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PROGRAMME ON MENTAL HEALTH

Improving Mother/child Interaction To Promote Better Psychosocial Development in Children

INTERNATIONAL CHILD DEVELOPMENT PROGRAMMES
OSLO

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This document is a practical manual for the facilitators in the World Health Organization/ International Child Development Programmes for promoting the optimum psychosocial development of children by improving the interaction between children and their caregivers. The facilitators would normally be trained para-professionals who undertake the training of the caregivers.

This is the third in a series of documents, the first (Improving the Psychosocial Development of Children - Programmes for Enriching their Human Environment MNH/PSF/93.6) provided a general review of the whole field, and the second (Improving the Psychosocial Development of Children - A Programme for the Enrichment of Interactions between Mothers and Children MNH/PSF/95.4) gave a description of the eight guidelines and suggested steps for implementation. This document takes the next step of providing more practical advice about the implementation of the programme.

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IMPROVING MOTHER/CHILD INTERACTION TO PROMOTE BETTER PSYCHOSOCIAL DEVELOPMENT IN CHILDREN

Introduction

This document is a practical manual for the facilitators in the WHO / ICDP programme for promoting the optimum psychosocial development of children by improving the interaction between children and their caregivers. The facilitators would normally be trained para-professionals who undertake the training of the caregivers.

The need for promoting better interaction between caregivers and their children:

Children need a loving and secure environment for their optimum growth and development. Their physical needs must be met but at the same time their emotional and psycho-social needs also have to be fulfilled. They need love, care, attention and guidance in order to develop as stable, well-adjusted and sociable human beings.

It is very important for children to have stable and loving relationships with their caregivers usually their mothers. Because of the love and affection they receive, they learn to rely on the caregiver and to trust her. As they grow they learn by watching and imitating her, as well as by getting instructions and guidance from her. When they manage to do something, their learning is reinforced by her praise and approval. This is a normal scenario. For this the mother does not need any special training, this kind of caregiving comes naturally and instinctively to her. This is the ideal environment for a child to develop his potential to the maximum.

Studies have shown that infants who are abandoned and separated from their mothers become unhappy and depressed, sometimes to the point of panic. After long periods of separation and isolation, they show symptoms of either apathy and withdrawal or restlessness, hyperactivity, inability to concentrate, and craving for affection.

In a study of social deprivation in an orphanage in Iran, McVicker Hunt (1983) found that the children wore glum expressions, failed to play with toys and showed no interest in either things or people. The children were wary and withdrawn initiating no interaction with adults and seldom with other children. Most reached age 3 without any sign of either expressive or receptive language and during their third year, only 2 out of 25 ever used their voice for anything but crying and yelling. These children were retarded in all areas of development: language, social, emotional and intellectual skills.

When the group of children who were deprived of interactive contact were compared

with a group of children receiving early stimulation and social enrichment, the difference was striking: "These children wore alert and interested expressions. They were almost always interacting with toys or people of their own choice and tended to approach with interest almost any adult who came within view...". Their language development was normal, and the difference in terms of IQ points between the two groups was 47 points or 3 standard deviations.

This dramatic difference was the outcome of a simple intervention programme in which caretakers were made aware of the needs of children and instructed to respond to their needs as soon as these were expressed, to show them love and to play with them. In addition, they were instructed to imitate the cooing and babbling sounds of the babies. The personal contact was made possible by reducing the children-caregiver ratio from 35:3 to 10:3. The caregivers gradually developed a strong emotional attachment to their children which again strengthened their sensitivity to the children's needs and initiatives (McVicker Hunt 1991).

The example mentioned above clearly illustrates that for optimum development of the children, they need appropriate psychosocial as well as physical care. To be able to give this, one does not need extensive academic training. In fact, it is something very simple and natural that seems to be part of our biological and cultural heritage and can therefore be easily facilitated or reactivated in sensitive human caregivers.

All adults have the capacity to love and care for and guide children under their care. But it is also true that some caregivers do this more than others and the reasons for this are many: extreme poverty, stress of daily living, ill health, depression or other emotional problems - to name just a few. In some cases it can simply be a lack of awareness and understanding of the need for such care. Through intervention, one hopes to reactivate such capabilities if they are dormant or to encourage the caregivers to improve the quality of their caregiving by providing them with some guidance and motivation. Hence when one talks about intervening to promote better psychosocial care for children, it is not so much to teach new caring skills but more to release the innate capabilities already in the caregivers.

New philosophy of intervention

It has become very clear that for a programme of psychosocial intervention to be sustainable, it is not experts who should carry it out, but the child's parents or other stable caregivers, who must do this. They have to be empowered through training and supervision, so that they become confident and can carry out the programme independently.

Facilitation of existing skills and not instruction from without: The intervention programmes should not impose foreign ideas on the caregivers but as far as possible encourage them to continue with the best of their cultural ways of child rearing, so that there is no alienation from local traditions and customs of care. By reinforcing the existing positive skills of the caregivers, a double benefit is achieved. First the caregiver starts to feel more confident about her own capacity to care. Secondly she becomes more aware of her own skills and this in itself

will improve the quality of her caregiving. This is not instruction from without, but rather guidance or facilitation of her existing competence and empowering her to trust her own capacity to care for her children.

Seeing the positive child: The key to good caregiving is sensitivity and emotional responsiveness to the initiatives of the child. This helps the child to develop expectations and trust, to act and to relate to people. But there may be babies who do not show much initiative, or fail to respond to stimulation or for other reasons, is not able to establish a reciprocal affection or communication with the caregiver.

There can be different reasons for failure to establish such a reciprocal or emotional relationship. Some may be related to neurological or physiological causes, like disability or malnutrition, others may be related to the caregivers' own childhood experiences, like rejection and lack of responsiveness from her own parents. Others again may be related to the stresses of everyday life, the struggle for economic survival and the lack of a supportive network of family and friends. The child in such cases remains more like an object that is fed and clothed, while the subtle process of empathy and care for his emotional and social needs is not met. Under such conditions the child may be grossly neglected and even abused in an emotional sense, although the purely outer needs for food and clothing may be attended to.

In order to provide good child care, the caregiver also has to be made aware of the child's positive qualities, because then it will be easier for her to be more sensitive and empathic to the child's needs. Due to the stress of everyday life and the problems connected with poverty and survival, this sensitive emotional aspect may move to the background in the mother's relationship to her child. This does not mean that the mother does not have these tender feelings for her child nor that they cannot be brought to life again. This is possible through **a process of sensitization, where she is gradually made aware of her own competence and skills as a caregiver and at the same time she is discovering the tender and positive qualities of her child.** In this way her own natural basis for sensitive and responsive caregiving is reestablished and strengthened. (See pp 8-12 and also pp 22-23)

This is, in short, the rationale behind the WHO/ICDP programme.

The WHO/ ICDP Programme

The WHO/ICDP programme is a sensitization programme by which the caregiver goes through a process of becoming more sensitive and aware of the child's qualities and needs, as well as aware of her own ability to provide loving care and guidance. The programme empowers the caregiver without creating dependency on the trainer, training manuals or on special equipment. The positive local practices of child-care are incorporated in the programme and traditional values are encouraged. Hence this programme has both universal applicability and cultural relevance.

It aims at better psychosocial development in children by advocating the following methods:

A. It helps the caregiver to see the child in a positive light, to love and empathise with him so that she understands him better and can respond to his needs and initiatives. It also strengthens her self-confidence as a caregiver.

B. It promotes a sensitive emotional-expressive communication and interaction between the caregiver and the child, that leads to a positive emotional relationship between the two.

C. It promotes an enriching and stimulating interaction between caregiver and child which helps the child to understand his surroundings and guides his actions.

D. It reactivates indigenous child rearing practices, including that of play, games, songs and cooperative activities, so that the care of the child takes place in culturally appropriate ways.

The essence of this programme is encapsulated in "Eight Guidelines for Good Interaction"

1. Show your child you love him
2. Talk to your the child. Get a conversation going by means of emotional expressions, gestures and sounds.
3. Follow your child's lead
4. Praise and appreciate what your child manages to do.
5. Help your child to focus his attention and share his experiences.
6. Help your child to make sense of his world.
7. Help your child to widen his experience.
8. Help your child to learn rules, limits and values.

Implementation of the programme and the role of the facilitators

To implement the WHO/ ICDP programme there needs to be a team of professionals and para - professionals (also called the facilitators). The professionals plan and supervise the project but the actual work in the field is done by the facilitators, who are chosen principally on the basis of knowing how to communicate with the local population. They are the ones who reach out to the target group namely, children of 0 - 3 years of age and their mothers or other caregivers. Although high motivation is what is mostly necessary, it is also advisable that they have some experience in working with children and their primary caregivers.

The facilitators need certain skills and knowledge which are discussed below:

1. Acquiring the basic ideas about the theory and research behind the programme.

Although the main task of the facilitators is to be effective in communicating the programme to the mothers and not to teach theoretical knowledge, becoming aware of the theory and the research base of the work, will increase both their motivation and involvement. Even a very basic idea about the project will enhance their self-confidence as they realize that they have an important role to play.

2. Acquiring the ability to recognise instances of good caregiving, in accordance with the guidelines of the programme and knowing how to grade them.

The facilitators should understand the "Eight Guidelines for Good Interaction" thoroughly and be able to recognise their application in real life situations as well as in short video samples or role plays.

3. Acquiring the ability to convey basic messages of the programme to the caregivers in line with the WHO/ICDP principles of sensitization and communication.

The facilitators must prepare carefully for the meetings with the caregivers. Though a precise description of the agenda for the meetings is given and ideas suggested on expanding on each topic, a lot still depends on the skill of the facilitator in being able to convey the message in the right spirit (also see pp - 22-26 on how to use these principles).

The facilitators convey the basic message of the programme to the caregivers using " Seven Principles of Sensitization"

1. Establish a contract of trust with the caregivers.
2. Make the caregivers see the child in a positive light.
3. Point out any positive feature observed in caregiver-child interaction.
4. Make the caregivers verbalise what is good interaction.
5. Encourage sharing experiences in the group.
6. Use a personalised and empathetic style of communication.
7. Encourage and motivate the caregivers.

A blue-print of the training programme for the caregivers

Each facilitator may train, at any one time, a group of five to eight mothers/caregivers . The training programme involves 6 group meetings, of 1.30 h. duration each, spread over a period of six to seven weeks. Although this blue-print is focussed on meetings with groups of mothers, it is equally possible to work on a one to one basis with them, or using a mixture of group meetings and one to one meetings.

It is important to remember that the training is actually about facilitating and not so much about imparting instructions, even though one may continue to call it "training" for the sake of convenience. The process involves group discussions and sharing of information and experiences, video demonstrations, self-assessment, home tasks and role play, rather than lectures.

First Meeting

The facilitator introduces him/herself and all the members of the group are introduced to each other.

The facilitator should try to keep the atmosphere very relaxed and informal and talk to the caregivers in a friendly manner while treating them as equals. It would be a good idea to ask what are the participants' expectations of the programme and how they think it will benefit their children.

1. Present the programme

A brief explanation needs to be given about the importance of human stimulation for children's development and the implications of improving the "good interaction" between the caregiver and the child for better psychosocial development of the latter:

Babies need to be fed, clothed and looked after. But it is also important to smile and "talk to the child", to cuddle him, to show him that he is loved. When he is a little older and wants to explore his environment, he needs to be guided by someone he trusts - ideally his mother / caregiver. She needs to point out to him the things in his environment, name them for him. She needs to play with him, share his joy when he manages to do something, explain to him what he has learnt and praise him for learning well. He also needs to be told what he can and cannot do. In this way the child grows up feeling loved and secure. He knows he can trust his mother and later he learns to trust and relate to others.

But on the other hand, if the cries of an infant are not answered and nobody is there to appreciate when he gurgles and coos, he soon starts withdrawing into himself and becomes

unresponsive. He doesn't relate to people and his overall development - intellectual, social, emotional and language - becomes affected.

The WHO/ICDP programme is aimed at improving the mother-child interaction so that the child may be able to attain optimum psychosocial development. The caregiver goes through a process of becoming more sensitive and aware of the child's qualities and needs. At the same time she becomes more conscious of her own skills at providing loving care and guidance which enables her to be effective without being dependent on the trainer, training manuals or on special equipment. The programme does not impose new ideas on the caregivers, but promotes the best of local practices of child care .

The facilitator should explain the structure of the programme, so that the participants know what to expect in the meetings; the number of meetings, the time involved, the techniques used in the meetings and how they are expected to benefit from the programme.

It is important to make all presentations in a simple and direct way without too many abstract words and phrases. After a presentation there must be an opportunity for asking questions, as well as other ways for them to actively participate.

The participants should be encouraged to ask questions about anything that they do not understand. The facilitator should answer all the questions briefly and clearly and if he does not know the answer to any question, he should admit it and say that he will find out from the supervisor.

It is essential to explain that some of the information that they will receive may sound familiar, even trivial and often just like common sense. But its importance should not be underestimated, and it is very crucial for improving their interaction with their children.

It is vital that the facilitator presents the programme with enthusiasm and commitment, and not make just a dry professional presentation, in order that the participants are also touched and become enthusiastic.

2. Use video demonstration if possible, to activate participation in the discussion on what is good interaction between the caregiver and the child.

The facilitator may present video samples of interactions between caregivers and their children. Before engaging in any explanation, the facilitator can let the caregivers express their own opinions about the interactions they have just observed on the video. It would be better at first to get them to look for only the good interactions in those episodes, so that the focus is on good and not bad examples and the participants will start building up their own idea of what a good interaction should be.

The next step is to get the caregivers to articulate their own views on what good interaction is all about. The facilitator will conclude by giving his own feed-back and comments to the video samples while replaying some of them, basing his explanations on the 8 guidelines of the programme.

3. Go through the booklet

The caregivers are then presented with the booklet "Eight Guidelines for Good Interaction" containing the guidelines, preferably with drawings. The facilitator presents the booklet by going through it briefly with the participants, guideline by guideline and asking for comments, supplementing it whenever necessary. If any of those points had come up in the earlier discussion on "good interaction", he should mention it and, even better, mention who had raised it. It is useful to take notes during the discussions especially of the things one wants to quote later, which will help one remember the details and also it will be useful in summarizing.

4. Give a home task

The caregivers should be asked to bring to the next meeting, some examples of how they practise some of the interactive guidelines in their everyday life.

5. Finally, the facilitator should summarize what has been achieved at the meeting

1. The presentation of the programme.
2. The video demonstration and the discussion on "what is good interaction?"
3. Review of the booklet.
4. The home task.

Second Meeting

1. The review of the last meeting

The facilitator should briefly talk about the topics discussed in the last meeting. He may also ask the participants to help him in the process. This is a good way of revising and providing continuity for this second meeting.

2. The facilitator should explain the need for emotional expressive communication (this relates to the first four of the eight guidelines of good interaction)

When the caregiver responds to the infant's initiative by imitating what he is doing or saying, she is engaged in a kind of conversation with him. Sometimes the caregiver talks to the child in a loving voice, commenting on what she is doing or wishing to do, and the child feels he is attended to. He responds back in his own way by sounds and gestures. Thus a form of communication starts between the child and the caregiver. If the responses are consistent, the child develops a feeling of expectation and gradually of confidence that there is someone who answers and attends to him. He begins to trust the caregiver and also the effectiveness of his own initiative. This lays the foundation for his future development, his ability to act and trust others. This is what emotionally deprived children lack, and what they need.

Imagine that you needed help and were shouting out of the window for somebody to come and help you. You saw people passing by, but nobody seemed to hear or understand your call. What would your reaction be in the end? You would stop calling, you would give up and withdraw into yourself and assume there is no help, whatever you do. This could be the situation of many of the withdrawn and resigned children seen in orphanages or camps where children are stored, clothed and fed, but not cared for emotionally and psychologically. They have given up their initiatives and have ended up in passive withdrawal and resignation. Hence it is most important to respond to the child's initiatives and to show him that he is loved and cherished, so that he learns to trust people around him and open up to the world.

But in order to do that, the caregiver must be able and willing to express herself emotionally, to show her feeling of love and approval of the child. Expressions of love may vary from person; to person, some smile, establish eye-contact and have a loving exchange with the child face-to-face; others touch the child gently, embrace or kiss him. There are different ways of expressing love, but it is important to show it in a way that the child appreciates and understands. Therefore the caregiver should be sensitive to what kind of loving expressions the child receives well and responds to positively.

The caregiver must also remember that a child needs approval for what he does well. This gives him a feeling of self confidence and trust in his own capacity to act. This is also a way of guiding the child. By approving what he does well and ignoring what is not permissible, the caregiver guides him towards behaving in ways that are acceptable.

3. Present video samples of interactions illustrating guidelines 1 and 2

Show the video clip and ask the participants to say which guideline was being practised in the video sample. They can also be encouraged to discuss how it would benefit the child.

The first two guidelines relating to emotional-expressive interaction could be presented as follows:

Guideline 1[*]. Show positive feelings. Show your child you love him.

[*] The same guidelines 1-8 have been described in the previous WHO document

Even if the baby cannot understand what the caretaker is saying, he can still understand emotional expressions of love and rejection, joy and sorrow. It is important for the caretaker to show that she is fond of him, to hold him with love, caress him and express joy. The child will express his pleasure and appreciation by responding in his own way.

(MNH/PSF/95.4) which uses a somewhat different presentation, and which readers might also like to consult.

Guideline 2. Talk to your child. Get a "conversation" going be means of emotional expressions, gestures and sounds

Even shortly after birth it is possible to get an emotional dialogue going with the baby through eye contact, smiles and exchanges of gestures and expressions of pleasure. When the caregiver comments positively on what the child is doing, he "answers" with happy noises. A usual way of doing this is for the caretaker to just imitate the expression and noises that their child makes. Usually the baby responds by repeating it, and so the "dialogue" begins. This early emotional "conversation" is important for the child's future relationship with the caregiver and for his speech development

4. Ask caregivers to share examples of their interactions

The facilitator should get the caregivers to describes examples of how they interact with their own children, in relation to the guidelines explained in the previous meeting. The facilitator should have ready some examples of his own interactions to start the discussion if necessary. The facilitator should be alert and praise the caregivers for any interventions that indicate they have understood, particularly focusing on those who do not usually contribute a lot. At the same time he should encourage others to comment positively on the examples shared in the group.

5. A role play

If there are children present then a caregiver can show her interaction with her child following the guidelines. Alternatively, a role play can be done with one participant acting as a child and the other one as the caregiver. Video recording can be used when appropriate.

The group should give feedback of the interaction in the role play and the facilitator should use the key words related to each guideline to point out and make clear to the group that the caregiver is putting into practice the contents of the guidelines. "*Look you did very well. You cuddled the baby while you looked into his eyes! That is a great way to show your love!!"*

6. Give home tasks

1. The caregivers should note down or remember until the next meeting examples of their interaction with their children using the guidelines.
2. A self assessment method is explained to them by which they grade their interactions on a scale of 1 to 5. The caregivers are asked to do a self assessment on the basis of the guidelines.

7. Finally, the facilitator summarizes the main points of this second meeting

1. Explanation of emotional expressive communication
2. Presentation of the guidelines 1 and 2
3. Role play
4. Home tasks

Third Meeting

1. Review of the last meeting

The facilitator reminds the group about the main ideas discussed in the last meeting.

2. Group sharing

The caregivers are encouraged to share their experiences using guidelines 1 and 2. Each participant should be given a chance to describe some of her interactions since the previous session. The facilitator should inspire the other caregivers to comment positively and he too can encourage the caregiver, by pointing out any positive aspects of the interaction not mentioned by the others. Above all, he must develop the skill of finding something positive to say about any interaction presented or reviewed.

The group can also discuss the grades of the self assessment exercise if they agree to do so. The facilitator could enquire why they have graded themselves high or low. The caregivers can discuss their success or difficulties in implementing the guidelines. The other participants can either suggest how to cope with a difficulty or what they themselves would do in a similar situation.

3. Presentation of guidelines 3 and 4

The presentation follows the same structure as used in the last meeting. Video presentation, discussion and presentation of the guidelines with explanations and role play followed by another discussion.

Guideline 3. Follow the child's lead

In interacting with the child it is important that the caregiver pays attention to the child's wishes and body language, and tries to adjust to and follow his lead. If he wants to play with a particular toy or object let him examine it or if he wants to play at bed-time let him play for a little more time before trying once again to put him to bed. The child will then feel that the caregiver cares for him and responds to his initiatives. This has, of course, to be balanced by

some regulation of the child's behaviour (see guideline 8, which will be discussed later). It is important for the child's development that, within certain boundaries, he gets some freedom to do what he wants and is not always pushed into activities by others. This guideline has some points in common with the last one, since any good dialogue depends on "listening" to a child and following its lead.

Guideline 4. Give praise and affirmation for what the child manages to do well

For a child to develop self-confidence and drive, it is important that the caregiver makes him feel valued and appreciated. Positive comments and praise for things well done are also effective in preventing him from doing something wrong. In this way the caregiver can guide and facilitate the actions of the child.

4. Give home tasks

1. The caregivers to bring more examples of their interactions, this time using guidelines 3 and 4.
2. The caregivers to do a self assessment of the interactions by using the graded scale.

5. Summarize the main points

1. Group sharing
2. Presentation of the guidelines 3 and 4.
3. Home tasks

Suggestions to the facilitator

The guidelines mentioned above may seem very simple and straightforward, but there may be complications in using them in practice. In many cases, a sensitive and emotional relationship between the caregiver and the child fails to develop for various reasons (see p. 7).The role of the facilitator includes sensitizing the caregiver to the needs of the child and encouraging her to notice the positive features of her child (also see pp 22-23).

If such problems are faced by any of the caregivers, then the group's home task could include the following:

Make a list of the qualities that you cherish in your child.

Describe the happiest moments that you have shared with your child.

Fourth Meeting

1. Review of the last meeting

The facilitator summarizes the main points of the last meeting.

2. Group sharing

The caregivers discuss the examples of interaction that they have brought. The group could analyse which guideline is practised in each interaction and make comments about the quality of interaction. The facilitator has to make sure that the discussion follows the charted course and that no negative personal remark is made. He himself should set the mood by commenting positively about each interaction and asking every one to look for and comment on the positives.

3. The facilitator describes mediated learning experience in very simple terms (this relates to the last four of the eight guidelines for good interaction)

At the end of the first year, the child is no longer satisfied with only emotional expressive exchanges and face to face communication with the primary caregiver. He gets more interested in the world around him and starts to explore the environment, very often looking back to check the mother's reaction. It is as if he is requesting her guidance and support in his venture. Hence guidance in one's learning experience is a normal requirement in the process of a child's development.

When the caregiver participates in her child's activities, helps the child to do whatever he is interested in doing, shares, describes and explains what he experiences, then she is guiding the child's process of learning. This is a strategy that any normal caregiver follows in her daily interaction with her children.

It is important to emphasize that this kind of guided interaction can be started by the adult as well as requested by the child himself.

4. The facilitator presents the guidelines 5 and 6

Presentation is done in the same manner as in the earlier meeting - Video presentation, discussion and presentation of the guidelines with explanations and role play followed by another discussion.

The guidelines related to mediation and guided interaction are as follows:

Guideline 5. Focusing: Help the child to focus his attention and share his experience

Babies and small children need help in focusing their attention and this can be done by attracting and guiding their attention to things in their surroundings. The caretaker can show the child what she is interested in and this will enable her to share her experience with him. She can show something to the child and tell him what it is.

A typical example of this kind of interaction would be:

- "Look at this."
- "This is ....."

Guideline 6. Meaning: Help your child to make sense of his world by sharing and describing it

By naming and describing what she and the child experience together, the child starts to get the meaning of things. A child needs guidance in order to understand the world around him and the caregiver can help find meanings in different experiences by vocal and emotional expressions.

Examples would be:

- "Look here!"
- "What is this?"
- "It is a cup"
- "It is red, (big, heavy)"
- "It used to be your grandfather's"

5. Give home tasks

1. The caregivers should practise the guidelines 5 and 6 and observe their children's reactions. If possible note it down in order to be able to share it in the next meeting.
2. The caregivers should make self assessments of their interactions and grade them.

6. The facilitator presents a summary of the main points

1. Group discussion
2. Presentation of the concept of Mediated Learning Experience
3. Presentation of guidelines 5 and 6.
4. Home tasks

Fifth Meeting

1. Review of the last meeting

The facilitator recalls the topics discussed in the last meeting to refresh the memories of the participants.

2. Group discussion

The participants describe examples from the past week in which they were following the guidelines 5 and 6. The group discusses these examples of individual interaction shared by the participants and also the children's reactions to guided participation by the caregivers. The facilitator should praise all interactions and attempts made by the caregivers to help in their child's learning process and encourage the caregivers to practise them more.

3. Presentation of guidelines 7 and 8

The same procedure should be followed as before. Video presentation, discussion and presentation of the guidelines with explanations and role play and another discussion.

The guidelines are as follows:

Guideline 7. Expansion: Help your child to expand and enrich his experience

As a child grows up he finds his horizon widening, there are more options available to him. This is a crucial stage where the caregiver can help him make sense out of a bewildering variety of information and details, by linking it up with past experiences. She can also do the same by telling stories on related topics or by providing explanations and further details wherever necessary.

Examples would be:

- "Look here!"
- "How many cups are there"?
- "One"
- "What colour is this cup"?
- "It is red"
- "Do you know anything else that is red"?
- "Yes, strawberries are red".

- "Do we have strawberries in our garden at home"?

The questions like the following could lead to an expanding style of interaction:

- Have you seen such a thing before?
- What does it remind you of?
- How many are there?
- What sizes?
- Where are they?
- Do you know how it is made?
- Do you know why it is made like that?
- What can it be used for?
- Do you remember we saw this.....
- Tell a story involving the thing under discussion - "I remember once my father had such a ..... and he ....."

Guideline 8. Regulation of behaviour: Help your child to learn rules, limits and values

A child needs guidance in developing self-control, making choices and in planning. This happens to a large extent through interaction with the caregiver who guides the child by giving him choices, helps him to plan things step by step and explains why certain things are allowed and yet some are not. Instead of always preventing and saying "no", it is important to provide positive alternatives. This is a useful technique in influencing the child to be sensitive and preventing violent and aggressive behaviour (also see Appendix: "Bringing up Sensitive Children and Preventing Violence Among Them").

Examples:

- "You could either do ..... or you could go for ....."
- "This is allowed because ....., this should not be done because ....."
- "You know when you do this ..... your friend feels ..... and you don't want to hurt him, do you?"
- "How would you feel if Peter did the same thing to you?"
- "Look here, why don't you try .....".

Possible ways of starting this kind of interaction:

- What do you want to do?
- How will you do it?
- Is there a better way of doing it?
- Which way?
- How will you start?

- What is the goal? What will happen if you....?
- Have you considered this possibility .....?

4. Give home tasks

1. Practise the guidelines 7 and 8 in your interaction with your child and bring examples to the next meeting for sharing in the group.
2. Think about the following questions before the next meeting:
   Which of the 8 guidelines do you think are the most important and why?
   Is there any guideline that you feel is not important?
   Is there any guideline that you find difficult to practise?
   Is there anything that should be added?

5. Summarize the central points of the meeting

1. Group discussion
2. Presentation of the guidelines
3. Home task

Suggestions to the facilitator for promoting guidelines 5-8 (requiring mediational skills)

I. Helping caregivers to see the potential of the child

One needs to focus on what the child wants to do, his active initiatives to explore the surrounding world and his capacities for acting and getting involved in small "play-projects". The caregivers should be helped to see the possibilities for supporting and assisting the child's initiatives and turn these into valuable and memorable experiences.

II. Creating rich learning experiences out of everyday episodes

It is essential to get the caregivers to practise their newly acquired skills with their children. Get them to think about how they could make the following episodes a rich learning experience? (This could be set as a home task.)

- Having a meal together
- Going for a walk
- Reading a picture book
- Building with blocks
- Putting on clothes
- Watching T.V. together
- Any other activity that is culturally appropriate.

Such exercises are useful because they bring an awareness of the possibility of guiding the child and helping him learn new things in every daily situation. By including other family members in such an exercise, it tends to bring the family together as they realise that each one of them can help in a child's development by interacting with him positively.

III. When the caregivers are together, it is useful to discuss examples of good (and bad) mediational interaction with a child in some typical everyday situation and then dramatize or role-play.

IV. Let the caregivers plan and talk about how they are going to provide better guidance and learning opportunities to their children in the future

V. There are different ways of mediating which are very effective . Story telling is popular in all societies and when a story is told in a dramatic style it has more appeal. Telling stories or conveying any message by using puppets is also highly productive. Dramatization and role play, music, songs, dances, even pictures and drawings have been used as constructive tools of guiding and learning in different societies. In each culture there is a wealth of stories, sayings, poetry, myths, significant events, heroes or typical characters which can be imaginatively used with great impact.

Sixth Meeting

1. Review of the previous meeting

2. Group discussion

Sharing of personal examples of interactions related to guidelines 7 and 8, in the same way as before.

The group then discusses the answers to the questions posed to them at the end of the last meeting related to what has been dealt with in all the sessions. The facilitator should listen to the replies carefully and pose leading question, for example, why does someone like a particular guideline or dislike another. It is very important to devote some time to finding out which guidelines are difficult to practise and the possible reasons for that. The group could suggest ways of overcoming the difficulty, or the facilitator could try to elicit the answer from another caregiver by asking how she practises it. The facilitator could also provide his own examples.

The facilitator should review all the guidelines and encourage the group to talk freely about what they have learnt and how they think the training has helped them to improve their interactions. Comparisons may be drawn from a similar discussion in the second meeting.

The facilitator should prepare questions in advance and have some issues ready for discussion. He might have, during earlier sessions, made a list of topics which were raised but not dealt with satisfactorily, to be discussed in this last session.

The facilitator should invite questions all the time and if the caregivers want to contact him individually in future, he should indicate his availability.

3. The caregivers are asked to complete a questionnaire

In order to get feedback from the caregivers about the programme, an open ended questionnaire is given to them. This can be completed individually, in group-work or in an open discussion between the group and the facilitator.

4. Summary of the meeting

The facilitator should sum up the main points highlighted in the discussions in this last session.

The facilitator should also reiterate the main aim of the programme, namely that of improving the caregiver/child interaction for better psychosocial development of the child. He should praise the caregivers for having cooperated and learnt well. If possible, he should try and remind the group of the examples of good interactions that had been described by each of the group at some time during the sessions, pointing out how well t hey have absorbed the new ideas. He should urge them to put into practice all the concepts learnt during the programme and express confidence in the caregivers' ability to do so.

Some general advice to the facilitators

The facilitators need to be trained and supervised by competent professionals. The following are some useful tips for the preparation of the facilitators for training the caregivers.

1. The facilitator should understand the 8 guidelines thoroughly before embarking on his work. He should practice explaining each guideline using his own examples. He should be able to identify the guidelines in every day practical situations or be able to identify occasions when a guideline is not being followed. He should be able to think of ways to better utilise the opportunities to improve interaction.

The facilitators may use the following exercises, either in groups or individually, for developing the competencies required in their work.

a) Explaining the 8 guidelines verbally using his own examples:

Two facilitators could work together in pairs, going through the guidelines and explaining to the other each guideline, using examples to illustrate it.

b) Recognizing the guidelines on short video samples:

Split into groups. Each group has to identify the guidelines being practised in the video sample and then compare the findings with the other group's.

c) Using the guidelines to assess the quality of interaction between a caregiver and child through video analysis:

Work in pairs. Each participant grades short video samples on a scale of 1 to 5 on the basis of 8 guidelines. Compare the grades awarded and discuss the differences, if there are any.

d) Repeat the same exercise, but this time analyze examples of interaction lasting up to 15 minutes. Compare the grades awarded to the samples.

e) Script writing and role-play to show high quality interaction:

One participant plays the caregiver and the other plays the child. They can write the script for one episode demonstrating good interaction. This can be acted out, video-filmed and afterwards analysed.

f) A similar role-play could be done depicting a situation in which it might be difficult to interact positively with the child (e.g. the child being so naughty, the caregiver would want just to hit him). It could be video-filmed and later analyzed.

g) Self assessment of use of the guidelines in daily life:

It would be useful for the facilitator to note the application of the guidelines in his own daily interaction with children and it would be a worthwhile exercise to grade them.

h) It would be a good idea to have video recordings made of the facilitators (or professionals) interacting with a child in different natural situations - feeding, playing, dressing etc.

It would be a very effective exercise in self learning to do a critical analysis and assessment of the video recordings of the facilitator's own interactions with children. They should be graded and compared with the grades given in the previous exercise. .

i) Preparing for the 6 meetings with caregivers in advance:

Work in pairs: practise explaining to each other the procedures of each meeting.

j) Role-playing each of the 6 meetings with caregivers with video feedback followed by a discussion:

The facilitator should plan the meetings with the caregivers carefully and thoroughly by role playing every possible situation. Though the agenda for each meeting is given, it would be extremely useful for the facilitator to be ready with his own repertoire of examples and explanations of the topics to be discussed.

k) Divide into groups and each group is to demonstrate, through either verbal or dramatic presentation, some obviously bad interactions. The others have to discover which guidelines are broken, but demonstrate how they would handle this positively, without criticizing the caregiver.

l) Discuss in the group, difficulties anticipated in a home visit to a problem family and ways to handle them, followed by an actual home visit. Both could be video recorded. Later a presentation of the video could be followed by a debate and analysis of the expectations and the actual event and the extent that they match.

2. The facilitator should get didactic material ready whenever available, like posters, drawing and videotapes, before the meetings. If this is not possible, modelling and role-play techniques can be used to clarify the concepts. They could provide scripts depicting different kinds of interaction and encourage the participants to act it out. Verbal presentations of interaction or observation of an actual interaction between a caregiver and her child, could be used to stimulate discussion of the guidelines of interaction.

3. Providing group dynamics:

In the first meeting, the facilitator should introduce himself to the group and allow the participants to introduce themselves. The group should be arranged in a circle or use some other seating arrangement, to enable better interaction among the participants. The facilitator should create a relaxed and informal climate, so the caregivers in the group can feel comfortable enough to share their thoughts and doubts. It should not be like a "teacher" standing in front of the class. The facilitator should be open to different opinions coming from the members of the group and be able to manage them in an appropriate manner (with interest and respect for the different points of view). The facilitator should get questions ready, related to the topic of each meeting, in order to stimulate and promote discussion and also invite questions from the group all the time. If he does not know the answer to any question asked he should admit it and say that he will ask the supervisor.

4. The facilitator should make "field notes" after each meeting about what has taken place, adding his personal observations. It will help in planning the next meeting and will also help him in identifying the strengths and weaknesses of the caregivers.

How to Use the Principles of Sensitization with Caregivers

1. Establishing a contract of trust with the caregivers:

First and foremost, there should be a reciprocal relationship of trust between the facilitator and the caregivers and only then will the caregivers be motivated to get involved in the training. For this the facilitator should be able to build up a rapport with the caregivers and show empathy as well as express enthusiasm about the programme. He should also clearly explain to the caregivers what is involved in the training in terms of time, effort and benefits. The caregivers should be convinced by this.

2. Seeing the positive child:

If the caregiver is pessimistic about the child's future, say in the case of a child with a deformity, brain damage or severe malnutrition, then it is important to sensitize her to have a more positive attitude. In order to "release" more sensitive emotions, it is necessary to get her to look at the child in a positive way, as "a person" that can change and develop and as a human being with feelings, motives and intentions. Here are some suggestions on how the facilitators could guide the caregivers:

I. Point out positive features and qualities of the child

When meeting the caregiver, particularly with her child, always try to point out some

positive feature in the child. It can be anything from beautiful hair or eyes, to how sensitively the child responds when you touch him gently. Talk about the child with respect and in a positive way that may influence the caregiver's attitude

II. Relabel positively the negative features of the child

In some cases there may be obvious negative features in the child's behaviour, like aggressive and disruptive behaviour. In such cases it is sometimes possible to promote a more positive definition of the child by relabelling the negative behaviour as "attention seeking". It leads to the question -why is the child always trying to be in the focus of attention? This new label opens up a more positive way of looking at the child's problem: Do we ignore him? How can we give him more attention and love, so that his disruptive behaviour diminishes?

There are instances where the child's physical appearance may draw negative comments but it is always possible to see a tender beauty in most children whatever their physical appearance. The caregiver could be guided to see the helplessness of a child when he struggles to get her love and acceptance, or his obvious joy when there is some loving interaction with him. This may make the caregiver feel more sensitive and make her express love and affection which hopefully will lead to a cycle of positive interactions.

III. Reactivate good memories of an earlier positive relationship with the child

This recommendation applies particularly to parents who have developed a negative or abusive relationship with their child, due to any number of reasons. In such cases, it may be helpful to go back to positive memories when the relationship was good. Ask the caregiver to talk about her feelings for the child in those days and this may help to recreate the older positive image of the child

IV. Exercises to discover the positive qualities and competencies of the child

A simple request to the caregiver, asking her to look for qualities competencies or skills that she appreciates in her child, may be enough to make her switch from having a negative to a more positive perception of the child.

3. Pointing out both individually and in groups the positive features that the facilitator may observe in each caregiver's interaction with her children:

Most caregivers need praise for and confirmation of their competence as caregivers, especially those who are very unsure of themselves as caregivers. The best way to do this is to point out quite specifically what was right in good interaction with their children. Also any improvement that takes place during the training should be pointed out and used as a way to repeat and illustrate the guideline.

Video filming can also be used very effectively. Positive examples of the caregivers' interaction with their children can be pointed out. This is a very powerful technique for raising consciousness and for improving the quality of interaction. It always makes a strong impact on the caregivers to see themselves on video doing something right and getting positive comments on their behaviour from the facilitator.

At a later stage, before the intensive part of the training is over, another video film could be made to assess whether any change has taken place. It will no doubt have a strong motivating effect when the caregivers can see that there is a real change in their interaction from the first to a second video film, taken before the last meeting. Improvements that have taken place, related to the guidelines, can be discussed in detail. The caregivers should talk about the features that they would like to emphasize in the future. Let them make their own plans for self-improvement.

4. Making the caregivers put into their own words what is good interaction:

When a demonstration video is used, it is important to use an inquiring approach. The participants should say which interaction they think is good (or bad) and why. In this way they will have the opportunity to generate their own ideas, and to explore and discuss the underlying principle in each case. This may be done in the first session, before the guidelines are introduced. When they are introduced, it will be like a summary of what they have already suggested in the discussion.

5. Sharing experiences in groups:

Sharing experiences in a group is a powerful way to influence the caregivers. The realisation that friends and colleagues have had experiences similar to their own makes a special impression.

But for equal sharing to take place in a group, it is important that the trainer or facilitator lets the participants speak out. The trainer should not talk too much but instead take a more facilitative and withdrawn role where he guides the group by raising items to be shared and then lets the participants do the talking. It may be more effective for the caregivers to "teach" each other through examples and sharing of experiences, provided that the meeting is guided in a way that lets all participants get an equal opportunity to express their views.

6. Style of communication : How to talk to the caregivers

The facilitator should always talk in a friendly manner to the caregivers, treating them as equals. He should remember never to use "the instructor's voice".

There are two important points to consider when a facilitator communicates with

caregivers:

I. Using a personalized style of explanation.

Instead of generalized statements, a stronger impact is made by the use of a personalized style that refers to one's own experience. "When I was bringing up my children, I discovered that when I imposed my will on them it always had a negative effect. But when I started to see what the children were preoccupied with, what their initiatives were, and started from there, then.....". This will convey the message better than "You should follow the initiatives of your child."

In order to use this style, the trainer needs to prepare a repertoire of personal experiences that can be used to explain and exemplify each interactive principle. To prepare such a repertoire is in itself a useful training exercise.

II. Using an empathetic style to describe what one thinks would be the child's feelings and experiences in the situation.

"When you praise the child for what she has done, she feels much more happy and self-confident...." or "When you respond like that, the child feels that everything is O.K." Statements like these bring the child into the focal point of discussion and make the caregivers look at a situation from the child's point of view.

Sometimes it may be useful also to refer to one's own experience as an adult in similar situations. If for example, a child is always demanding and difficult when many adults are present and nobody pays special attention to her, then the following explanation can be given: "You know how you would feel in a party if none of those whom you cared for paid any attention to you....." By using examples from adult life, it is sometimes easier for the caregiver to empathize with the child." How would I feel in the same situation?" This is a question that every caregiver should ask herself when she relates to a child that behaves differently.

The facilitator also must remember that he should use simple words while talking to the caregivers, avoiding technical terms as far as possible. The explanations should be short and clear. Explanations should be adjusted to the level of understanding of caregivers, not trying to impress the group with one's knowledge.

7. Encouraging and motivating the caregivers:

From experience and research it is known that just lectures and verbal instructions are not enough to bring about a change in the behaviour or the interactive habits of the caregivers. A more active, experiential and communicative approach to training is necessary where "the student's" own self-initiated efforts have to be activated.

The following are some suggested techniques:

I. Assessment by the caregivers of their own interactions with their children following the

8 guidelines for good interaction, makes the caregivers think actively about the contents of the guidelines. This exercise is also indicated in the booklet that all caregivers get. They have to mark off to what extent they practise each guideline. This is important because these rules are so simple and obvious that their significance may easily be overlooked. Only when they are applied in self-assessment does their importance become clear.

II. Exemplification: The caregivers are asked to bring examples from their own interaction with children that illustrate the 8 guidelines. This is another active educative principle that forces the participants to select and verbalize samples of their interactions. Instead of lecturing about the guidelines, it is taken for granted that the caregivers carry out these guidelines in one way or the other. The emphasis will then be on providing opportunities for them to be able to talk about how they do it in practice. This also improves their self-confidence as caregivers.

III. Practical questions, like the following, could be added to the home task:

What are the characteristics that you appreciate the most in your child?
What makes your child happy?
How does your child react when you establish eye-contact with him, smile and talk in a friendly way with him, touch or kiss him gently?
Does your child appreciate and accept your caresses? How do you see that?
Are there times when your child turns away or does not respond when you approach him in this way?
Why do you think that some children appreciate love while others do not?
How does your child react when you follow his exploratory initiatives by naming, explaining, expanding and praising him for what he does well?
What changes have you seen in your child after you started to attend more to his play initiatives by participating, focusing his attention, giving meaning and expanding the meaning of things around him?

These same questions can equally be asked of workers in facilities who may be looking after a number of children.

Appendix

Bringing up Sensitive Children and Preventing Violence Among Them

Sensitivity and empathy are key themes at this time in history when violence seems to be increasing from year to year. These are international tendencies leading to various national initiatives, such as the appointment by President Clinton of the United States of a committee to look into how violence develops and how it can be prevented. One of the conclusions of the report is that it is too late to start when the child has begun school. Therefore, we must start sooner when the child is still at home with his primary caregiver or in a playgroup or kindergarten.

Children have an innate ability to enter into relationships with other people. However, adjustments are usually necessary for a child to take part in joint activities with other children and adults. The child must learn certain team rules and social skills, and he must form realistic expectations in relation to other people. While playing with others the child must learn to share and to wait for his turn. He must develop the ability to understand what other children experience when a violent action takes place, and must learn to control egotistical and aggressive tendencies. This process takes place partly through conscious learning, but to a great extent it is a subconscious process of adjustment, where the child gradually learns to predict the effect of his own actions as he interacts with other adults and children.

To ensure that this process takes place in the best possible way, it is important that the adults taking care of the child are sensitive to his feelings, respond to his initiatives, point out what is right or wrong whenever necessary and explain to the child why it is so. The following are ten guidelines for mothers, pre-school teachers or anyone taking care of young children:

1. It is important to have emotional bonding and mutual trust (a positive contract) between the child and the caretaker. There is a clear connection between a positive child-caretaker relationship and the child's development as a sensitive and understanding person. When there is a strong early emotional dialogue and trust between the child and the caretaker it serves as an inner model which influences the child's future intimate relationships with other people, including his peers. The first four of "Eight Guidelines of Good Interaction" are, therefore very important for the development of mutual trust and commitment. It is when the adult becomes an emotionally important person for the child that he or she can positively influence him.

2. Simple and clear rules for co-operation and behaviour should be introduced. A child must be made aware of a limited set of simple rules to which reference

is constantly made, so that the rules are known and recognised. Rules should be simple and clear whether at home, in a playgroup or in a kindergarten.

"You are not to push/hit/scratch/bite/pinch."
" You must wait for your turn." etc.

It is also important to have positive rules:

"You must help each other."
"You must listen to what the others have to say to you."
"You must comfort and help anyone who is upset" etc.

The child must be given explanations as to why a rule exists and what are the consequences for others if it is broken.

3. When a child displays unacceptable behaviour there should be a clear and firm indication of disapproval. When the rules for co-operation/behaviour are broken or there is a violent incident, the child must be made aware that his behaviour is unacceptable. But the indication should, of course, be regulated according to the significance of the incident and to the wrong-doer's intention and condition.

"You made Pia cry - you should never bite anyone".
"Jonas is crying because you pushed him - pushing anyone like that is wrong".

This kind of explanation should be provided instead of just shouting "No" and intervening in a purely physical way or punishing the child without any explanation.

4. It is important to listen to both parties involved in incidents of violence. It is important that both sides have the opportunity to explain their part in any incident, so that the victim's version is not automatically accepted. In many cases the victim might have provoked the aggression. One can utilise such occasions to develop further the children's understanding of sensitive behaviour and discuss how they could have resolved their differences in other peaceful ways.

5. Focusing an aggressive child's attention on the victim's experiences and feelings is an effective way of making him realise that he should not hurt others. It is important that the child understands the damage or suffering he has inflicted on the victim.

"Can you see that Peter is crying? It is because he fell and hurt himself when you pushed him".

6. It is useful to get the children to enter into others' experiences and roles. It is important to make the child see beyond himself in order to make him more

sensitive to others feelings.

"Why do you think Peter is crying? How would you have felt if Ola had pushed you?"

Alternatively the child can be reminded of the instances when he himself was the victim.

"Do you remember the time when Sam took your toy? Do you remember what you felt then? So you must not do things like that to others - do you understand?"

7. Instead of just stopping the child's negative behaviour, it is important to indicate positive alternative actions. The child must be shown that his feelings of hurt or anger can be effectively communicated in other ways besides taking violent action. Alternatives should be presented to the child to show him what he could have done instead.

"You could have told Peter that it was your turn instead of hitting him" or "You could have asked for the toy and Meg might have given it to you"

8. It is equally important to redefine and improve relationships between children who create conflict. Sometimes two children fight whenever they are together. It is important to find reasons for it and try and resolve the differences. In such situations one should talk to the children, point out to each the positive characteristics in the other, try to engage them in activities which do not invite conflict and are satisfying to both parties. One should also try and remove the cause of trouble as subtly as possible. For instance, sometimes when both the children want to play with the same toy, they can be distracted by providing an alternative activity. Whenever the children manage to play with each other without any trouble they must be praised for being "good friends".

9. It is practice that counts. Children can be influenced to behave in an understanding and sensitive way by telling them stories which include such behaviour or incorporating similar themes in other forms of artistic expression like drama, role-play or drawing/painting. There are any number of stories about being kind, understanding, helpful, unselfish, loving and other positive behaviour in all cultures.

It has been shown that children who are caring and show consideration to others often have had more experience in caring than those who do not show such behaviour. Practical experience in caring is particularly important for behaviour to be influenced, for instance, caring for younger siblings or even dolls, making cards for / writing letters to children who are sick or giving away toys and clothes to children who do not have any. Likewise, feeding and looking after pets can appeal strongly to a child's sense of caring. It is important that the child develops sympathy for other persons' needs and suffering and that he is given responsibility for doing something positive to help.

10. It is better sometimes to anticipate conflict and remove its possible causes from situations. Some situations invite conflict and breakdown of co-operation. This is particularly true in situations where, for example, three children come together, and there are toys for only two of them (say, two swings). Another typical conflict situation in a group is rivalry about who plays with a popular playmate, something which can lead to exclusion of other children. It is possible with some fore-thought and planning to avoid such conflict situations. That is not to say that the children should be completely prevented from experiencing conflict and competition with other children, which is also important in a child's process of adjustment to different social situations. They will, anyway, experience such challenges, but by analysing and improving situations one can, to a certain extent, avoid needless violent outbursts in children.