



World Awareness for Children in Trauma (WACIT)



Providing support for caregivers of vulnerable children



This document will provide practitioners with the information and strategies needed to support caregivers of vulnerable children to nurture them in an effective way, giving the caregiver strength and independence, and the child contentment and a sense of belonging.

By Frances Sage

You may have been approached by parents / carers who are struggling to communicate with / attach to / regulate the behavior of a child in their care or by teachers (or others in the community) who are worried about the negative behaviors the child is displaying, wishing you to approach and support the primary caregivers in the child's home environment.

You will need to discover exactly what area of development / behaviors / emotions the child is displaying problems in.

Remember:

'Behaviorally challenging kids are challenging because they are lacking the skills to not be challenging'

Ross Greene, 2014

A child with a normal level of emotional well-being has the ability to live a full and creative life with the flexibility to deal with ups and downs.

These children:

- *Understand themselves*
- *Know how to relate to others*
- *Are aware of what they are feeling and thinking*
- *Can function as an actively involved member of the family unit and settle differences in a positive way*

However, there are also children who cannot control their feelings, which creates barriers to building and maintaining relationships.

These children may be:

- *Withdrawn or isolated*
- *Disruptive or disturbing (i.e. starting trivial arguments / fights with siblings or others)*
- *Hyperactive or impulsive (i.e. unaware of dangers or having an excessive amount of energy)*
- *Have immature communication skills or display challenging behaviors*
- *Find the skills needed for concentration, paying attention, and following rules hard to learn*
- *Unaware of others' feelings*
- *Seem happy on their own but uncomfortable in the company of others*

You will find that it is the children who fit in to the second list of behaviors that you will be approached to provide caregiver support for. The above is only a brief list of problems a child could be having or displaying. But for most these are the main problems caregivers struggle to support the child with.

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The rest of this document will guide you through the process of how to discover the core problems a child is having / displaying through to forming a care plan of behavior-focused strategies for you to help the caregiver use, and how to assess that these strategies are working.

NOTE: The term ‘CAREGIVER’ will be used from here on as the holistic name for the person /persons who have responsibility for supplying the child with their primary care needs, for example: parents, members of the immediate family, kinship carers, foster carers, adoptive parents, or residential / orphanage staff.

Profile Building

To enable you to reach your goal of improving the child's well-being, self-esteem and contentment, it is your role to support the caregivers of the child who is displaying problems.

The first step toward this is for you to meet with: The caregivers
As well as with: The child's teachers
School support staff
Extended family
Community leaders
Other important adults for the child

This will allow you to form a comprehensive picture of the child's: Life style
Relationships
Communication style
Level of development in comparison to others
of the same chronological age
Risk factors that the child may be exposed to

The list above is there to start you thinking about all the areas you will need to gain information about, and to help you start asking yourself questions. The answers you gain will help you to formulate the child's care plan, which in turn will enable you to provide the most effective / child-specific support to the caregiver.

NOTE: One or two meetings may not be enough, as some children's problems may be complex or the core reasons for the behavior may be hidden. Thus more meetings maybe needed before you are satisfied that you fully understand the child's problems. You may also wish to hold additional meetings if the previous ones have raised more questions which need answering.

Asking for more meetings to be held should not be a constraint, nor is it a failing on your part. Remember that the most important task you have at this stage is to make sure you have all the information possible regarding the child.

Take written notes during any conversation or meeting you have, jot down anything you think is important, including your thoughts and any questions that came to mind at the time. These notes are very useful in building a comprehensive picture and you will need them later.

NOTE: Any information written down about a child must be kept in a safe and secure place. Remember this information is for you to discover the best way to help the caregivers and their child. It is not for any other purpose or anyone else to read.

Once you have all the information and have no questions left, you should be able to identify the core problems which are in need of attention, support and effective strategies. Discovering and focusing on these core problems will make it possible for you to help the caregivers give the child a happier life, enhancing their self-esteem, sense of value and contentment.

NOTE

It is likely that you will discover more than one core problem. Be mindful of this. If this does occur, assess each core problem for its level of impact to the child. The problem which you feel is causing the most disturbance is the one you need to focus on first.

DO NOT

Supply strategies for all the problems at once, as this can confuse the caregivers and indeed the child. Once you are satisfied that the strategies you have provided for the first problem are taking effect and the child is responding well, you can then introduce another strategy focusing on the next problem to be addressed.

Assessment of Needs Meetings

How to Conduct a Meeting

Once you have been approached to support caregivers to provide help to a child, you will need to arrange meetings with all the relevant people involved in the child's life. This will enable you to gain the clear picture you are striving for at this stage.

- Prior to any meeting, you will need to spend some time thinking about what information you would like to gather and what questions you are seeking to gain answers to. Write these thoughts down in a brief list of key points and questions that need to be covered during the meeting, so that you can refer back to them.
- You are the host of the meeting, you should greet the members when they arrive and make them feel comfortable. All individuals present at the meeting need to be comfortable enough to share their honest opinions and viewpoints, it is your role to create this feeling.
- At the beginning of any meeting have each person introduce themselves, then follow this up with thanking them all for giving their time to attend and explain the overall purpose for the meeting you are holding. After this you could start the discussions by asking one of your questions. It is from now on that you should allow the members of the group to do the talking – you should listen and take notes.
- However, it is also your role during these meeting to keep the group focused. You are responsible for ensuring the smooth running of the discussion, managing the group dynamics (i.e. defusing heated conversations before they become an argument), introducing relevant issues and questions for response by the group at the appropriate times, and pay attention to talkers and non-talkers, ensuring that the talkers do not dominate the discussion and that non-talkers have a chance to voice their opinions.

You should be:

- Avoiding leading questions
- Asking open questions
- Promoting conversation
- Probing for further detail
- Keeping the discussion on track
- Open to the opinions of others without influencing them
- Letting participants know that they can disagree with each other
- Make the group aware that everyone has a right to speak

Assessment of Needs Meetings

Who to Invite

Meet with the caregiver

It is best for you to start by having a meeting just between yourself and the child's caregiver(s). This meeting will allow the caregiver time to get to know you and start to build a trusting relationship that is imported for you both to have.

- Be mindful of the caregiver's feelings. Nurturing a child whom displays problems with behaviors and emotions can be a stressful and joyless task, which could leave the caregiver with emotional problems of their own.
- Be mindful that the caregiver could have been in this position for a long time. They may appear to be low and withdrawn, they may have just been living for each day at a time, not making any plans for the future (indeed not looking forward to the future), they could be feeling alone in looking after the child, and possibly feeling guilty that it is their care that has caused the problems that child is experiencing.
- In this meeting you must make every effort to listen to the caregiver – their feelings and concerns. Allow at least half of the time you have allocated for this purpose. Remember this is where you start to build and gain the caregiver's trust and confidence.
- Also allow time to discuss the next meeting. This is important, as you will be arranging for all the people relevant in the child's life to be there. Therefore, talking to the caregiver and easing any concerns they have at this time will help you lead a more effective larger meeting.

NOTE: The caregiver may be worried that the others in the room are there to judge them, pass comments, or blame them for the child's behaviors. You must make every effort to make the caregiver feel at ease, assuring them that whoever attends the next meeting are there because they too care for the child, and want to provide their help in any way they can.



Meeting with all relevant people

Once you have had your meeting with the caregiver, you can then hold the larger meeting. Invite all the relevant people in the child's life to this meeting. Holding this larger meeting allows everyone to share their stories and to discuss their concerns surrounding the child's developmental / behavioral / emotional problems.

By holding a meeting such as this you will be able to discover if the child is displaying the same problems in different environments (such as at home and in the community) or just in one place. It will also be possible to find out if others have used strategies to deal with the child's behavior which have worked and therefore can be incorporated into your care plan.



Assessment of Needs Meetings

What to Look for and Questions to Ask

It can be difficult knowing what questions to ask, which will enable you to find the core problems a child is having. Most people see the negative behavior a child displays publicly as the one that needs to be dealt with; however, this negative behavior is in fact the child's outward display of deeper problems that they are having.

You need to build a complete picture of the child to find out these core problems. To help you do so, you should seek to find answers to the following during your meetings, and indeed any other conversations you have.

HAS THE CHILD BEEN EXPOSED TO ANY RISK FACTORS?

A RISK FACTOR IS ANY FORM OF ABUSE OR OTHER TRAUMA IN WHICH THE CHILD IS HURT OR HARMED BY ANOTHER PERSON, AND WHICH MAY WELL HAVE AN EFFECT ON THEIR DEVELOPMENT AND WELL-BEING.

RISK FACTORS INCLUDE:

- DOMESTIC VIOLENCE
- PHYSICAL ABUSE (HITTING, KICKING, TAKING BELONGINGS)
- PERSISTENT OR SEVERE NEGLECT
- SEXUAL ABUSE
- EMOTIONAL ABUSE (NAME-CALLING, INSULTS, OFFENSIVE REMARKS)
- PARENTAL CRIMINALITY OR DRUG ABUSE
- POVERTY-RELATED FACTORS
- HOMELESSNESS
- DISCRIMINATION (EXCLUSION FROM SOCIAL GROUPS, SUBJECT OF MALICIOUS RUMORS)

WHAT IS THE CHILD'S ATTACHMENT LIKE TO THEIR CAREGIVER?

THERE ARE FOUR DIFFERENT TYPES OF ATTACHMENT STYLES. YOU WILL FIND THAT THE CHILD / CAREGIVER RELATIONSHIP YOU ARE ASSESSING WILL FIT IN TO ONE OF THESE.

ATTACHMENT STYLES:

- Secure attachment:** Children in this relationship:
- Are able to separate from caregiver
 - Seek comfort from caregiver when frightened
 - Greet return of caregiver with positive emotions
 - Prefer caregiver to strangers
 - Can be comforted by others to some extent
- Ambivalent attachment:** Children in this relationship:
- May be wary of strangers
 - Become greatly distressed when caregiver leaves
 - Do not appear comforted when caregiver returns
 - Seeks contact from caregiver but resists when it is given
 - Not easily calmed by strangers
- Avoidant attachment:** Children in this relationship:
- May avoid caregivers
 - Do not seek much contact or comfort from caregivers
 - Show little or no preference for caregivers over strangers
 - Display little emotional sharing in play
 - Shows low affect when offered affection
 - May express lack of attachment and low self-esteem by acting out
- Disorganized attachment:** Children in this relationship:
- Show a mixture of avoidant and resistant behaviors
 - May take on a parental role
 - May act as a parent toward the caregiver
 - Show a lack of clear attachment behavior
 - Display mixture of attachment styles
 - May seem dazed, confused or apprehensive

BY USING DIFFERENT STRATEGIES, YOU SHOULD STRIVE TO HELP THE CHILD AND CAREGIVER ACHIEVE A SECURE RELATIONSHIP

NOTE: CAREGIVERS OF A CHILD WITH BEHAVIORAL / EMOTIONAL / DEVELOPMENTAL DIFFICULTIES (WHO DO NOT MEAN TO, NOR DO THEY DELIBERATELY ACT IN THE WAY THAT THEY DO) OFTEN FIND THAT THEIR RELATIONSHIP (AND THEREFORE ATTACHMENT) HAS BECOME EXTREMELY FRAGILE, THUS EVENTUALLY MOVING FROM ONE CONFLICT SITUATION TO THE NEXT.

WHERE DO THE CORE PROBLEMS OF THE CHILD'S BEHAVIOR LAY?

IT IS IMPORTANT TO KNOW AND REMEMBER THAT CHILDREN FUNCTION ALONG DIFFERENT DEVELOPMENTAL DOMAINS (COGNITIVE, EMOTIONAL, SOCIAL, COMMUNICATION). BY COMPARING THEIR BEHAVIOR TO THAT OF OTHER CHILDREN OF THE SAME CHRONOLOGICAL AGE YOU WILL BE ABLE TO DISCOVER IF THE CHILD IS ACTING APPROPRIATELY. HOWEVER, IF THEIR BEHAVIOR DOES NOT FIT, MATCH THE BEHAVIORS YOU IDENTIFY TO CHILDREN OF OTHER AGES TO FIND THE 'BEST FIT' GROUP. IN OTHER WORDS, A CHILD MAY BE FUNCTIONING BELOW THEIR EXPECTED CHRONOLOGICAL AGE IN CERTAIN DOMAINS (E.G. EMOTIONAL AND SOCIAL), THUS NEEDS ADAPTED STRATEGIES AS TOWARDS A YOUNGER CHILD.

ASK YOURSELF:

- DOES THE CHILD HAVE PROBLEMS IN UNDERSTANDING THE EMOTIONS OF OTHERS?
- DOES THE CHILD STRUGGLE TO CONTROL THEIR OWN EMOTIONS?
- DOES THE CHILD SHOW STRONG FEELINGS OF SHAME OR ANGER?
- DOES THE CHILD HAVE DELAYED OR PATCHY EMOTIONAL OR SOCIAL DEVELOPMENT? (I.E. SEEMS TO BE ACTING YOUNGER THAN OTHER CHILDREN OF THE SAME AGE)?
- HOW DO THEY DISPLAY THEIR EMOTIONS AND BEHAVIOR NON-VERBALLY?
- DOES THE CHILD KNOW THEIR BEHAVIOR IS WRONG?
- DOES THE CHILD HAVE A REASON FOR THEIR BEHAVIOR?

YOU SHOULD ALSO BE FINDING THE ANSWERS TO OTHER QUESTIONS, SUCH AS:

- WHAT IS THEIR HOME AND SOCIAL STABILITY LIKE?
- WHERE DO THEIR EDUCATIONAL ACHIEVEMENT AND ATTAINMENT LEVELS STAND?
- WHAT ARE THEIR FRIENDSHIPS LIKE?
- WHAT COPING STRATEGIES DO THEY USE, AND ARE THEY EFFECTIVE?
- HAS THE CHILD GOT THE SKILLS AND RESILIENCE TO DEAL WITH INTENSE FEELINGS AND NEGATIVE EXPERIENCES (SUCH AS FRUSTRATION, ANGER, FAILURE OR HURT)?
- HAS THE CHILD USED SKILLS SUCCESSFULLY IN OTHER PROBLEM SITUATIONS IN THE PAST?
- DOES THE CHILD HAVE POSITIVE ROLE MODELS IN THEIR LIVES?

WHAT IS THE CHILD'S PREFERRED LEARNING STYLE?

IT IS IMPORTANT TO FIND OUT WHAT THE CHILD'S PREFERRED LEARNING STYLE IS AT THIS TIME, SO YOU CAN FORM THE MOST EFFECTIVE ENGAGING STRATEGIES, THEREFORE, GIVING THEM THE BEST CHANCE OF CHANGING THEIR BEHAVIOR AND BECOMING HAPPY.

THERE ARE THREE MAIN TYPES OF LEARNING STYLES, WITH CHILDREN OFTEN PREFERRING ONE OVER THE OTHERS:

VISUAL (SEEING)

LEARNING THROUGH LOOKING, OBSERVING AND USING VISUAL MEMORY ENABLES CHILDREN TO UNDERSTAND AND BEHAVE EFFECTIVELY IN THE WORLD AROUND THEM (I.E. BY COPYING THE ACTIONS OF OTHERS).

AUDITORY (HEARING)

LEARNING THROUGH LISTENING TO AND DISCRIMINATING BETWEEN SOUNDS (SUCH AS CONVERSATION OR TONE OF VOICE), A CHILD HEARS AROUND THEM AND BUILDS CONCEPTS THAT HELP THEM TO EXPRESS THEIR NEEDS AND RESPONSES EFFECTIVELY.

KINESTHETIC (DOING OR MOVING)

CHILDREN USE ACTIVE EXPLORATION TO LEARN ABOUT THEIR SURROUNDINGS. THIS LEARNING STYLE NEEDS CAREFUL PLANNING AND PROVISION TO ENABLE CHILDREN TO MOVE IN A SAFE, YET INSPIRING, ENVIRONMENT.

Bringing Your Notes Together

To enable you to formulate your care plan, you need to be able to sort all the information you have gathered into clear categories. In doing so, you will be able to see in which area the child's core problems lay, thus allowing you to focus your time and support more effectively.

It is useful to apply **Maslow's Hierarchy of Needs** in this process.

The psychologist Abraham Maslow proposed that people (children and adults alike) have an inborn desire to be self-actualized, that is, to be all they can be. In order to achieve these ultimate goals, however, a number of more basic needs must be first met such as the need for food, safety, love, and self-esteem.

With these observations in mind, Maslow created the Hierarchy of Needs framework, with its five levels. The first, primary, needs are basic physical requirements, including the need for food, water, sleep, and warmth. Once these lower-level needs have been met, children can move on to the next level of needs, which are for safety and security.

As children progress through the levels, needs become increasingly psychological and social. Soon, the need for love, friendship, and intimacy become important. Further still, the need for personal esteem and feelings of accomplishment take priority.

Every child should have their needs met within the first category, before it is possible for them to progress to the next. A well rounded child will have found comfort and had their needs met in each; however, you will find that a person who exhibits behavioral / developmental / emotional difficulties will not be receiving the needs required for contentment in one or more of the following. For these reasons, it is important to ensure that each level is addressed before you move to the next level of this hierarchy of needs.

Once you are satisfied that you have a clear understanding of the child, their environment, risks and problem behaviors, and have no questions left unanswered, it is time to fit each individual note and piece of information you have gathered into one of the following Hierarchy categories.

This is an important step in creating your care plan, as it will show you in which area the child's core problems lay, hence allowing you to focus your time and support more effectively.

NOTE: The following categories are laid out in the strict order of Maslow's Hierarchy of Needs. They should not be taken out of this sequence.

Maslow's Hierarchy of Needs for Children

1. Basic Needs

Do you think the child can say 'I am comfortable'?

Ask yourself: Are the child's basic physical needs being met?
Are they eating enough for their age and daily requirements?
Are they drinking enough for their age and daily requirements?
Does the child have shelter of a similar kind to those around them?
Is the child getting enough sleep and rest for their age on a daily basis?
Do they have the adequate clothing to keep them warm and comfortable?

2. Safety and Security Needs

Do you think the child can say 'I feel safe'?

Ask yourself: Does the child have adult caregivers whom provide a watchful eye over them?
Does the child have adult caregivers to protect them from danger?
Are there other carers available (or a plan in place for care) if something happens to the child's primary caregiver?
Does the child have access to the level of health care received by those around them?
Is the child living free from risk factors such as abuse or neglect?

3. Psychological Needs

Do you think the child can say 'I am part of a group'?

Ask yourself: Does the child get unconditional love from their caregiver?
Are the caregiver's interactions with the child loving and free from anger and/or judgment?
Does the child have the freedom (in a safe environment) to play and explore independently?
Is the child an accepted/interactive member of a group, including that of their home environment?
Do the child's caregivers behave in the appropriate manner to be the child's adult roles models?
Does the child receive enough opportunities to interact with their peers in a social manner?

4. Self Esteem Needs

Do you think the child can say 'I am known'?

- Ask yourself: Does the child receive encouragement and praise for the things they do?
Is the child made to feel a sense of accomplishment when they achieve a goal?
Is the child protected from bullying and discrimination?
Are they shown respect from their caregivers and peers?
Is the child given the opportunity and support to learn life skills?
Is the child shown recognition for their achievements?

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5. Self-fulfillment Needs

Do you think the child can say 'I am me'?

- Ask yourself: Does the child have any interests and hobbies outside of the home and school environments?
Is the child allowed to follow their creative pursuits?
Is the child allowed to independently problem solve, having their outcomes supported?
Is the child's full potential recognized, and is s/he supported in maximizing this?

SUGGESTION: *Have five pieces of paper with just the title of a category at the top of each. Now write each piece of information you have gathered under the most appropriate heading.*

NOTE: It is likely that you will discover more than one core problem. Be mindful of this. If this does occur, assess each core problem for its level of impact on the child. The problem which you feel is causing the most disturbance is the one you need to focus on first.

DO NOT: Supply strategies for all the problems at once, as this can confuse to the caregivers and indeed the child. Once you are satisfied that the strategy you have provided for the first problem is taking effect and the child is responding well, you can then introduce another strategy focusing on the next problem to be addressed.

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Care Plan



Once you have identified the child's core problems and in which order you feel they should be addressed, you can move on to creating the child's care plan.

- The care plan is a document that you can alter, adjust and add to at any time. For example, if you feel that a strategy is not working, more meetings / visits need to be added, or when the next problem needs to be tackled.
- However, at the beginning the focus should be on the core problem you have identified. Select the strategies from the list below, which you are going to talk to the caregiver about and help them deliver when you are not there, and state the frequency of your support visits.

Support Strategies

Not all of the following will be relevant or helpful. Read though and select the strategies you think will best help the caregiver support and elevate the child's core problem you have identified.

Always remember the difference in the child's different developmental dimensions contrasted with their chronological age, which you should have discovered through building the child's profile. You should explain these to the caregiver, as with this understanding they will be able to communicate with the child at a level s/he can understand and respond effectively to.

Staying calm

You should talk to the caregiver about the importance of remaining calm while dealing with the child. Calmness, containment, predictability and certainty are key skills to model. Listening to the child's viewpoints and allowing them the right to reply is a powerful tool in defusing a situation. The caregiver should apologise if they feel they have been too hasty in a judgement. This will give a significant message to the child, showing them that adults can make mistakes too.

Caregiver - Child arguments

It takes more than one person to have an argument, so if the caregiver refuses to be drawn into one and does not compete for the last word, they can quickly reduce the heat in these difficult situations. It is always preferable for the caregiver to reflect with the child about the content and cause of the argument after the crisis and when they are both calm – but this should not be left to long, or they may have forgotten the incident.

Developing social and emotional skills

You will need to help the caregiver to find ways to build a positive relationship with the child. They could make an effort to sit and eat with them at mealtimes, where they can share impressions of their day or talk about their common interests. The caregiver should be ready to offer a shoulder for the child to cry on or to be the target for anger, but be tentative about offering direct advice unless asked for. Most advice will feel like criticism or pressure to an anxious child, particularly a teenager. By helping the caregiver build this primary relationship, the child should then start to generate these new found social and emotional skills with others around them.

Encouraging positive behaviors

The caregiver should help to acknowledge the child's good behavior, and praise / reward / celebrate their achievements. They also need to remember to praise the absence of negative behaviors, which can be hard to notice, but really important for the child. In this way, the child will start to perceive their change in behavior positively, thus promoting their self-confidants and sense of worth.

Give choices, not ultimatums

Giving the child choices will help them to see the link between their actions and the effect they have on other people. By doing so, the caregiver is encouraging the child to take responsibility for their own actions. Also the child is more likely to be learning and developing their social and emotional skills. If the caregiver offers the child choices, the child will not feel backed into a corner. This in turn should reduce the likelihood of conflict between them. Giving choices can be achieved by statements like 'I've asked you to get ready for school, we have to go very soon. If you choose not to, then you will have to go as you are (dressed) when it is time to leave. It's your choice'.

Helping children with concentration and behavioral difficulties

Caregivers should make their requests clear and simple. They should give short and precise directions, then allow the child time to process the information. They could use visual prompts, make and keep a timetable of daily plans (pinned up somewhere for both the child and caregiver to see), and give meaningful praise with reference to what the child is being praised for. They should be consistent and calm, applying rules and routines consistently. The caregiver should think ahead about situations that may become difficult for the child and how they might be managed, and prepare the child for changes well in advance.

Asking a child with attention problems to do something

The caregiver should use the child's name to gain their attention, establish eye-contact and pause. They should then make their request simply and clearly, followed by asking the child to repeat their request, so that the caregiver can be sure the child has heard and understood, and then the caregiver should give the child a chance to do the task. For example, 'Morgan would you please tidy your room for me?'; followed by 'Morgan, so what are you going to do for me?'; then 'well-done, I look forward to seeing your lovely tidy room'.

Talking to a child who has emotional or behavioral problems

When talking to the child about a behavior or incident that has occurred, and which needs addressing, the most important goal is to maintain a nurturing relationship, because children who experience trauma are likely to take any criticism as further rejection. The caregiver should make sure that they always show the child that they care, even when talking about negative behaviors. Remember 'It is important for the caregiver (as well as for you) to look behind the problem behavior the child is displaying and try to understand the reasons for it'. The caregiver could start their conversation with 'I didn't like what you did, because (clearly explaining why)...but I care for you and am here with you to help you work through it'.

'I' statements

Using 'I' statements is a powerful way for the caregiver to show how they feel about the child's behavior, without seeming to criticize, blame or threaten them. In using 'I' statements, the caregiver can describe the behavior, how it makes them feel, why they felt like this, and what they would like to happen. For example, instead of saying 'you're the worst child in the world', they could say 'when you are interrupting instead of

listening, I feel upset because I can't explain what I need you to do properly. I need you to listen, so that you can understand and do a good job'.

Partial agreement

This involves acknowledging the child's point of view, as well as repeating what it is the caregiver wants them to do. For example, 'I understand that you want to play out with your friends, but I want to spend some time with you today', instead of 'no, you cannot go out with your friends'.

Arguments

The caregiver should not be drawn into time-wasting arguments about trivial matters with the child. They should be prepared to stick to their guns, or re-negotiate calmly, over important matters. Being drawn into arguments over trivial matters will have the following consequences. Firstly, if the caregiver and child are regularly in these situations, when a matter is of actual importance, the child will not see the difference and instead react in the same way as if it were trivial. Secondly, this constant arguing over small issues will affect the caregiver / child relationship, and take up quality time when the caregiver could instead be supporting and praising the child.

Blocking an argument

This strategy absorbs the argument instead of making it worse. The caregiver should agree with the truth in a statement, for example, 'yes, that's true, I was angry yesterday', or accept the child's feelings or point of view by saying 'I can see you're angry, maybe it does seem unfair to you'.

Dealing effectively with challenging behaviors

Sometimes it can be useful to allow a situation to cool down or to defer an issue until later. This is helpful, as it gives the caregiver time to understand their own feelings as well as those of the child, therefore making it more likely that a positive relationship can be maintained. The caregiver could use phrases such as 'it looks like we can't sort this out now; let's have some time to ourselves and talk about it in an hour'.

Effective problem-solving with the child

The caregiver should work on finding a solution to problems together with the child. This may involve them offering a choice: 'I would like you to ...However, I can see it is a problem for you. What about....?' or inviting a view from the child: 'What do you think we can do?' for you both to work on.

Helping the child keep a sense of proportion

All children want to do well, so it is important to remind them that disappointing outcomes to something they have done or said are not always disastrous. In fact, these moments can provide a good opportunity for the caregiver and the child to sit and re-think the situation, and how in future the child may act more effectively.

Remaining positive

Try to encourage self-belief. Avoid criticism – especially the sort that starts ‘you always ...’ Children with the types of problems you are helping the caregiver support are used to receiving far more negative comments than positive (approximately 1 positive to every 9 negative comments). As this needs to be changed, the caregiver should be helped to identify the child’s positive behaviors, and should be giving them recognition for these. Such examples would be if the child asks politely for something when they usually don’t, or when they help one of their peers without being directed to do so.

Delivering your care plan

At this stage you should have:

- ***A clear understanding of the child's problems***
- ***Placed these problems in a hierarchical order, from the most critical to deal with to the least important***
- ***Identified the strategies you are going to suggest to the caregiver to support the child with***

Now you need to determine how many visits you are going to make (or meetings at alternative venues) to the caregiver and the child. It is preferable to visit them in the environment that they feel safe and secure in, at least at the beginning, as you will find that both the caregiver and child will be more comfortable and open to your suggestions and strategies. Also these visits can provide you with valuable information regarding the child's changing behavior and the child-caregiver relationship through observing their interactions, thus negating the need for more questioning than is necessary.

It is advisable to begin with quite frequent visits, then once you are satisfied that the caregiver is comfortable and confident with delivering the strategies, and the child is being receptive to such strategies, you can lengthen the time between visits.

NOTE: Be aware that the care plan you have compiled may not quite work out for the caregiver or the child. You should, therefore, be re-assessing this all the time. It is up to you to notice when strategies are not working out, and to adapt the care plan and strategies accordingly.

Once you consider that the first core problem has receded, and is being effectively dealt with by both the caregiver and the child, then you should move on to the next problem in the care plan, repeating the process above. However, you may find that the caregiver and child can generate solutions from the core to other problems, thus less active support maybe required.

Despite an initial improvement, caregivers need to keep going and be kept going with support and strategies, as challenging behaviors are likely to recur.



Understanding the child and caregiver

Throughout this booklet we have spoken about the child and caregiver in the context of their relationship, as two individuals working together; however, it is also important for you to understand these individuals' feelings whilst they find themselves in a difficult situation. It is only then can you best understand and support them.

Understanding the child

Imagine you are the child that you have profiled:

You are trying as hard as you can to be good, you want to have friends, you want to be loved, you want to achieve your goals and have people feel proud of you. But, however hard you try, you feel like you are being put down, pushed away and are disliked because of the things you have said or done. Although you felt these were right for the situation, they seem to have upset or annoyed the others around you.

Imagine using all of your effort focusing on making others happy through the things you do and say, only to get it wrong every time and not understand why. It becomes frustrating and makes you feel very sad.

Children with emotional, behavioral or developmental problems can feel like this. As they think that situations going wrong around them are their fault, they start to believe that they must be a naturally bad person, as no matter how hard they try, others always end up upset or angry. Believing this, children are unlikely to seek help by themselves. In fact, they may have given up trying to be good altogether, and stopped caring about others and their feelings.



Understanding the caregiver

By now, through the communication you have had with the caregiver, you should have a good idea as to whether they themselves are struggling to raise the child, feeling lost and uncertain of how to nurture the child most effectively. They could feel alone in looking after the child, or that it is their care that has caused the problems that child is experiencing.

It is thus essential for the caregiver to feel positive about themselves and the care that they are providing. In turn, they will then be able to support the child in the most effective way possible, whilst remaining calm during the highly stressful times.

Your aim should be to help the child and caregiver reach a secure attachment relationship through different supports and strategies. Caregivers of securely attached children tend to interact and play more with the child. Additionally, they respond more promptly to the child's needs than caregivers of insecurely attached children.

The caregiver needs to know that their difficulties and concerns are not unique, as others are frequently faced with them too. They also need to know that with your help and support, they no longer have to address them alone.



Support Network



Once you have formed your care plan and had your first visit with the caregiver, you should once more hold a meeting with the relevant people you spoke to in the discovery stage of the profile-building, in order to discuss the strategies you have identified.

This step is very important, as the child needs consistency throughout their life, and in all the environments they are in. Therefore, you should ask for the assistance from all in this meeting to also deliver these strategies when communicating with the child too.

You should be aware and make it clear that it will take time for this support to lead to positive and sustainable changes in the child. There will be times where the child will go back to their original behavior, but you should not give up. Nor should you stop after a short-term improvement, as the child needs time to embed the changes and to generate them in other situations too.

For anyone (child and adult alike), changes are hard to get used to, but with persistence it is worth it in the end!

*It is never too late
to help make a
child's life a
happy one!*





World Awareness for Children in Trauma (WACIT)

For further information on the activities of the **Word Awareness for Children in Trauma (WACIT)** programme,
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