarms, principally working in the same way.)

As effective as the bell-and-pad method is the use of an ordinary alarm clock. It is set to ring at a time when the bladder is expected to reach maximal capacity, or after two to three hours of sleep. Again, the child learns to wake up when the bladder is full because he learns the connection between full bladder and waking up. The method is very effective, stopping the bed-wetting completely in 60-80% within two to four months of treatment. Between 10 and 30% relapse after treatment. However, this can often be cured by a repeated course, preferably with overlearning: After continence is acquired, the use of the alarm is continued and the child is given something to drink on going to bed.

The method works probably through altering motivation, through "punishment" (the aversive sound of the alarm when wetting the bed), and through "reward" (the caretaker's attention and concern). These factors may also explain why step 7 is more effective than step 6, although the two procedures seem to be rather similar. An additional reason may be the increased involvement/responsibility of the child himself in step 7. If only taken to the toilet at night, as in step 6, the child may stay rather passive and "asleep" during the process, also during the passing of urine.

With all the procedures recommended in steps 1-7 it is very important to be consistent (that is, to have the same procedure every night), particularly when using (a "buzzer" alarm or) an alarm clock. Also, it takes patience - it takes time to change habits/to learn new things! Step 7 usually takes about three months to carry out, a fact that should be communicated to the caregiver who wants to use this method.

Use the first two weeks to register how often the child wets his bed (when applying steps 1-6). Then, start using the alarm clock. In the beginning the caretaker must make sure that the child wakes up and goes to the toilet when the alarm clock rings. Some children fail to wake to the alarm! When the caregiver is certain that the child follows the procedure, he can give more responsibility to the child. The effect will come gradually, and usually it takes two to three weeks before any improvement is seen. The first sign of success is usually shrinking of the size of the wet patch on the sheets. Curing (that is, at least 14 nights in a row without bed-wetting) usually takes about eight weeks. However, it is important to continue using the alarm clock for a few weeks (in total at least 12 weeks), to make sure that the child learns to wake up when the bladder has reached its maximal capacity.

It is very important to register carefully during the treatment period. We also recommend you to use a reward system (star chart with additional reward) in addition to praising the child for each dry night (see step 4).

If the child usually wets his bed two times a night, he should be taught to set his alarm clock to ring for a second time (this should be done after having been to the toilet, to avoid that he gets back to sleep again without having been to the toilet).

Step 8: Medication – possible but usually not recommended

Medication should only be used with children over eight years of age and after everything else has been tried first. Two medicines are commonly used for treating bed-wetting. Imipramine, a (tricyclic) antidepressant, stops the bed-wetting completely in 30-35% of the cases. Most of these children get their problem back when they stop using the medicine. Imipramine also has some serious side-effects (such as cardiac conduction abnormalities), and is very dangerous if an overdose is taken.

Desmopressin, which is safer and more effective than imipramine, removes the problem in 50-70% of the cases, thus it is less effective than the alarm. Relapse is the rule when desmopressin treatment is stopped (only about 10% of the children that get this treatment for six months are continent six months after finishing treatment). Desmopressin is rather expensive to use.

Because of only temporary effect (in most cases), side effects and expenses, we do not recommend the use of medicine for bed-wetting in children's homes, with one exception: If it is very important for the child to be dry for a short period, for example during a visit or a school trip, desmopressin could be used during such a period.

If you should choose to treat the child with medicine for a longer period, this treatment should be combined with the suggestions given in steps 1-5, if necessary also with steps 6 and/or 7.

Step 9. Don't give up!

Bladder control improves by age. Therefore, time is on the child's and your side, and sooner or later the child will get rid of his problem if you continue to practice steps 1-6. Also, repeat step 7 every year or second year until success.

7.10.4 Daytime wetting

Common reasons are: Not wanting to use the school toilets (it is rather common for these children to have fears about using the lavatory at school, such as fears of the flush, general safety, lack of privacy and bullying), urinary tract infections (particularly in girls) and problems related to schooling.

What you can do:

-Get the child/the urine examined for possible infections (and malformations), particularly if the child experiences pain when urinating, the urine smells badly or the urine has an odd colour.

-Identify points of time during the day when wetting usually happens, and make sure that the child goes to the toilet before these points of time. Praise the child for each time he passes urine in the toilet. A star chart (with additional rewards) may be very helpful (see bed-wetting).

As an alternative, you can get the child to go to the toilet regularly, say every two hours. Once this controls daytime wetting, gradually increase the time between trips to the

toilet. The child should be rewarded (praise; using a star chart in addition is highly recommended), either for each time he passes urine in the toilet, or for each day that goes off without wetting.

With both alternatives it is effective to use a wristwatch alarm to remind the child to go to the toilet at intervals through the day.

-If the child is in school, it helps to involve the teacher in this plan: Ask the teacher to remind and encourage the child to use the toilet at the times that have been agreed upon.

7.10.5 Soiling

Soiling means passing stools (faeces) while dressed or in bed. This is abnormal if it happens beyond the age of four years. There are two main causes of soiling, and some children may suffer from both:

1. Not having learned how to use the toilet appropriately

Establish a regular routine for passing stools. The first step is to make the child sit at the toilet at certain times of the day for a determined time interval (usually shortly after each meal, for 20-30 minutes). Praise the child each time a stool is passed in the toilet. A star chart (with additional rewards) may be very helpful (see bed-wetting). Then, gradually, the child should learn to pass stools in the toilet. Avoid getting angry at the child when he soils! Anger usually makes things worse!

2. Severe constipation

The bowel should be emptied by using laxatives or mineral oil. In some cases it may be necessary to get a professional health worker to remove hard balls of defecation from the rectum by use of enema (washout), or, in rare cases, by hand.

Stool softeners or laxatives usually need to be used for some months (as maintenance therapy, to prevent stools from re-accumulating), and should always be used if the stool is so hard that it causes pain on passing. However, the dosage should be gradually reduced, and after some months the child should try to stop using the laxative. In the long run, the best way of keeping the stools soft over time is by ensuring that the child's food has sufficient fluids, fruit, vegetables and fibre.

A regular routine for passing stools should be established, see above.

7.10.6 Bedtime problems and night wakings in infants and young children

Institutionalized children often get too little sleep (see 5.2.7). It is important to be aware of mean (average) amount of needed sleep according to age. We have therefore included the table below. However, it should be remembered that this is the mean: There will be a number of children who need more sleep than this! Therefore, making sure that the children get the average number of sleep hours for their age group is a minimum.

Resistance at bedtime (to go to bed/sleep) and night wakings in childhood are common problems. Effective coping strategies incorporate principles based on the Law of Effect, reinforcement and extinction (see 7.3.3). Before any other additional strategy is implemented, it is of great importance that age-appropriate and positive (firm and consistent as well as loving, enjoyable and comfortable) bedtime routines are established. Below is a summary of knowledge about what works best to solve bedtime problems and night wakings.

Age	Mean number of hours asleep	Organized during the day
1 year of age	About 16	Short periods of sleep; most continuous sleep during the night. About six months of age: Two periods of sleep during the day. About one year of age: Sleep during the day organized as one longer continuous period.
2 years of age	About 13	Continuous sleep at night, but short awakenings are common. One period of sleep or rest during the day.
5 years of age	About 11	Continuous sleep at night. Short awakenings are common. Individual differences in needs of sleep become more marked.
9 years of age	About 10	Continuous sleep at night, otherwise as above.
14 years of age	About 9	Night. Often increased need for sleep, also from biological reasons. Many youngsters have a deviating circadian rhythm and also accumulate a sleep deficit.
17 years of age	About 8	Night.

Extinction – the “cry it out” approach

The child is put to bed at a designated bedtime. Then, until a set time the next morning the child is ignored. However, the caretaker continues to monitor for illness, injury etc.

Behaviours that are ignored include crying, tantrums and calling for the parents. Exceptions to ignoring the child include any concerns that the child is hurt, ill or in danger.

The biggest obstacle associated with extinction is lack of caretaker/parental consistency. Caregivers must ignore their child’s cries every night, no matter how long it lasts. If caretakers respond after a certain amount of time, the child will only learn to cry longer the next time. Often at some later date there is a return of the original problematic behaviour. The caretaker should be instructed to avoid inadvertently reinforcing this inappropriate behaviour. That is, such behaviour should be ignored, in the same way as before the extinction.

The major drawback with this procedure is that it is stressful for the caretaker. Many caretakers are unable to ignore crying long enough for the procedure to be effective. As a variant, some use extinction with parental/caretaker presence. This procedure involves the caretaker staying in the child’s room at bedtime but ignoring the child and his behaviour. Some caretakers find this approach more acceptable and are able to be more consistent.

Graduated extinction – the “sleep training” approach

With this approach, the caretaker is instructed to ignore bedtime crying and tantrums for specified periods. The duration or interval between check-ins with the child is often tailored to the child’s age and temperament, as well as the caretaker’s judgment of how long they can tolerate the child’s crying. Either caretakers can employ a fixed schedule (e.g., every 5 minutes) or they can wait progressively longer intervals (e.g., 5 minutes, 10 minutes, then 15 minutes) before checking on their child. With incremental graduated extinction, the intervals increase across successive checks within the same night or across successive nights. The checking procedure itself involves the caretaker comforting their child for a brief period, usually 15 seconds to a minute. The caretaker is instructed to minimize interactions during check-ins that may reinforce their child’s attention-seeking behaviour.

The goal of graduated extinction is to enable the child to develop “self-soothing” skills in order for the child to fall asleep independently without undesirable sleep associations (e.g.,

nursing, drinking from a bottle, rocking by parent). Once these skills are established, the child should be able to independently fall asleep at bedtime and return to sleep following normal night-time arousals.

Positive routines and faded bedtime with response cost

Positive routines involve the caretaker developing a set bedtime routine characterized by quiet activities that the child enjoys. As mentioned, this should always be done, and before any other additional strategy.

Faded bedtime with response cost involves taking the child out of bed for prescribed periods of time when the child does not fall asleep. Bedtime is also delayed to ensure rapid sleep initiation. Appropriate cues for sleep onset are paired with positive caretaker-child interactions. Once the behavioural chain is well established and the child is falling asleep quickly, the bedtime is moved earlier by 15 to 30 minutes over successive nights until a pre-established bedtime goal is achieved. A scheduled wake time is established and daytime sleep is not allowed, with the exception of age-appropriate naps.

These two strategies are similar in that they match the child's bedtime with his natural sleep onset time. Both treatments aim to increase appropriate behaviours rather than focusing on reducing inappropriate behaviours, as is done with the previously described extinction strategies.

Scheduled awakenings

Scheduled awakenings involve caretakers awakening and consoling their child approximately 15 to 30 minutes before a typical spontaneous awakening. This strategy begins with establishing a baseline of the number and time of spontaneous night-time awakenings. Pre-emptive awakenings are then scheduled. Thereafter the caretaker awakens the child according to schedule, and does what he usually does when the child spontaneously wakes up, such as rocks or nurses the child back to sleep. Scheduled awakenings are then faded out, by systematically increasing the time span between awakenings.

What strategy is the most effective?

Direct comparison studies provide little evidence to suggest that any of the strategies (positive routines, extinction, graduated extinction, extinction with parental/caretaker presence and scheduled awakenings) is vastly superior to another. However, there is evidence that extinction may produce faster improvement than scheduled awakenings.

Resistance to going to bed – a program that works

This part of the teaching is a summary of Problem Six in Webster-Stratton's book *The incredible years* (pp 261-264; see 7.10.9 References).

Almost all children resist going to bed at some point or another. This is a natural reaction because bedtime signals the end of a fun day. Between the ages of one and two and a half or so, children resist sleep because they fear separation from their parents/caretakers. Toddlers between 18 months and three years worry about what will happen to their caretakers when they go to sleep. Children aged four to six are often afraid to go to sleep because they imagine monsters in the dark and have nightmares. They also worry about catastrophes. School-age children say they have trouble going to sleep because of worries, noises heard in the dark or physical pain. Sometimes, children can't get to sleep because they have been overstimulated just before bedtime or because afternoon naps have left them wide awake at bedtime. These are some suggestions to what you can do to solve the problem:

Decide on a bedtime

Then, inform the child. Be consistent. Make it clear that a late bedtime is a special privilege.

Establish a winding-down routine

About an hour before bedtime start a winding-down routine that is consistent and ritualistic – all in predictable order. Bedtime rituals are reassuring and soothing for children. Avoid roughhousing, scary TV programs and caffeine.

Give a warning

Ten to 15 minutes before bedtime give the child a warning. Telling him suddenly only invites resistance.

Be firm and ignore protests

Make it clear that this is your final good-night kiss and the end of the day. Be confident and convey the message that you know he can stay in his room. (If he is not sleepy and has the opportunity, he can listen to a tape played at a low volume, read stories or play quietly). Most children take about half an hour to go to sleep.

Check-in

If the child often calls out after you leave his room, you can make an agreement with him. If he doesn't call you, you will check in on him in five to 10 minutes to see how he is doing and to make sure everything is okay. Most children will rarely be awake by the second check.

Night lights and security objects

A special blanket or stuffed animal can give a sense of security. A soft night light can help to dispel fear of the dark.

Set up a reinforcement program if needed

See chapter 7.3 and 7.4.5.

Return the child to his room

If you have young children who wander in and out of their rooms, it is best to put them back immediately without any discussion or scolding. If children over four come out of their rooms, there are two different approaches:

-A three minutes Time Out if they come out of their bedrooms. This works best with preschoolers. Once Time Out is over, take them quietly back to bed.

-For every minute they are out of their rooms, they have to go to bed a minute earlier the next night. This works better for school-age children. With the consistent use of Time Out, a reinforcement program and clear limit-setting, most children can learn to stay in their rooms within three weeks.

Never lock the child in his room at night. Not only is it not safe, but it can also increase his fear and sense of helplessness. Model good bedtime behaviour for the children. Work on establishing your own routines for getting ready for bed. Also, be sure that the TV and radio are turned down low and noises in the rest of the house are reduced once the children go to bed.

Nighttime awakenings – a program that works

This part of the teaching is a summary of Problem Seven in Webster-Stratton's book *The incredible years* (pp 265-267; see 7.10.9 References).

30 to 40 percent of children aged two to five years get up at night on a regular basis. Moreover, children go in and out of four or five periods of deep sleep during the night. As they come out of deep sleep cycles, dreams occur and they may awaken. Coming into their caregiver's room is usually due to fear of being alone in the dark, concern about what has happened to their caregivers, or fear of ghosts, robbers or scary animals in their rooms. For toddlers, needing their caregivers at night is usually associated with separation anxiety, while for children between the ages of four and six it is associated with nightmares or ghosts. Although nearly all youngsters have mildly unpleasant dreams, nightmares reach a peak in four- to six-year-olds. By the time they are six to 12 years of age, only 28% still have nightmares. These are some suggestions to what you can do to solve the problem:

Provide a night light or flash light

Reassure the child

Reassure him that you will always be there. If you are planning to go out after the child is asleep, tell him in advance where you are going, who will babysit him and when you will be back.

Be understanding

When the child has nightmares, go to his room to hold and cuddle him, don't take him to your bed. Turn on the light to show him how familiar everything is in this room. Explain that everyone has scary dreams at times and that these are not real monsters or ghosts but dreams. Reassure him that you are nearby and will not let anything bad happen. Don't say that the dreams are silly or ridiculous because they seem very real and need to be treated respectfully. Let the child talk about them if he likes and reiterate that nothing bad will happen.

Return the child to bed

If the child comes to your room, return him immediately to his bed and comfort him there. Return him to bed as many times as is necessary. It is not a good idea to sleep with the children when they are frightened because this makes them feel they can't manage their fears on their own.

Confront dreams and think about something good

If the child has nightmares, tell him that he can help to control his dreams so that everything turns out fine. You can encourage him to come up with a good ending for a bad dream. You can also tell him to think of something that makes him feel good, such as a fun holiday or swimming at the beach.

Ignore crying

After comforting and reassuring the child until he calms down, leave the room. He may cry in protest, but if you are sure that he is not ill or wet it is best to leave him alone. He may cry for up to one or even two hours the first night you insist he stays in his own room. If he comes out of his room again, return him to bed without discussion.

Set up a reinforcement program

For example, if the child is afraid of the dark, a program can be set up for sleeping through the night with progressively less light in the room.

Help the child feel safe and loved during the day

Never threaten to abandon him for misbehaving or say that a bogeyman or monster will get him if he is bad. You may have to repeat again and again that dreams are not real and what to do when a bad dream wakes him up. Remember that dreams are the first expressions of a child's fears.

7.10.7 Mealtime problems

This part is a summary of Problem Ten in Webster-Stratton's book *The incredible years* (pp 275-280; see 7.10.9 References).

Almost every child becomes picky about food at some time or another. However, some children learn to be picky after observing other family members who are finicky. Another reason is that just as language or motor development progresses in stops and starts, so do growth, weight gain and appetite. At certain ages, children have less need for calories. Between one and five, many children will go three to four months without any weight gain at all, resulting in a decline in appetite. Finally, some youngsters refuse to eat as a declaration of their increasing independence. Unfortunately, children may learn that not eating is a way of controlling or getting even with their parents. And when eating becomes a battle of wills, parents can't win by forcing their children to eat. Force will only aggravate the problem. These are some suggestions to what you can do to solve the problem:

Relax

By understanding your own emotional response, you will be able to control your reactions and deal with the problem more effectively.

Consider the child's hunger level

Most young children need four to five small meals a day: morning, mid-morning, noon-time, mid-afternoon and evening. Some mealtime battles can be eliminated by accepting that they do not have the same appetite that you do. However, if you have concerns about their health, check with a doctor to ensure that their weight-for-height is within normal limits. There are wide differences in the amount of food individuals need.

Eliminate constant snacking and junk food

If they eat constantly, they never have the opportunity to read their body's hunger cues. Limit their access to food to no more than five times daily, at regular times. Encourage the child to avoid junk food – their intense, artificial flavourings can become almost addictive, decreasing interest in more nutritious but less exciting foods.

Have time-limited meals

Instead of letting meals drag on and on, determine a reasonable amount of time in which you will expect the child to finish eating, perhaps 20 to 30 minutes. Explain ahead of time that when a timer goes off, their plates will be removed. Don't nag or plead if they don't eat, and resist the urge to say, "Only ten more minutes...only eight more minutes...". Of course youngsters who can't judge time may need one or two reminders. When the timer does go off, calmly remove their plates. You might say, "I guess you are not hungry today" if they haven't eaten much. The goal is to make them feel responsible for their own eating.

The time-limited approach may also be useful if the child find it difficult to remain seated at the table throughout a meal. Initially, you must accept that they won't want to stay at the table once they have finished eating. Decide how long you can reasonably expect them to pay attention to their food and remain seated. For a two-year-old, this may be only 10

minutes. Whatever you decide, set a timer for this interval. When it goes off, remove the plate and tell him that he may leave the table. This will greatly reduce fidgeting and complaining during meals.

Offer limited choices

If the child is a picky eater, allow him to eat what the family eats or, instead, one type of nutritious food that he likes, such as a peanut butter sandwich. The choice should be made well before each meal, so that the cook is not forced into last-minute preparations. By offering an alternative, you give them a face-saving way out of the conflict. They don't have to win by refusing food altogether. It also introduces the idea of compromise, a concept which is useful in resolving all types of conflict. In time, when the child realizes that mealtimes are not battlegrounds for control, he will be more interested in trying new foods.

Serve small portions

Allow him to serve his own portion when possible. Having some control over the food may reduce the struggle. For very young children, offer small portions – less than you think they will eat – for this will lead to a sense of accomplishment. It is very pleasant to have them ask for more instead of complaining about too much.

Ignore picky eating and bad table manners

Scolding, nagging and criticizing actually reinforce eating problems and escalate power struggles. Ignore eating behaviours that are irritating. Also control your facial expressions and negative comments to other people.

Reward good eating and table manners

If one of the children misbehaves at the table, find opportunities to praise another who is behaving appropriately. For example, praise staying seated, using cutlery carefully, trying a new food and talking quietly. When you pay attention to good manners rather than bad, the children will learn that there is little payoff for misbehaving. You may want to establish a tangible reward system. At first, you may find it most effective to reward behaviours other than eating. Removing the focus from eating emphasizes that food is not a source of conflict between you and the children. Therefore, what goes into their mouth is now their own choice.

Use natural and logical consequences

You can have control over what they eat between meals. Hunger is a natural consequence of not eating so use it to your advantage. If you regularly serve dessert, the logical consequence of not eating the main course is to miss out on dessert. Don't make children sit at the table after other family members have left, however, for this will lead to negative associations with mealtimes.

Use Time Out for disruptive behaviours

If the children have extremely inappropriate table manners, such as spitting or throwing food, call a Time Out as a consequence.

Model good eating habits

One of the most powerful ways the children learn what and how to eat is by observing you. Therefore, eat nutritious, well-balanced meals and snacks, avoid critical comments about particular foods, and express your enjoyment of food and family meals.

Make eating a fun, relaxed event

Most important, remember that mealtimes and eating can and should be a positive, relatively conflict-free experience. A relaxed, supportive attitude is crucial. Offer new foods in a casual manner without urging the children to try them. Never feed them if they are capable of feeding themselves – usually after 14 months of age. Be sure you are not hurrying meals, especially for toddlers who need time to explore their foods. Clean plates, clean floors and perfect manners should not be seen as a sign of a successful meal.

Preschoolers and older children should be involved in shopping, food selection, preparation and cooking. There are fun ways to present food. New or disliked foods can be offered with old favourites. Meals can be presented in attractive and colourful ways. Avoid television or radio and disturbing activities during mealtimes. Encourage the children to talk about things not related to food as they eat. Once you allow them to be in control of their own eating, problems will probably disappear in three to four weeks.

7.10.8 Suggestions to work tasks for improving the care of your children

Consider each of the children in your care:

1. Does the child get enough sleep?
2. Does the child have one or more of the problems mentioned in this chapter?
3. For the child with problems: Write a plan for what you will do to help him get rid of his problems. For each problem, use the line of action suggested in this teaching.
4. Implement the plan and monitor the effect of treatment regularly.
5. Seek help within reasonable time if there is little improvement.

7.10.9 References

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7.11 Common mental problems in childhood and adolescence

7.11.1 Summary

Fears, attention deficit hyperactivity disorder (AD/HD) and depression in adolescents are common mental problems that are dealt with in this chapter. Probably, these problems are more frequent in than out of children's homes. Fears and worries are a normal part of childhood. However, for some children, fears cause considerable problems and need to be dealt with. A crucial part of the treatment involves facing the situation, not avoiding it. AD/HD includes hyperactivity, impulsivity and inattention. Although there is no "cure" for this disorder, it is very important to handle the symptoms correctly, both in the home and at school. Adolescent depression must be taken seriously, particularly if the youngster is suicidal. Specific treatment may be necessary. However, as for the other problems referred in this chapter, the most important treatment ingredients are the caregivers' love, attention, time, energy and patience.

7.11.2 Introduction

This chapter covers problems that are rather frequent among children and adolescents in general, and probably even more frequent in institutions. Although the treatment principles for most of these problems are rather simple technically, they are often challenging to implement, because they demand a considerable amount of the caregivers' love, attention, time, energy and patience. Thus, this chapter is also a reminder of the importance of having enough caregiving staff in the children's homes.

7.11.3 Fears

This part is a summary of Problem Fourteen in Webster-Stratton's book *The incredible years* (pp 300-307; see 7.11.7 References).

Fears and worries are a normal part of growing up and are experienced by all young children. In fact, there is a peak in the occurrence of nightmares (especially of monsters or bad guys that chase them) in children during the preschool age period. Because young children often cannot express their anxieties with words, they sometimes express them through physical symptoms such as stomach aches or head aches. Other times they respond to the fear by tantruming, withdrawal, or avoidance of the feared situation. Once children are fearful of something, for example going swimming or going to sleep alone, they may experience aversive physiological arousal such as increased heart rate, tense muscles, or stomach tightness when faced with the feared situation. Avoiding the feared situation reduces the negative physical arousal, and brings relief to the child by preventing the frightening consequence the child has imagined. Because avoidance is doubly rewarded (through reduced arousal and a perception that the feared outcome has been prevented), it is very likely that he will continue to try to avoid the feared situation again in the future.

What can you do to help the child? In all cases, the strategies for helping him cope with his fears involve facing the situation, not avoiding it. Avoiding the problem will only make it worse. Here are some guidelines:

Be patient and reassuring

The most important approach to the child's expression of any kind of fear, is to have a positive and confident attitude about his ability to handle the situation. Do not pressure, punish, scold, or shame the child for these fears, as these approaches are likely to make him feel incompetent and more anxious. However, first you will want to reassure yourself and the

child that the situation really is not dangerous. For example, for physical symptoms, it is helpful to have him see a doctor for a check up.

Praise the child's brave behaviour

Whenever he separates from you at school easily or faces an uncomfortable situation, praise his courage or braveness. Think of yourself as a kind of "coach" for him and that your job as caregiver is to encourage his "growing up" behaviours. This means praising him for taking a risk, or trying something new, or making a new friend, or doing something independently.

Set up a sticker chart

You might want to set up a sticker chart with the child for particularly brave behaviours such as for going to preschool and separating from you without a fuss, if this is the difficult thing to do for him.

Ignore tantrums and minimize attention to psychosomatic expression of fears

Sometimes tantrums and expression of physical symptoms get a lot of attention from adults and this attention can inadvertently reinforce their occurrence. So strike a balance between being supportive and not giving these expressions of fear too much focus. For example, the child has a stomach ache each morning before school. In this case, the caregiver might say, "I'm sorry your stomach hurts. Let's make sure you have a good snack to eat later at school. That usually makes my stomach feel better." After that, ignore other talk about the stomach ache, and help him finish getting ready for school.

Provide predictable separation and reunion routines for children with separation anxiety

The following steps are recommended when separating from the child:

- Express confidence and happiness about the experience the child is about to have (for example, the classroom).
- Let them know calmly and clearly that you will be leaving. Don't sneak away without saying goodbye.
- If possible, stay a few minutes playing before leaving.
- Remind him of when you will return.

Similarly establish a predictable routine for your reunion after leaving the child for a while:

- Return when you say you will. Don't lie to children about the length of time you will be gone.
- Look excited about seeing the child. You may be distracted by work or other stressful events that may have occurred while you were gone, but the child will be looking for your expression of joy when you return. He will not understand if you seem sad or anxious and may interpret these feelings as having something to do with him.
- If possible, spend a few minutes at the end of the day talking to the teacher, other children or parents (or babysitter) so that the child can see that you are comfortable in that setting and with the people that he has been interacting with.

Model nonfearful behaviour

If you are expressing fears of social events, animals, insects, particular situations, or the children going to school, then the children will absorb these fears as well. Even if you are nervous about these situations, try to act confident in front of them.

Monitor parental conflict, anxiety and depression

High levels of conflict and criticism between marital partners or in a family can fuel a child's sense of insecurity. Monitor your level of conflict in front of young children and have these difficult conversations when children are not present. Model positive family interactions and family harmony. Likewise monitor your own expression of anxiety and depression because children will model your behaviours and thinking styles.

Reinforce exposure

If the child is afraid of a particular situation or activity (e.g., dogs or swimming) try to face these situations in small doses and reinforce him for doing so. For example, first you might read books about dogs with him. Then stop with him to watch other children pat a dog and make positive comments about how much fun they are having. Enlist the help of a friend with a very gentle dog and gradually increase how close you get to the dog until you are patting the dog yourself. Praise the child for getting closer despite his fear.

Teach positive self-talk

Teach the child some self-statements that he can use to confront fear. First model these statements so that he will begin to learn and eventually memorize them. For example, the child who is afraid of the dark might be coached by you to say, "I am a brave girl, I can take care of myself in the dark. I am safe here in my room." The emphasis is on the power that children have to make themselves feel better.

Positive imagery and relaxation exercises

Another way to help children learn to cope with fears is to teach them some relaxation and positive imagery exercises. First, teach the child to slow his or her breathing down and to clenching and relaxing each muscle in his body starting with the feet and moving up to the face. Next you can teach him to use positive imagery by thinking of a relaxing or pleasant scene, such as going to the beach. You can practice these exercises with him each day. Doing these before he goes to bed can be a soothing way to end the day, and will also be helpful for the child who is afraid of the dark or is scared to go to sleep.

Problem solving

One of the first steps in problem solving (see 6.6.3) is to be aware of the uncomfortable feeling. Once children can identify that they are feeling afraid or sad or worried, then they learn to use some of the solutions. You can help them remember the variety of solutions they can use, including: take 3 deep breaths, do a tense-relax exercise, think of your happy place, tell yourself to be brave, give yourself a reward for trying and so forth.

Teach social skills

Invite friends over for play dates and coach your child's social skills and friendly interactions (see 6.6.5). Social competence and close friendships can serve as a protective factor or buffer against fears and sadness.

Remember your behaviour management strategies

The management principles outlined in chapters 6.2, 6.3, 6.4, 6.5, 6.6, 7.3 and 7.4 are helpful for children with fears or sadness. The child-directed play ideas (6.5.6) will help the child feel confident and valued in his relationship with you. Creating predictable environments with clear expectations, ongoing monitoring and consistent consequences makes it more likely that the child will feel safe and secure in his attachment to you.

You should not worry too much about expression of fears from a child since they are a natural product of growing up. Fears of facing new situations, separating from caregivers and coping with stressful life events are quite natural. It is important that you remain calm and confident about the child's ability to cope and that you do not encourage his avoidance of the feared situation. With support from their caregivers, most children eventually grow out of their fears. So, be patient, reassuring, and positive, and minimize the amount of attention and worry you give to the child's fears.

7.11.4 AD/HD (attention deficit/hyperactivity disorder)

The main symptoms of AD/HD (or hyperkinetic syndrome) are attention problems, hyperactivity and impulsivity. This disorder is about five times more frequent in boys than in girls. About 2-4% of children in primary and secondary schools suffer from this condition. However, in institutionalized children a high level of motor activity and concentration problems is very common (see 7.7.5), particularly in those who have spent their infancy in a children's home.

Children with AD/HD require extra monitoring, special caregiving and school intervention. A child with AD/HD that is constantly nagged, criticized and severely punished will develop further problems of poor self-esteem, poor interpersonal skills and poor academic skills, and will be discouraged from even trying to complete tasks successfully.

AD/HD symptoms

Firstly, it should be noted that, in general, most two- to three-year-olds are very active and impulsive. They will probably not stay with any activity for longer than five or 10 minutes without adult guidance. By five or six years of age, most children can focus for at least 20 to 25 minutes on activities other than television.

The inattentive child often makes careless mistakes or fails to pay attention to what he is supposed to be doing. He often seems to lose interest in what he is doing (and tends to shift from one activity to another without finishing what he is doing) and does often seem not to listen to what people are saying to him. He finds it difficult to follow instructions and will often not be able to finish a job properly. He often finds it hard to get himself organized to do something, and often tries to get out of things he would have to think about (such as homework!). He often loses things he needs for school or games, is easily distracted, and is often forgetful.

The hyperactive child often fidgets and finds it hard to stay sitting down for long. He runs or climbs about when he shouldn't and finds it hard to play or take part in other leisure activities without making a lot of noise. If he is rushing about, he finds it hard to calm down when someone asks him to.

The impulsive child often blurts out an answer before he has heard the question properly. He finds it hard to wait his turn, often butts in on other people's conversations or games, and often goes on talking even if he has been asked to stop or no one is listening.

If a child shows several symptoms of inattention and hyperactivity and at least one symptom of impulsivity, and he has these problems both at home and at school, you should suspect AD/HD. If possible, the child should be examined by a professional health worker. If the problem is found only at school or in the home, then it may be related to a problem the child is facing in that particular environment. For example, a learning problem will make it difficult for the child to follow the lessons at school, and he may become fidgety and inattentive in this situation. Particularly children with cognitive delays become restless and inattentive at school because they don't understand what is being taught. Also remember that the ability to sit still and concentrate is dependent on the mental age: A child with cognitive

deficits or mental retardation find it much more difficult to sit still and concentrate compared with a child of normal intelligence, in the same way as five year olds find this more difficult than eight year olds. Therefore, a number of children with cognitive deficits are wrongly suspected of having AD/HD.

Finally, hyperactivity and concentration problems may be due to stress, anxiety, post-traumatic stress disorder (7.2.5) and depression.

Additional problems

A child with AD/HD often has problems in different areas. The reduced capacity to sit still and concentrate usually causes him to lag behind academically, because he doesn't follow what is being taught in the classroom and avoids doing his homework. He is also more likely to misbehave, because he doesn't pay enough attention to what his parents and teacher want him to do, and because his impulsivity will make him do and say silly things without having thought about the consequences on beforehand. Impulsivity also sometimes makes the child do dangerous things, for example jumping from heights or climbing trees that he shouldn't climb. It is also rather common for children with AD/HD to have specific learning disabilities (7.9.4).

How do caregivers help children with AD/HD?

These children need as much love and attention as other children (chapter 6.3), and they should be disciplined according to the principles of chapter 6.4. However, to prevent and cope with behavioural problems, which often follow this condition, it is very important to apply the principles of chapters 7.3-7.5 (that is, making sure that the child learns from the consequences of his actions by ensuring an encouraging environment, and by very consistently rewarding good behaviour and applying small punishments for bad behaviour). When a child suffers from AD/HD, it is particularly important to give immediate feedback (reward or punishment) on his behaviour. However, scolding or hitting does not help the child to behave properly!

We will particularly stress the importance of reinforcing appropriate behaviours. Children with ADHD receive more critical feedback, negative commands, and less praise than others. In essence, they train their parents not to praise or reinforce them because they are so exhausting to deal with. However, they need positive feedback even more than typically developing children. Even when praise does occur, children with ADHD are likely not to notice or process it. This means you will have to work hard to give praise for every positive behaviour that your child exhibits. Your goal should be to give praise and reinforcement at least 5 times for every correction. It is particularly important to praise behaviours involving increased attention span and persistence with tasks, such as sitting still or playing quietly. Reinforce any productive, calm, purposeful activities. You can also teach children to reinforce themselves. Teach them to say self-praising statements out loud such as "I did a good job" or "I sat still very well."

Many minor annoying misbehaviours are best managed by ignoring, especially if they are not disruptive or hurtful to others or themselves. Often children with ADHD will verbalize their thoughts and take longer to learn to internalize self-talk. This is a self-regulatory strategy and should be ignored. You can combine your ignoring with a redirection. For example, if your child is fidgeting at the dinner table, you might ignore it, but ask him to pass you the salt. This can break up the fidgeting cycle and also give you an opportunity to praise him for following your directions. Use Time Out for behaviours that cannot be ignored, such as not complying, destructiveness and hitting.

Establish a regular routine for the child. Put a time chart up on the wall so that he knows what will happen and what has to be done during the day. Go through this time chart with him every morning, and also in the afternoon if necessary. Inform him on beforehand

about special things that will happen. Then he can prepare himself for the occasion. This is because children with AD/HD have difficulty with transitions. Preparing them ahead of time is therefore important. For example, “In five minutes we will be leaving for preschool.” Or, if you plan to take him downtown, tell him where you will go, what you will do and what you expect from him. It may be necessary to go through this several times before you go downtown. You should also get prepared yourself, planning carefully to minimize the risk for problems. Some children with AD/HD should not be taken to crowded places like markets and weddings, because they are too difficult to control in such situations. If you take such a child with you, be prepared to take him home again if supervising him becomes too difficult. It may also be helpful to keep a very active child occupied with new toys or special books in situations where he may need to sit still for long periods of time, such as at the doctor’s offices or on an airplane.

Clear limit-setting, structure and good organization is important. State the household rules clearly. For example, “You need to sit at the table with us for 5 minutes. When the timer goes off, you may ask to be excused.” Making effective commands is very important (see 7.4.6). Keep your commands short and to the point. Reduce the number of distractions when you make a request and be sure to maintain eye contact. It may be necessary to touch him and to squat down so your eyes are on the same level. Give one command at a time! After the child has done the thing you asked him about, give praise. Then you can give him another request. Don’t say: “Do these dishes, then go and fill the water tank.” Instead, ask him to do the dishes. Then, when he has finished this activity, praise him and ask him to fill the water tank. Be specific in what you want him to do. For example, instead of telling him to behave well, you should tell him to finish his homework before he starts playing with his friends.

Tangible reward and incentive programs may be used to encourage behaviours reflecting reduced activity levels and increased attention span. First, determine how long he usually can play quietly or work on a project. This may only be one to five minutes. Then, each day, schedule a playtime and set a timer for a period of time you feel certain he can accomplish, such as three minutes. During this period, praise his attention occasionally but be careful not to be a distraction. If he plays continuously for the specified time, give him a reward. This approach can also be used for other situations such as sitting at the dinner table for 5 minutes or playing cooperatively for 5 minutes with another child. These stickers and tokens can be traded in for things from a reinforcement menu. Gradually, after three or four days, you can lengthen the time that you expect him to remain engaged in the activity. Be sure you don’t lengthen the time until he is consistently successful with the shorter time.

Teaching of self-control is also important: You can help him learn to wait by not giving in every time he wants something. Praising the ability to wait for longer and longer periods of time is also effective. Teach him to use self-statements to wait longer, such as, “I can wait my turn,” or “I want to finish this so I’ll pay attention and play later.”

Social skills and problem solving training is important, since children with ADHD often are delayed in their social and emotional skills. Because of their impulsivity, they are less skilled at problem solving and handling conflicts with peers and have difficulty making friends. For this reason, caretakers are encouraged to play with children with AD/HD one-on-one using the child-directed play concepts (6.5.6) and emotional and peer coaching (6.6). Model and reinforce them whenever you observe them sharing, waiting, taking turns, asking for something, following directions and staying calm in a frustrating situation. Model calm and positive self-talk statements. As always, model the kind of behaviour you expect your child to exhibit. Remember that you and your child’s teachers will make the biggest contribution to his success. Remember to take the time to enjoy his energy and high spirited personality.

Regular sports, physical activity and play are useful ways of allowing the child to release excess energy. However, it is usually helpful to reduce stimulation to the child. That is, try helping him to do one thing at a time. For example, if he plays with toys, he should be given one toy at a time.

If the child lives in a rather affluent home, have toys in bedrooms well-organized and labelled. Too many toys overwhelm easily distracted youngsters. Put toys away in boxes and periodically bring out a “new” one for your child to play with.

Accept your child’s limitations. Remember that these behaviours are not intentional. Accept the fact that he is intrinsically active, energetic and has a short attention span. Probably, he will always be that way. Your tolerance, patience and acceptance are crucial factors in his adjustment.

Educate other people about your child, neighbours, teachers and family members, and enlist their help with him. It is important to constantly give the message that he is loved and accepted. As long as self-esteem and confidence is high, he will be able to survive many of the obstacles the he has to face academically and socially.

Take the time to get away, take personal time out and refuel yourself so that you can better meet your child’s extra needs. It is helpful to set up a regular sitter for at least one night a week.

Last but not least, talk with the child, and listen to his feelings and thoughts. Many children with AD/HD have little awareness of their own problems and how these affect other people. Therefore, they often fail to understand why others get frustrated with them, and easily feel unhappy and misunderstood. Explain to and talk with them about their problems, and ensure them that you want to help them get more in control of their lives.

How does the teacher help children with AD/HD?

Children with AD/HD profit from stability, including having the same teacher(s) over a long period of time and avoiding change of routines from one day to another. If routines are changed, the child should be informed on beforehand about the new ones. The teacher should ensure a good structure by letting different things happen at certain times of the day/week. He should also help the child to remember this structure by every day going through with him the plan for the day.

It is highly preferable with a small class, since it is much easier for the child to keep his attention when the number of students is not very high (the more students, the more distractions). There should be some space between the desks. Let the child sit at a certain place in the classroom, preferably near the teacher’s desk. Then he will be less distracted by the other children, and the teacher can pay more attention to his needs. Avoid placing him near the window or the door, where he will easily be distracted. Surrounding the child with more responsible and respected students will also make it easier for him to sit still and concentrate. He should be told that he can ask for help from those around him if he needs it. He should be helped to keep his desk tidy and devoid of things that are unnecessary for the task he is working on at the moment.

Usually the child concentrates best in the morning. Therefore the “heaviest” subjects (like mathematics) should be placed early in the day. The periods of work should be short, dependent on how long the child is able to concentrate (for example, 20 minutes). He should be given a small break between the working sessions (for example, by letting him run one lap around the school building – in this way he may release excess energy). When he works, the tasks should be divided into rather small pieces, to avoid that he loses heart. Then, when he finishes one piece, he should be praised and given the next part to work on. Every time before he starts working at something, it should be made sure that he knows what to do, that is, when to start working, for how long he will have to work, how things should be done, and what is expected from him regarding the quality of the work. Thus, the teacher has to monitor and

assist the AD/HD child frequently during tasks. The child should always be praised and rewarded for every task he completes successfully. Praising the effort is just as important as praising the achievement.

When the teacher gives the child instructions, he should make them as brief and clear as possible, and give only one at a time. When the whole class is given information verbally, it helps the AD/HD child if the information also is written on the blackboard (seeing the message in addition to hearing it helps the child take it in). When instructing the particular child, the teacher should look at the child while he talks. He should ask the child to repeat the instruction to make sure that he heard and understood it. If he is not able to repeat it, the teacher should repeat the instruction for him in a calm manner. Shouting doesn't help! If he has problems remembering instructions about homework and other things he needs to do at home, the teacher should make sure that the student has a book where he writes down what he needs to remember. The teacher should check every day that the child has written down everything of importance in this book, and may also write some additional information to the caregiver. The caregiver should check this book every day after school for messages, and also use it to write messages back to the teacher when necessary. In this way the caregiver and teacher have a useful way of communicating about the child from day to day.

Most children with AD/HD like to do the same things over time. This should be taken advantage of, because they profit from training the same skill over and over again. Mathematics is a difficult subject. It is helpful to let the child use remedies such as a ruler (for addition and subtraction), an overview of the multiplication table (for multiplication and division), and a counting frame. These children usually have large motivational problems when it comes to school work. It is therefore important to try as hard as possible to make the teaching interesting. Using a child's special interest as a frame for the teaching is usually effective. Because of his attention problems, the child should be allowed more time in tests. For example, the teacher could take his answer paper last.

The child may benefit from involvement in classroom tasks, such as erasing the board or handing out papers, in order to help him manage his excess energy.

The child should never be insulted. Instead, the teacher should calmly tell him that he has broken the class rules. Mild punishment should be used, consistently (see chapters 7.3-7.5). It is often helpful to encourage a good role model student to be a friend. This will make it easier for the child with AD/HD to behave well.

Medication

If the diagnosis AD/HD has been verified in a specialist child or mental health service, medicine may be tried. In general, medications are not prescribed until children have reached school age. The most commonly used drug is methylphenidate, which effectively reduces AD/HD symptoms as long as the child uses the medicine. Tablets of methylphenidate are rather inexpensive to use. However, because of potential side-effects and illegal use (methylphenidate is related to amphetamine) the treatment should be monitored by a specialist. Atomoxetine is another effective medicament to control AD/HD symptoms. However, it is very expensive to use. Medicine should never be given as the sole treatment. It should always be combined with the instructions to caregivers and teachers given above. Sedative medicines should never be used, because they will only make the child drowsy and make it even more difficult for him to concentrate.

Sometimes children on medicine are told, directly or indirectly, that when they are well-behaved it is due to the medication. The underlying theme is that they are responsible for their bad behaviour but not for good behaviour. Regardless of whether or not he is on medication, hold him responsible for behaviour problems and expect that he will be able to learn to change. Also, be sure to give him, not the medication, credit for success.

7.11.5 Depression in adolescents

Depression is a rather common health problem in adolescents. Therefore it was mentioned in 3.4.6 (Some mental problems in adolescence). See also 7.1.4 (Mental problems following the death of a parent).

Adolescents more often than others have a depressed mood, particularly adolescent girls, who seem to experience more stress than others, especially in early adolescence. Often this stress is due to homework, tests, disagreements with friends and other such things that are typical for adolescent life. It is important to remember that these things, although seeming “minor” to us, can be very stressful to the adolescent. Other reasons why adolescents may feel depressed are unhappy family lives, a deep frustration with school performance, broken love affairs (either the parents or the loved person broke the relationship), physical pain or illness, sexual abuse (see 5.2.3 and chapter 7.2), violence, alcohol or drug abuse, a psychotic illness or a severe depression.

Symptoms of depression

There are three main symptoms:

1. The person has a depressed mood (that is, he is feeling sad, miserable or unhappy or appearing tearful), alternatively a grumpy or irritable way of being that is out of character for him.
2. The person has lost interest in everything, or nearly everything, that he normally enjoys doing.
3. The person lacks energy and seems tired all the time.

If the adolescent has had at least two of these symptoms most days for most of the day in at least two weeks and these symptoms represents a considerable problem to him or his surroundings, you should also check for the following symptoms:

4. Does he eat much more or much less than normal, or has he either lost or gained a lot of weight?
5. Does he find it hard to get to sleep or to stay asleep, or does he sleep too much?
6. Is he agitated or restless for much of the time?
7. Does he feel worthless or unnecessarily guilty for much of the time?
8. Does he find it unusually hard to concentrate or to think things out?
9. Does he think about death a lot?
10. Does he talk about harming or killing himself, or has he tried to harm or kill himself?

If at least one (if all the three main symptoms, 1-3, are present) or two (if only two of the three main symptoms are present) of symptoms 4-10 are present most days for most of the day in at least two weeks, and these symptoms represent a considerable problem to the adolescent or his surroundings, he most probably have a depressive disorder. However, it is important to make sure that the problem is not caused by a medication or a drug of abuse. Also, if the youth does not improve considerably from his depression within 2-3 months in spite of treatment (see below), he should undergo a medical examination, since depressive symptoms may have a somatic cause, such as hypothyroidism (low metabolism).

Common additional symptoms in the depressed adolescent are:

- physical symptoms (such as headache and stomach pain)
- withdrawal from family and friends (he doesn't want or have the energy to be together with others)
- feeling bad about himself (for example feeling that he is not as attractive or intelligent as others)
- becoming moody and irritable, thus easily getting into fights with family and friends
- seeing life as being pointless.

How do you help the depressed adolescent?

First of all, give him your love, attention and time. Talk with him. Listen to his thoughts. Ask him about his feelings and what he is worried about. If he doesn't give you any particular reason for his depressive mood, you could ask him about those areas that often cause stress and problems in this age group (see above). Remember that talking and listening to his worries and feelings is the single most helpful treatment for depression in this age group! Tell him that it (probably) helps if he shares his stress with others he confides in, such as friends, family or teachers. Try to find out if he would prefer to talk with another person than you about his problems. Sometimes it is easier for adolescents to share with somebody else than their caregivers, for example a relative or a friend, particularly if the problem has something to do with the relationship between the two of you. However, often the caregiver is the safest and preferred person to talk with. And if there should be a problem between the two of you, it should be talked about openly.

Help him to make the link between his feelings and the stressful situation he is facing. Usually, understanding this connection makes the symptoms less frightening and gives ideas about how to get rid of the depression.

Be practical. For example, if he is stressed because of problems with a particular subject at school, you could write a note to or (even better) talk with his teacher explaining this. You could also teach him a problem solving technique for coping with stress (see below).

Make sure that he receives sufficient help. Talk with him regularly, listen to him and monitor his progress. If he doesn't improve considerably within 2-3 months, he should undergo a medical examination. If no somatic cause for his depression is found, you should seek advice, preferably from a professional mental health worker. If there is still little progress, it could be that the child needs antidepressant medication. However, it should be noted that the effect of most antidepressants is often weak in this age group, and that these drugs may increase the risk for suicidal behaviour to a certain extent, particularly during the first few weeks of treatment. Today the recommended antidepressant for children and adolescents is fluoxetine.

Problem-solving techniques

Let us take a look at a typical problem-solving strategy. It is useful in innumerable situations, but here it is applied to reduce stress. Make sure that the adolescent understands the link between stress and depressive symptoms. Then teach him the following steps:

1. Identify situations or events that make him feel stressed.
2. Generate alternatives.

That is, he should list as many ways as he can think of to make these situations less stressful. If he finds it difficult to generate alternatives, he could imagine how his friends would respond to these situations, particularly friends who he feels are able to cope better with stress than he.

3. Select the best solution.
If he finds it difficult to implement this particular solution, he could imagine himself doing it, and then rehearse (practice) a situation before he faces it.
4. Evaluate the solution.
5. Self-praise or redirection back to task.
-If it went well, he may say to himself: "I did a good job".
-If he didn't succeed, he may tell himself: "I'll pick another answer and do better next time".
6. Repeat the procedure, as required, for other situations or with other solutions; also see 7.3.5).

7.11.6 Suggestions to work tasks for improving the care of your children

Consider each of the children in your care:

1. Does the child have one or more of the problems mentioned in this chapter?
If you are in doubt, go through the teaching again. If still in doubt, get the help you need to find out if the child suffers from the condition you suspect.
2. For the child with problems: Write a plan for what you will do to help him improve or get rid of his problems. For each problem, use the line of action suggested in this teaching.
3. Implement the plan and monitor the effect of treatment regularly.
4. Seek help within reasonable time if there is little improvement.

7.11.7 References

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8 Appendices

8.1 Biological aspects of development

Inheritance and development

Two crucial factors for all aspects of human development are inheritance and environment. During the years there has been much debate as to which of these factors is the most important. However, during the last few decades there has been a growing consensus that the question is impossible to answer, because the two factors are so intertwined.

Genes

Hereditary, or genetic, factors are transmitted from generation to generation and account for much of the differences that is observed between human beings. Our genetic material, the genome, is found in the nucleus of human cells, linearly arranged on the chromosomes. Normally there are 46 chromosomes in each cell nucleus: 22 pairs with the same structure, plus either one pair of X chromosomes (in females), or a pair consisting of one X and one Y chromosome (in males). The human being has about 45 000-100 000 genes. Each gene is a large and complicated molecule. Each gene molecule represents a command, dependent on the structure of the molecule. If a gene is expressed, or “switched on”, the command is executed, and a protein is produced through a complicated process. Each gene codes for one protein. However, minor changes may be made in the “recipe”, causing proteins from the same gene to differ slightly from each other. In this way the possible number and functions of the proteins are endless. Once a protein is made, it starts to carry out its tasks. The proteins have innumerable properties and tasks, and carry out, directly or indirectly, all the necessary steps for developing a human being from the one fertilized egg cell.

All genes are present in each cell, but only a minor part is expressed in each cell. About one-third of the genes are expressed exclusively within the brain and spinal cord, or central nervous system (CNS), indicating the importance of the CNS. Some of these genes and their protein products are important for the normal development of the brain during fetal life (fetus: the child while in the mother’s womb). Others are needed only after birth, whereas others must be expressed at all times because they are involved in normal housekeeping functions required of the cell. That is, although all genes are present in all cells, some genes are expressed only in the brain, while others, for example, are active only in the liver. Further, some of the “brain” genes are expressed during fetal life, while others are active only after birth. Probably only 1% of the genes, or genome, is being expressed at a given time (Lombroso and Leckman 2002; Leckman, Vaccarino et al. 2002).

Environmental effects on gene expression

The many steps from gene to protein formation may be influenced in a number of ways, by different factors, i.e., molecules, within the cell. Some factors help the process, while others are hindering it. Whether a gene is expressed or not depends on the precise mixture of helping and hindering factors present. Thus it is the interplay of a number of factors in the “micro-environment” that determines whether and how much of a specific protein that is made. Genes differ much in their response to the environment. Some genes are expressed independent on the surroundings, whereas others are highly responsive to environmental changes (Leckman, Vaccarino et al. 2002).

Genes and the development of the CNS

The development of the CNS is very complicated, and consists of at least five major processes (the birth of specific cell types, their migration to their final destination, their growth, the development of neural connections, and cell death), some of which we will return to soon. At least one-third of the human genome is devoted exclusively to the regulation of these

processes (Leckman, Vaccarino et al. 2002).

The role of early life experience for the development of the CNS

The development of the nervous system depends on environmental factors as well as genetic influence. As we have seen, the expression of genes depends in large measure on the presence of various molecules in the nucleus of the cell. This means that it is difficult to separate out the relative contributions of genetic and environmental influences: The genes influence the environment through the production of various proteins and the environment, in turn, alters the expression of genes. This reciprocal relationship between genes and the environment is played out over the entire course of development.

The brain of a healthy fetus in a “normal” environment will develop because of the directions contained in the genetic code (genome). However, drugs, alcohol, altered nutrition (including a lack of oxygen) and certain viral illnesses disrupt the orderly progression of neuronal (neuron = nerve cell) growth during early, critical periods of brain development.

At later stages of development, some processes are activity-dependent. An example is the development of the visual cortex (cortex = bark; the visual cortex is the part of the cerebral cortex that is most important for normal vision), which is critically dependent on visual input during the first years of life for normal development. E.g. if a child has a squint (the child is cross-eyed), one eye is cut off to avoid double vision. If the child doesn't receive surgery within the first few years to correct the squint, the “disconnected” eye will become blind because it is not used and the visual cortex therefore is not stimulated. (Also other regions of the cortex involved in sensory perception must have neuronal activity to develop properly.)

During fetal life and childhood the number of environmental influences increase, and present knowledge strongly indicate the importance of early life events in shaping the CNS. That is, our genes give the limits for our development, while the environment is decisive for to what degree we reach our potential (i.e. the potential that our genes allow for; Leckman, Vaccarino et al. 2002).

Genesis of the cerebral cortex

The cerebral cortex is the part of the human brain that differs most from the brain of other species. It constitutes a much larger part of the brain than in other species, including monkeys. The cerebral cortex is crucial for what we call “higher functions”, i.e. language, reasoning, decision making and so on.

There has been considerable discussion about when nerve cell (neuron) formation stops. So far authorities believe that all neurons of the cerebral cortex are generated before birth, mostly during the middle third of fetal life. The production of cortical neurons seems to start about 6 weeks after fertilization. The CNS also contains billions of fat cells that surround the neurons. In fact, there are several times as many non-neural as neural cells in the CNS. They have a number of functions, including to improve the conductance of nerve impulses through myelination (“wrapping” of axons in a layer of fat, causing the impulses to move faster and safer from one nerve cell to another) and to bring nutriment to the neurons. These non-neural cells continue to proliferate for years after birth, and it is their growth that is responsible for most of the growth of the cerebrum after birth.

That new neurons are not made after birth causes there to be a stable population of cortical neurons during adulthood. This stability may be a biological necessity, so that individual cognitive experience can be preserved (stored) in the cells. Thus, the individual can remember experiences through the neurons' “memory”.

The neuron consists of a cell body, an axon and different dendrites. The axon is the “sender” part of the cell, while the dendrites are the “receivers”. Each neuron has a

number of connections, or synapses, with other neurons. Messages from one neuron to another are sent across the synapse gap by messenger molecules called transmitter substances. The more connections with other cells, the more messages can the neuron receive and send. Thus, the larger number of synapses, the more influence the neuron exerts on other cells.

The cerebral cortex, as most brain structures, has a larger number of neurons and connections during development than in adulthood. A considerable part of neurons and synapses are eliminated before adulthood. This pruning involves elimination of already formed synapses, rather than creation of new connections. The elimination of neural cells occurs mostly during the second half of fetal life. The period of supernumerary synapses in the cortex lasts until the end of puberty. During this period environmental factors will be very important for which synapses will be preserved and strengthened, and which will be eliminated. There is much evidence for the “if you don’t use it, you lose it” principle. Thus, there is a competition for survival among the billions of neuronal connections in the cerebral cortex. That is, childhood can be considered as a stage in life with maximum opportunity and minimal commitments, providing an enormous window of opportunity for environment to influence brain development.

After the number and density of synapses in the cortex reach adult levels, they remain relatively stable throughout the life span. Research suggests that the turnover of synapses in humans must be either absent or negligible in adult life. It has been hypothesized that during infancy, childhood and adolescence, learning of basic skills and formation of intellectual capacities may be connected with considerable changes in synapses (formation of new, strengthening of used, and elimination of unused connections; Rakic 2002). The dynamic equilibrium between synapse formation and pruning of neurons and synapses may well be a crucial mechanism that allows children to modify their behaviour or “learn” as a result of experience (Leckman, Vaccarino et al. 2002). In contrast, after puberty, learning and memory probably depend primarily on changes in the strength of already existing synapses. This hypothesis allows for a remaining capacity for functional plasticity in the adult cerebral cortex. Further, it may explain the retention (memory) of acquired knowledge during the long life span of human beings (Rakic 2002).

Brain development related to functional changes

During the developmental progression from infancy to adolescence, behavioural, emotional and cognitive changes accompany the biological development that we have studied so far (Ornitz 2002). An example of the strong parallels between the developmental state of the brain and the development of behaviour in early childhood, is the smiling response in infants, which coincides with the myelination of the visual cortex (Werry, Zametkin et al. 2002). From infancy to adulthood there are progressive increases in brain weight, head circumference and cerebral cortical thickness (Werry, Zametkin et al. 2002: Approximately 75 % of brain growth, as shown by weight, occurs by the age of 2 years) and a progressive decrease in neuronal density in the cerebral cortex and some nearby areas of the CNS.

Table 1

Timetable	Neuronal cell formation	Neuronal cell death	Increase in synaptic density of the cortex	Decrease in synaptic density of the cortex
Start	6 weeks of fetal life		Before birth	About 3 years
Period of largest intensity	Middle third of fetal life	Second half of fetal life		
Stop	Before birth	6 to 15 months after birth	About 3 years	12 years to midadolescence

The decrease in neuronal density is precipitous before birth, with a slower decrease to about 6

to 15 months, after which time adult values are reached. Synaptic density of the cortex increases from before birth to about 3 years (different for different cortex areas), and then progressively declines to adult values which are obtained between 12 years of age and mid-adolescence. The synaptic architecture in prefrontal (the foremost part of the) cortex appear to mature from this time until late in adolescence. Concomitantly, there is continuing synaptic elimination throughout childhood and adolescence.

There is a tendency for functional spurts in development to coincide with structural spurts in maturation of the brain. The structural changes in prefrontal cortex are of particular importance because of their association with stages of cognitive development during childhood (cognition: the mental process of acquiring knowledge, including perception, intuition and reasoning, and the knowledge that results from such a process). It is significant that important functional changes, notably those that are related to the ability to inhibit (in response to stimuli), either emerge or attain adult values during the school-age years (i.e., between 6 and 12 years of age). This is the period when, regardless of cultural differences, children are engaged in some type of formal learning. This is also the time when, following a period of cortical remodeling, there is an extended period of synaptic elimination.

One obvious functional difference of the CNS that is seen between birth and late adolescence is the total time spent asleep, which is reduced from about 16 to about 8 hours (Ornitz 2002).

Stress and immunity

Immunity is the ability of an organism to resist disease. Immunology is the study of immunity. The brain may influence immune function in several ways, both directly (e.g. transmitter substances) and indirectly (e.g. hormones. A hormone is a substance that is produced in one part of the body and transported through the blood to another body organ, where it stimulates the organ to increased activity). Many scientists have identified links between (physical and psychological) stress, specifically the stress of social isolation, and increased susceptibility to a number of immune-related disorders such as infections and cancer. There is now evidence that negative early life experiences such as being separated from mother (in animals: experiencing maternal separation too early) may reduce immunity. More lasting early life experiences, such as rearing environment, have been shown to exert long-term influence on the immune system. New evidence suggests that early vulnerability to environmental stressors may begin before birth.

Bronchial asthma and allergic rhinitis occur more frequently in children undergoing life events who have limited abilities to cope psychologically with these changes. Streptococcal infections are more likely in members of families in which high levels of stress are noted. Serious, and often fatal, viral infections have been found in emotionally deprived children. In children both adverse life events, depression and parental divorce/separation have been found to weaken the immune system. In adults, discord or dissatisfaction within the marital relationship is found to reduce immunity. Bereaved and depressed individuals, both children and adults, show suppressed immunity (Bartlett and Irwin 2002).

Hormones and development

The development of the CNS is regulated by a variety of factors, such as genetic mechanisms and hormones. A number of hormones are of major importance in this process, including thyroid hormones, cortisol and sex hormones (testosterone, estrogens etc). Thyroid hormones, for example, influence brain development in three phases during early life. In phase I, which extends up to 10 to 12 weeks of fetal life, the fetus depends on maternal thyroid hormones for normal development. Children exposed to maternal hypothyroidism (hypo: too low) in this phase may be born with cognitive deficits and delayed motor skills. In phase 2, from 12 to 40

weeks of fetal life, brain development is exquisitely sensitive to the presence of thyroid hormones. In phase III, from birth up to 2 years, brain development is entirely dependent on the activity of the child's thyroid gland. Thyroid deficiencies can cause serious and permanent brain damage, as well as a particular appearance. The degree of thyroid deficiency and the age of the child when treatment is begun determine the child's future functioning.

Sex hormones seem to regulate the development of sexual differences between the genders, including different sexual organs, sexual behaviour and also other forms of behaviour that differ between the sexes (Cummins, Anand et al. 2002). Very early in fetal life differences between the sexes can be demonstrated, e.g. in testosterone levels. There are also clear differences in behaviour (e.g. in activity level) between male and female infants, suggesting that brain-behaviour relationships get off to a somewhat different start in the two sexes (Werry, Zametkin et al. 2002).

These hormones are also crucial for normal development during puberty. The regulation of the onset of puberty involves the complex interaction of several hormonal mechanisms, many of which are influenced by genetic, psychological, behavioural, dietary and environmental factors. For example, stress-associated menstrual disturbances are well known, and may be caused by increased levels of plasma cortisol, which again decreases the secretion of the hormones that regulate the menstrual cycle (Cummins, Anand et al. 2002). (Comment by the author: Clinical experience also shows that children exposed to severe emotional deprivation or abuse tend to reach puberty rather early.)

A number of studies indicate that stress after birth, e.g., by prolonged separation from the mother, causes elevations of cortisol in the blood plasma, which may impair immunity and lead to loss of neurons in hippocampus, a part of the brain that is important for memory. These high levels of cortisol may lead to cognitive and memory impairments, stress, and perhaps depression and anxiety during adult life. The mechanism by which for example maternal deprivation may predispose to the development of these disorders in adulthood may be through a long-term increase of cortisol (and other hormones'/neurotransmitters') sensitivity to mild or moderate stressors, concomitantly with an increased tendency to react behaviourally to stress. With repeated exposure to stress, this vulnerability may evolve in symptoms of depression and anxiety disorders, which are frequently seen in adult survivors of abuse (Cummins, Anand et al. 2002; Heim and Nemeroff 2003).

The secretion of growth hormone (GH) is very sensitive to the child's environment. Psychosocial dwarfism is caused by hyposecretion of GH due to serious emotional abuse or deprivation. This occurs because these children have much less deep sleep compared with other children (they also have less amount of total sleep), which is necessary for adequate nocturnal GH secretion. During a hospital admission or when the child is placed in a beneficial nurturing environment, GH secretion normalizes rapidly, with initiation of bone growth. If the child returns to the socially deprived environment, GH hyposecretion recurs (Cummins, Anand et al. 2002).

Disruption of brain development

Animal experiences have shown that the weight of the brain, complexity of dendrites, and synaptic size are all significantly greater in animals exposed to an enriched environment, and that these changes are matched by improved performance. The increases are greatest if stimulation is given early in life but are still apparent even if applied later. Synapse formation is largely under genetic control, but when in place, synapses require appropriate environmental stimulation for their activation and fine-tuning. After the laying down of synapses, experience works throughout the life span primarily by influencing the effectiveness of these synapses – downgrading some (unlearning) and upgrading others (learning). Thus, these studies have demonstrated the importance of environmental stimuli for

normal brain development. But what happens if there is a disruption of this development because of injury or disease? In the following it should be borne in mind that many brain functions are localized, but their learning, execution or integration with other functions require most of the brain to be involved.

Brain development is most susceptible to disruption during the most rapid phase of neurogenesis and organization, when any disruptions may have gross and catastrophic results. Being highly specialized in function, neurons are exquisitely sensitive to changes in biochemical environment (induced by viral infections or biochemical abnormalities from alcohol, tobacco, drug abuse, maternal malnutrition, placental dysfunction, maternal vomiting, and even stress) – its acidity, ionic composition, and supply of essential nutrients, particularly oxygen and glucose.

The effects of milder degrees of anoxia perinatally (the period around birth) are difficult to detect after the first few years of life, when the compensatory effect of a felicitous environment seems to override the more obvious effects of generalized brain damage.

Regarding brain injuries in children and adolescents, there is both a high threshold to injury and a strong tendency to recovery. One reason could be surplus neurons, because there is a large redundancy of neurons (as high as 50 %) gradually lost by adulthood through neuronal death owing to disuse. Some is owing to cleanup of the products of inflammation, necrosis, trauma, bleeding and so on. But probably the most important factor is that of parallel functions: When one way is obstructed, there is always another. However, this principle is limited and least true of, for instance, motor and sensory functions, which are simple or highly specific and sharply localized in the cerebral cortex. Thus, sharply localized functions such as speech or fine motor movements are vulnerable to disruption, but parallel function protects a lot of higher functions from greater devastation from disease or injury.

It seems that time after injury, not age, may be the critical determinant of recovery. In fact, there is some evidence that early damage may be more serious than later damage, possibly because regrowth and reconnection may not always be beneficial, but may produce new and erratic functioning. Thus, the popular idea that younger age reduces the risk of severity or durability of disability may well be false. After injury, some degree of recovery continuing for a long time is almost inevitable. But possible sleeper, or delayed, effects must be borne in mind, i.e. problems emerging only later when more complex cognitive and other brain functions are (unsuccessfully) developed. It should also be borne in mind that the outcome of any brain state or dysfunction has been demonstrated to be influenced by experience, which also no doubt can produce permanent change in normal brain structure and function (Werry, Zametkin et al. 2002).

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8.2 Resources

Below are listed (alphabetically) some useful websites. The list is by no means complete, but may be a good start when searching for help. Most of the information given is found on the respective websites.

Better Care Network: <http://www.crin.org/bcn/index.asp>

The Better Care Network brings together organizations and individuals concerned about children without adequate family care. It is committed to:

- Reducing instances of separation and abandonment of children;
- Reuniting children outside family care with their families, wherever possible and appropriate;
- Increasing, strengthening and supporting family and community based care options for children who cannot be cared for by their parents;
- Establishing international and national standards for all forms of care for children without adequate family care and mechanisms for ensuring compliance; and
- Ensuring that residential institutions are used in a very limited manner and only when appropriate.

The Better Care Network facilitates active information exchange and collaboration on these issues and advocates for technically sound policy and programmatic action on global, regional, and national levels. The Better Care Network is guided by the UNCRC and the Stockholm Declaration.

Celebrating Children Training: <http://www.celebratingchildretraining.info/>

The Celebrating Children *course* is designed to equip people to work more effectively with children living in difficult circumstances of loss, trauma and abuse around the world. This *website* is designed to help trainers who provide training for Christians working with children at risk. The site provides an introduction to the course, information to help you assess whether the course is the right thing for your situation and makes available for download extensive resources used in delivering the course.

Chab Dai Coalition: <http://www.chabdai.org/>

Chab Dai is a network of more than twenty Christian organizations that are committed to ending sexual abuse and trafficking. Activities include: Providing help, support and resources to individuals, organizations and churches; working with communities, organizations and government ministries to identify strategies to address the issues of sexual abuse and trafficking; developing training programs to build the capacity of staff working with victims; facilitating advice clinics for organizations to discuss and address issues relating to their work; carrying out specific research studies.

Children Webmag: <http://www.childrenwebmag.com/>

Children Webmag is a child care magazine dedicated to the promotion of good practice in child care. It is published by a consortium led by The Centre for Children and Youth, University of Northampton, UK. The magazine aims to provide a variety of background information which will be of use to managers, practitioners and students, for example: statistics, legal information, recommended reading, information sources, details of key reports, training courses. The site includes a blog section. There are feature articles, regular columns, book reviews and an archive of back issues.

International Save The Children Alliance: <http://www.savethechildren.net/alliance/index.html>

“Save the Children fights for children's rights. Save the Children is the world's largest independent organisation for children. From emergency relief to long-term development, Save the Children helps children to achieve a happy, healthy and secure childhood. Save the Children listens to children, involves children and ensures their views are taken into account. Save the Children secures and protects children's rights – to food, shelter, health care, education and freedom from violence, abuse and exploitation.”

Orphans and other vulnerable children support toolkit: <http://www.ovcsupport.net/sw505.asp>

This website belongs to International HIV/AIDS Alliance. It represents a collection of information, tools and guidance on supporting orphans and other vulnerable children living in a world with HIV/AIDS. It covers a wide range of subject areas, such as running of programs, health and nutrition, education, psychosocial support, economic strengthening, living environments, and children's rights.

Teaching strategies: <http://www.teachingstrategies.com/>

Teaching Strategies is an early childhood education publishing company. Their aim is to enhance the quality of early childhood programs (birth through age 5 years) by offering practical, innovative, and developmentally appropriate curriculum materials; staff development services and materials; and parenting resources. The materials are based on current research.

The Urban Halo: <http://www.urbanhalo.org/>

The Urban Halo (book) by Craig Greenfield: “This is a story of our years living in a slum community in Asia, the orphans we met there, and the exciting new paradigm in orphan-care that was birthed and now reaches hundreds of children orphaned by AIDS.”

UNICEF: <http://www.unicef.org/>

Focus areas are child survival and development, basic education and gender equality, HIV/AIDS and children, child protection, and policy advocacy and partnerships.

Viva Network: <http://www.viva.org/>

Viva Network is a global movement of Christians with 81 network initiatives in 48 countries, working together to bring more children better care, helping 1.2 million children at risk. This website gives direct access to a lot of useful information on child care as well as many links to relevant websites and resources.

W.A.I.M.H. World Association of Infant Mental Health: <https://www.waimh.org/>

WAIMH's mission involves promoting education, research, and study of the effects of mental, emotional and social development during infancy on later normal and psychopathological development through international and interdisciplinary cooperation, publications, affiliate associations, and through regional and biennial congresses devoted to scientific, educational, and clinical work with infants and their caregivers.